



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE **NATIONAL STATISTICS INSTITUTE (NSI)**. WE ARE WORKING ON A PROJECT CONCERNING FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME, I WILL LIKE TO SPEAK WITH 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. Enumeration Area Number : _____	HH2. Household Number : _____	
HH3. Interviewer Name and Number : Name _____	HH4. Supervisor name and Number : Name _____	
HH5. Day/Month/Year of Interview _____ / _____ / _____		
HH6. Area : Urban 1 Rural 2	HH7. Region: Region 1 1 Region 2 2 Region 3 3 Region 4 4	
HH 8. Name of the Head of Household : _____		
<i>After all questionnaires on the household have been completed, complete the following information :</i>		
HH9. Household interview result : Completed 1 Not at home 2 Refused 3 House not found/destroyed 4 Other (<i>specify</i>) _____ 6	HH10. Name of Respondent: Name: _____ Line no. : _____	
HH12. Number of eligible women : _____	HH11. Total number of household members : _____	
HH14. Number of under fives : _____	HH13. Number of women questionnaires completed: _____	
	HH15. Number of under five 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, number of attempts to revisit, etc.</i>		
HH16. Data Entry clerk Number : _____		

HOUSEHOLD LISTING FORM

HL

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

Indicate the head of household in Line 01. Indicate all other household members (HL2), their relation to the head of the household (HL3), their sex (HL4). Next questions : ARE THERE ANY OTHER PERSONS LIVING HERE, EVEN IF THEY ARE NOT PRESENT NOW? (Including children who are AT SCHOOL OR AT WORK) If yes, complete the list. Then, begin questioning, starting by HL5, each person. Add another sheet if there are more than 12 household members. Indicate here if another sheet is being utilised. ☐

					Eligible for :			For children aged 0-17 Make the following questions in HL9-HL12			
					WOMEN'S QUESTION NAIRE	CHILD LABOUR MODULE	CHILDREN UNDER FIVE QUESTIONNAIRE				
HL1. Line No.	HL2. Name	HL3. What is the relationship of (NAME) to the head of THE HOUSEHOLD?	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 5-14: 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? Record Line no. of mother or 00 for 'no'	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? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	YEARS	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	— — —	01	— — —	— — —	1 2 8	— — —	1 2 8	— — —
02		— — —	1 2	— — —	02	— — —	— — —	1 2 8	— — —	1 2 8	— — —
03		— — —	1 2	— — —	03	— — —	— — —	1 2 8	— — —	1 2 8	— — —
04		— — —	1 2	— — —	04	— — —	— — —	1 2 8	— — —	1 2 8	— — —
05		— — —	1 2	— — —	05	— — —	— — —	1 2 8	— — —	1 2 8	— — —
06		— — —	1 2	— — —	06	— — —	— — —	1 2 8	— — —	1 2 8	— — —
07		— — —	1 2	— — —	07	— — —	— — —	1 2 8	— — —	1 2 8	— — —
08		— — —	1 2	— — —	08	— — —	— — —	1 2 8	— — —	1 2 8	— — —
09		— — —	1 2	— — —	09	— — —	— — —	1 2 8	— — —	1 2 8	— — —

HL1. Line No.	HL2. Name	HL3. What is the relationship of (NAME) to the head of the HOUSEHOLD?	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/5-49	HL7. For each child age 5-14: 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 HL11 8 DK HL11	HL10. If alive: DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	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? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	YEARS	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
10		— — —	1 2	— — —	10	— — —	— — —	1 2 8	— — —	1 2 8	— — —
11		— — —	1 2	— — —	11	— — —	— — —	1 2 8	— — —	1 2 8	— — —
12		— — —	1 2	— — —	12	— — —	— — —	1 2 8	— — —	1 2 8	— — —
DO OTHER CHILDREN LIVE HERE EVEN IF THEY ARE NOT FAMILY MEMBERS OR DO NOT HAVE PARENTS LIVING IN THE HOUSEHOLD, INCLUDING CHILDREN AT SCHOOL OR AT WORK? IF YES, INDICATE THE NAME OF THE CHILD AND COMPLETE THE HOUSEHOLD SHEED. AFTER THIS, COMPLETE BELOW											
						Women 15-49	Children 5-14	Under 5			
Total						— — —	— — —	— — —			

* See instructions. To be utilised only if in the household there are also elderly living in it (that is, the code "do not know/older than 50 years").

