HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (*National Bureau of Statistics, NIGERIA*). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL **BE FOR A SHORT PERIOD**. 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 THE HOUSEHOLD HEAD 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. EA Name_____ Cluster Number ___ ___ ___ ___	HH2. Household number: ___ ___ ___

HH3. Interviewer's name and number:
 	