Now for each woman aged 15 -49, write her name and the line number and other identification information in the sheet Women's Questionnaire Information.

For each child under 5, write the name and line number. And the line number of the mother /caregiver, in the sheet Under Five's Questionnaire Information. The interviewer should now have a separate questionnaire for each eligible women and for each child under five living in the household

* Code for : relationship with head of household :

- 01 = Head of household
- 02 =Spouse
- 03 = Son/Daughter
- 04 =Son or Daughter in law
- 05 = Grandchild

- 06 =Father or Mother
- 07 =Parent in law
- 08 = Brother/Sister
- 09 = Brother/Sister in law
- 10 = Uncle/Aunt

- 11 = Blood Nephew/Niece
- 12 = Marriage Nephew/Niece
- 13 = Other relative
- 14 = Adopted child
- 15 = No parentage

98 = Does not know

EDUCATION MODULE										ED									
For household members age 5 and above					For household members age 5 – 24														
ED1. Line No.	ED1A. Name	D2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL? 1 YES ED3 2 NO NEXT LINE	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 INFORMAL PROGRAMME 98 DK GRADE: 98 DK IF LESS THAN 1 GRADE, ENTER 00	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ED	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? Insert number of days in space	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY (3 HIGHER 6 INFORMAL PROGRAMME 98 DK GRADE: 98 DK	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES ED8 2 NO ED8 NEXT LINE 8 DK NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 INFORMAL PROGRAMME 98 DK GRADE: 98 DK											
LINE	Yes	No	LEVEL	GRADE	Yes	No	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE					
01	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
02	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
03	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
04	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
05	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
06	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
07	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
08	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
09	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
10	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
11	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					
12	1	2	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___	1	2	8	0 1 2 3 6 8	___					

WATER AND SANITATION MODULE		
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 Dug well Protected well. 31 Unprotected well 32 Fountain water Protected fountain 41 Unprotected fountain 42 Tanker-truck 61 River/Stream. 81 Rainwater 82 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS5 12⇒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 Dug well Protected well. 31 Unprotected well 32 Fountain water Protected fountain 41 Unprotected fountain 42 Tanker-truck 61 River/Stream. 81 Rainwater 82 Other (<i>specify</i>) 96	11⇒WS5 12⇒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	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK	Yes 1 No 2 DK..... 8	2⇒WS7 8⇒WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? <i>RECORD ALL ITEMS MENTIONED.</i>	Add bleach/chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Let it stand and settle F Other (<i>specify</i>) X DK Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?	Toilet Flush to piped sewer system. 11 Flush to septic tank 12	

<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>	Flush to pit (latrine).	13	95⇒NEXT MODULE
	Flush to somewhere else	14	
	Flush to unknown place/not sure/DK where.	15	
	Ventilated Improved Pit latrine (VIP)	21	
	Pit latrine with slab	22	
	Pit latrine without slab / open pit	23	
	Bucket	.41	
	No facilities or bush or field	95	95⇒NEXT MODULE
	Other (<i>specify</i>)	96	
WS8. DO YOU SHARE YOUR TOILET FACILITY WITH OTHER HOUSEHOLDS?	Yes	1	2⇒ NEXT MODULE
	No	2	
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10).	0 ____	
	Ten or more households	10	
	DK	98	

HOUSEHOLD CHARACTERISTICS MODULE		
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms..... _ _	
HC3. Main material of the dwelling floor. Record observation.	Natural floor Earth/sand 11 Rudimentary floor Wood planks. 21 Palm/bamboo 22 Finished floor Parquet or polished wood. 31 Ceramic tiles 33 Cement. 34 Carpet. 35 Mixed 36 Rug 37 Other (specify) 96	
HC4. Main material of the roof. Record observation.	Natural roofing Thatch/palm leaf. 12 Rudimentary Roofing Palm/bamboo 22 Wood planks 23 Finished roofing Metal/corrugated iron 31 Wood 32 Zinc 33 Ceramic tiles 34 Cement 5 Other (specify) 96	
HC5. Main material of the walls. Record observation.	Natural walls Thatch/palm leaf 12 Rudimentary walls Plywood. 24 Reused wood 26 Finished walls Cement 31 Stone with cement 32 Bricks 33 Cement blocks 34 Wood 36 Other (specify) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01 Liquid Propane Gas (LPG) 02 Kerosene. 05 Charcoal. 07 Wood. 08 Straw/shrubs/grass. 09 Wood chips 12 Other (specify) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? Probe for type.	Open fire 1 Open stove 2 Closed stove. 3 Other (specify) 6	3⇒HC8 6⇒HC8
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes 1 No 2	

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building 2 Outdoors 3 Other (<i>specify</i>) 6																						
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?	<table> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Électricity</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>Mobile telephone</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> </table>		Yes	No	Électricity	1	2	Radio	1	2	Television.....	1	2	Mobile telephone	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	
	Yes	No																					
Électricity	1	2																					
Radio	1	2																					
Television.....	1	2																					
Mobile telephone	1	2																					
Non-mobile telephone	1	2																					
Refrigerator.....	1	2																					
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? A CAR OR TRUCK? A BOAT WITH A MOTOR?	<table> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car or truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Motorcycle	1	2	Car or truck.....	1	2	Boat with motor	1	2				
	Yes	No																					
Watch	1	2																					
Bicycle	1	2																					
Motorcycle	1	2																					
Car or truck.....	1	2																					
Boat with motor	1	2																					

CHILD LABOUR MODULE												CL
The questions of this module must be asked to the mother/caretaker for each child in the household aged 5-14. For household members under 5 or more than 14, leave the line blank.												
Now I would like to ask you a question about the type of work that the children living in this household are capable of accomplishing												
CL1. LINE NO.	CL2. Name	CL3. DURING THE PAST WEEK, DID (NAME) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? IF YES: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO TO 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? WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> Record response then CL.6	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	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, COOKING, WASHING, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO TO CL8	CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET, COOKING OR LAUNDRY?) 1 YES 2 NO NEXT LINE	CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?				
LINE	NAME	YES PAID	YES N. PAID	NO	NO, HOURS	YES PAID	YES N. PAID	NO	NO, HOURS	YES	NO	
01		1	2	3		1	2	3		1	2	
02		1	2	3		1	2	3		1	2	
03		1	2	3		1	2	3		1	2	
04		1	2	3		1	2	3		1	2	
05		1	2	3		1	2	3		1	2	
06		1	2	3		1	2	3		1	2	
07		1	2	3		1	2	3		1	2	
08		1	2	3		1	2	3		1	2	
09		1	2	3		1	2	3		1	2	
10		1	2	3		1	2	3		1	2	
11		1	2	3		1	2	3		1	2	
12		1	2	3		1	2	3		1	2	

SALT IODISATION 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 YESTERDAY?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome</i></p>	<p>Not iodized 0 PPM..... 1</p> <p>Less than 15 PPM..... 2</p> <p>15 PPM or more.....3</p> <p>No salt in home.....6</p> <p>Salt not tested.....7</p>	

<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.</p> <p><input type="checkbox"/> Yes. Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. Continue</p>
<p>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.</p> <p><input type="checkbox"/> Yes. Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. End the interview by thanking the respondent for his/her cooperation. Gather all questionnaires for this household and tally the number of interviews completed on the cover page.</p>



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 EA 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. Enumeration Area Number: _____	WM2. Household number: _____													
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____													
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: _____ / _____ / _____													
WM7. Result of women's interview:	<table> <tr><td>Completed</td><td>1</td></tr> <tr><td>Not at home</td><td>2</td></tr> <tr><td>Refused</td><td>3</td></tr> <tr><td>Partly completed</td><td>4</td></tr> <tr><td>Incapacitated</td><td>5</td></tr> <tr><td>Other (specify)</td><td>6</td></tr> </table>		Completed	1	Not at home	2	Refused	3	Partly completed	4	Incapacitated	5	Other (specify)	6
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 **NATIONAL STATISTICS INSTITUTE (NSI)**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. IN ADDITION, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DO NOT 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 first birth	
	Day.....	
	DK day.....98	
	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
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	PRIMARY 1 SECONDARY 2 HIGHER 3 INTERMEDIATE 4 B.A 5 INFORMAL PROGRAMME 6	
WM12.WHAT IS THE HIGHEST GRADE YOU	Grade	

COMPLETED AT THAT LEVEL		
WM13. Check WM11: <input type="checkbox"/> Secondary or higher. Go to Next Module <input type="checkbox"/> Primary or non-standard curriculum. Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? Example sentences for literacy test: 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>	Cannot read at all 1 Able to read only parts of sentence.....2 Able to read whole sentence .3 Blind/mute, visually/speech impaired 5	

CHILD MORTALITY MODULE		
<p><i>This module is to be administered to all women age 15-49.</i></p> <p>All questions refer only to LIVE births.</p>		
<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>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE - EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒ MODULO UNIAO/C ASAMENT O</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p>Skip to CM3 only if year of first birth is given. Otherwise, continue with</p>	<p>Date of first birth</p> <p>Day.....__ __</p> <p>DK day.....98</p> <p>Month.....__ __</p> <p>DK month.....98</p> <p>Year__ __ __</p> <p>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</p> <p>No 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU? 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</p> <p>No 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? 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</p> <p>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>Total.....__ __</p>	

<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (total number) 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 (total number) 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 2005)?</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 style="text-align: center;">Name of child _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (name), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT MORE CHILDREN AT ALL?</p>	<p>Then..... 1</p> <p>Later..... 2</p> <p>No more..... 3</p>	

TETANUS TOXOID 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? If a card is presented, use it to assist with answers to the following questions.	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. If yes: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	Many times..... _ _ DK..... 98	98⇒TT5
TT4. How many TT doses during last pregnancy were reported in TT3? <input type="checkbox"/> <i>At least two TT injections during last pregnancy. Go to Next Module</i> <input checked="" type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. Continue with TT5</i>		
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?	Many 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	⇒MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years..... _ _	

MATERNAL AND NEWBORN HEALTH PANEL		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF NAME], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p>Show 200,000 IU capsule or bottle/jar</p>	<p>Yes 1 No 2 DK 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health worker Doctor A Nurse/midwife B</p> <p>Other person Traditional midwife F Community health agent G</p> <p>Other((specify) X No-one Y</p>	Y⇒MN7															
<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="0"> <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.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight.....	1	2	Blood pressure.....	1	2	Urine.....	1	2	Blood.....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure.....	1	2															
Urine.....	1	2															
Blood.....	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 No 2 DK 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR PRE-NATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	2⇒MN7 8⇒MN7															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (or name)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health worker Doctor A Nurse/midwife B</p> <p>Other person Traditional midwife F Community health agent G</p> <p>Other((specify) X No-one Y</p>																
<p>MN8. WHERE DID YOU GIVE BIRTH TO (name)? <i>If source is hospital, health centre, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p>	<p>Residence Your residence 11 Another residence..... 12</p> <p>Public sector Hospital /Maternity..... 21</p>																

<p>_____</p> <p>(NAME OF PLACE)</p>	<p>Health centre..... 22</p> <p>Other public facility ((specify) _____ 26</p> <p>Private sector</p> <p>Private clinic 32</p> <p>Other private facility ((specify) _____ 36</p> <p>Other (specify) _____ 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1</p> <p>Larger than average..... 2</p> <p>Normal. 3</p> <p>Smaller than average 4</p> <p>Very small 5</p> <p>NS..... 8</p>	
<p>MN10. WAS (NAME) WEIGHED AT BIRTH?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 88</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID (name) WEIGH? Record weight from health card, if available.</p>	<p>From the card..... 1 (kilograms) __ . __ __ __</p> <p>From memory..2 (kilograms) __ . __ __ __</p> <p>DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒NEXT MODULE.</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p>	<p>Immediately..... 000</p> <p>Hours 1 __ __</p> <p>or</p> <p>Days..... 2 __ __</p> <p>DK/Does not remember..... 998</p>	

- All children with more than **3 kg** are considered **normal** while those with more than 3 kg are considered larger than normal and those with less are considered as smaller than average. All children with 3 kg are considered normal.

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, I live with a man 2 No, I don't live with anyone 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Completed years _ _ DK 98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, I was already married 1 Yes, I already lived with a man 2 No 3	3⇒NEXT MODULE.
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widow 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Once 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN 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?	Completed years _ _	

CONTRACEPTION MODULE		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH	Yes, currently pregnant 1 No 2 Not sure or DK 8	1⇒NEXT MODULE.
ARE CURRENTLY PREGNANT?		
CP2. SOME COUPLES USE DIFFERENT WAYS OR METHODS OF AVOIDING PREGNANCY. ARE YOU NOW UTILISING OR DOING SOMETHING TO AVOID PREGNANCY?	Yes..... 1 No 2	2⇒NEXT MODULE.
CP3. WHAT IS THE METHOD YOU USE? <i>Do not suggest : If more than one method is mentioned, circle codes for all the methods mentioned</i>	Female sterilisationA Male sterilisationB PillC IUDD InjectionsE ImplantsF CondomG Female condomH Diaphragm.....I Foam/gelJ Breastfeeding method Amenorrhea method (MAMA).....K Periodic abstinenceL Coitus Interruptus.....M Calendar.....N Ovulation.....O Other(specify)_____X	

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?	Yes1 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?	Yes1 No.....2 DK8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes1 No.....2 DK8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes1 No.....2 DK8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes1 No.....2 DK8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes1 No.....2 DK8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes1 No.....2 DK8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes1 No.....2 DK8	
HA8. IS IT POSSIBLE FOR A HEALTHYLOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes1 No.....2 DK8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	<div style="text-align: right;">Yes No DK</div> During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During labour 1 2 8	
HA9C. BY BREASTFEEDING?	While breastfeeding 1 2 8	
HA10. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE/SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes1 No.....2 DK /Is 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?	Yes1 No.....2 DK /Is not sure/Depends.....8	
HA12. IF A MEMBER OF YOUR FAMILY BECOMES INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes1 No.....2 DK /Is not sure/Depends.....8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK	Yes1	

WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	No.....2 DK /Is 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?	Ask for the Test..... 1 Accepted a proposal 2 Required 3	1 END INTERVIEW 2 END INTERVIEWE 3 END INTERVIEW.
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. If tested for HIV during pre-natal care: OTHER THAN AT THE PRE-NATAL 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



CHILDREN'S QUESTIONNAIRE

INFORMATION PANEL ON CHILDREN UNDER FIVE		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). A separate questionnaire should be used for each eligible child. 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. Enumeration Area Number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5 Mother's/Caretaker's Name: _____	UF6. Mother's/Caregiver's Number: _____	
UF7. Interviewer name and number: _____	UF8. 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 VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DOSH, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. IN ADDITION, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DO NOT 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.

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. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth : Day DK Day98 Month Year	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Complete age	

BIRTH REGISTRATION AND EARLY LEARNING MODULE			BR
BR1. (Name) Do you have the birth certificate? May I see it?	Yes, I saw it Yes, I did not see it No DK	1 2 3 8	1⇒BR5
BR2. Was (name) registered in the notary public?	Yes No DK	1 2 8	1⇒BR5 8⇒BR4
BR3. Why was (name) not registered?	It's very expensive It's very far away Didn't know it was necessary to register a child It not want to pay the fine Did not know where to register Other (specify) DK	1 2 3 4 5 6 8	
BR4. Do you know what is necessary to register your child?	Yes No	1 2	
BR5. Verify the age of the child in question UF11 : child aged 3 or 4 years <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8			
BR6. Does (Name) go to pre-school, public or private, kindergarten, community centre or some other programme outside the house?	Yes No DK	1 2 8	2⇒BR8 8⇒BR8
BR7. During the past seven days, how many hours has (name) passed in this place?	Number of hours	___	
BR8. During the last 3 days, did you or another household member older than 15 carry out with (name) some of the following activities : If "yes", ask : WHO PARTICIPATED IN THIS ACTIVITY WITH THE CHILD : MOTHER, FATHER OR ANOTHER ADULT HOUSEHOLD MEMBER, INCLUDING THE PERSON SURVEY? Circle all replies.			
BR8A. Read books or look at picture books with (name)?	Books	Mother A Father B Other X Nobody Y	
BR8B. Storytelling with (name)?	Stories	A B X Y	
BR8C. Singing with (name)?	Music	A B X Y	
BR8D. Go out with (name) outside the house, residence, yard?	Go out	A B X Y	
BR8E. Playing with (name)?	Play with	A B X Y	
BR8F. Spending time with (name) storytelling and/or drawing?	Spend time	A B X Y	

VITAMIN A MODULE		VA
VA1. HAS (<i>Name</i>) RECEIVED ONE VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS? <i>Show the capsule or bottle for different doses :</i> 100 000 UI for children 6-11 months, 200 000 UI for children 12-59 months	Yes..... 1 No 2 DK..... 8	2⇒FOLL. MODULE 8⇒ FOLL. MODULE
VA2. HOW MANY MONTHS HAS IT BEEN SINCE (<i>name</i>) TOOK THE LAST DOSE?	Number of months..... __ __ DK..... 98	
VA3. WHERE DID (<i>name</i>) RECEIVE THE LAST DOSE?	In a health centre during the last routine visit1 In a health centre when the child was ill 2 National vaccination day 3 Other (<i>specify</i>) 6 DK..... 8	

BREASTFEEDING MODULE		BF
BF1. BREASTFEEDING (<i>name</i>)?	Yes..... 1 No 2 DK 8	2⇒BF3 8⇒BF3
BF2. STILL BREASTFEEDING (<i>name</i>) ?	Yes..... 1 No 2 DK..... 8	
BF3. SINCE YESTERDAY AT THE SAME HOUR AS TODAY, DID YOU RECEIVE ONE OF THE FOLLOWING FOOD SUPPLEMENTS? Read out loud the name of each item and note down the reply before going to the next item.	Y N DK A. Vitamin supplementation..... 1 2 8 B. Water 1 2 8 C. Sugared water or juice 1 2 8 D. ORS..... 1 2 8 E. Prepared foods 1 2 8 F. Milk 1 2 8 G. Other liquids 1 2 8 H. Solid or semi-solid foods..... 1 2 8	
BF4. Verify BF3H : The child receives solid or semi-solid (mash) foods? <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to the Following Module		
BF5. SINCE YESTERDAY AT THE SAME HOUR AS TODAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID FOODS OR MASHED, OTHER NON-LIQUID FOODS? If 7 times or more, enter '7'.	Number of times DK..... 8	

<p>CA9.WHERE DID YOU SEEK ADVICE OR TREATMENT??</p> <p>IN ONE OF THESE PLACES</p> <p>Circle all providers mentioned but do Not give suggestions.</p> <p><i>If it is a hospital, a health centre or a clinic, write the name of the facility. Insist so that the type of source is determined, and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of facility)</p>	<p>Public Sector</p> <p>Central Hospital.....A</p> <p>Health centreB</p> <p>Health postC</p> <p>Community health agent.....D</p> <p>Another public facility (<i>specify</i>)H</p> <p>Private medical practice</p> <p>Private hospital/clinic.....I</p> <p>Private doctorsJ</p> <p>Private pharmacyK</p> <p>Private other (<i>specify</i>).....O</p> <p>Other sources</p> <p>Family or Friend(s)P</p> <p>Magazines/booksQ</p> <p>Traditional practionerR</p> <p>Other (<i>specify</i>)X</p>	
<p>CA10.O (name) DID YOU TAKE MEDICATION TO CURE THIS ILLNESS?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICATION WAS IT QUAL FOI O MEDICAMENTOS QUE O (name medication)?</p> <p>Circle all mentioned medications.</p>	<p>Antibiotic treatmentA</p> <p>Paracetamol/Panadol/AcetaminophenP</p> <p>AspirinQ</p> <p>IbuprofenR</p> <p>Other ((<i>specify</i>)X</p> <p>DK.....Z</p>	
<p>CA12. VERIFY UF11: Is the child under three?</p> <p><input type="checkbox"/> Yes⇒ Continue with a CA13</p> <p><input type="checkbox"/> No⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME YOU HAD A BOWEL MOVEMENT, WHERE DID YOU PLACE YOUR FAECES?</p>	<p>The child</p> <p>The child used a toilet/latrine 01</p> <p>Placed it in the toilet/latrine 02</p> <p>Placed it in a hole 03</p> <p>Placed it in the garbage 04</p> <p>Buried it 05</p> <p>Left in an open place/bush 06</p> <p>Sea/River 07</p> <p>Other (<i>specify</i>)</p> <p>96</p> <p>DK 98</p>	

Put the following question (CA14) to the child's mother or caregiver, only once.	The child cannot drink, or suck at the breast or bottle	A
CA14. SOMETIMES CHILDREN SUFFER FROM SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TIME OF SYMPTOM WOULD LEAD YOU TO IMMEDIATELY TAKE YOUR CHILD TO A HEALTH FACILITY?	The child worsened	B
	The child has fever	C
	The child has rapid breathing	D
	The child has difficulty breathing	E
	The child's faeces has blood	F
	The child drinks with difficulty	G
Continue to query for more signs or symptoms until the person is no longer able to respond.	Other (<i>specify</i>)	X
Circle all mentioned symptoms. But do Not make suggestions.	Other (<i>specify</i>)	Y
	Other (<i>specify</i>)	Z

IMMUNIZATION MODULE										IM
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamins dose 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					2⇒IM10 3⇒IM10
					Yes, not seen..... 2					
					No..... 3					
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.					Date or Immunization					
					DAY		MONTH		YEAR	
IM2. BCG	BCG									
IM3A. POLIO AT BIRTH	OVP0									
IM3B. POLIO1	OVP1									
IM3C. POLIO2	OVP2									
IM3D. POLIO3	OVP3									
IM4A. DPT1	DPT1									
IM4B. DPT2	DPT2									
IM4C. DPT3	DPT3									
IM5A. HEPB1 (OR DPTHB1)	(DPT)H1									
IM5B. HEPB2 (OR DPT HB2)	(DPT)H2									
IM5C. HEPB3 (OR DPT HB3)	(DPT)H3									
IM6. MEASLES(OR MMR)	MEASLES									
IM7. YELLOW FEVER	YF									
IM8A. VITAMIN A (1)	VITA1									
IM8B. VITAMIN A (2)	VITA2									
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.					Yes 1 (Probe for type of vaccine and write '66' in the corresponding day column on IM2 to IM8B).					1⇒IM19
					No..... 2					2⇒IM19
					DK 8					8⇒IM19
IM10. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS					Yes 1					2⇒IM19
					No..... 2					

RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	DK8	8⇒IM19
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IM11. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS - THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes 1 No 2 DK 8																	
IM12. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK 8	2⇒IM15 8⇒IM15																
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within 2 weeks) 1 Later 2																	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	Number of times _ _																	
IM15. HAS (name) 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)	Yes 1 No 2 DK 8	2⇒IM17 8⇒IM17																
IM16. HOW MANY TIMES?	Number of times _ _																	
IM17. HAS (name) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" OR MMR - THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK 8																	
IM18. HAS (name) EVER BEEN GIVEN "YELLOW FEVER VACCINATION INJECTIONS" - THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes 1 No 2 DK 8																	
IM19. PLEASE TELL ME IF (name) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS: IM19A. DATE/TYPE OF CAMPAIGN A IM19B. DATE/TYPE OF CAMPAIGN B IM19C. DATE/TYPE OF CAMPAIGN C	<table> <tr> <td></td> <td>Y</td> <td>N</td> <td>DK</td> </tr> <tr> <td>Campaign A.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Campaign B.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Campaign C.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		Y	N	DK	Campaign A.....	1	2	8	Campaign B.....	1	2	8	Campaign C.....	1	2	8	
	Y	N	DK															
Campaign A.....	1	2	8															
Campaign B.....	1	2	8															
Campaign C.....	1	2	8															
IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8. <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. <input type="checkbox"/> No. End the interview with this respondent by thanking him/her for his/her cooperation. If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.																		

ANTHROPOMETRY MODULE		AN
<p><i>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.</i></p>		
AN1. CHILD'S WEIGHT.	Kilograms (kg)..... _ _ . _	
AN2. CHILD'S LENGTH OR HEIGHT on the household listing verify child's age in UF11: <input type="checkbox"/> Child under 2. ⇒ Measure length (lying down). <input type="checkbox"/> Child over 2. ⇒ Measure height (standing).	Length (cm) Lying down 1 _ _ . _ Height (cm) Standing 2 _ _ . _	
AN3. MEASURER'S IDENTIFICATION CODE.	Code Number _ _	
AN4. RESULT OF MEASUREMENT	Measured 1 Absent 2 Refused 3 Other (<i>specify</i>) 6	

AN5. IS THERE ANOTHER CHILD IN THE HOUSEHOLD ELIGIBLE FOR ANTHROPOMETRIC MEASUREMENT? <input type="checkbox"/> Yes. ⇒ Record measurements for next child. <input type="checkbox"/> No. ⇒ End of interview in this household. Thank all participants for their collaboration. Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.
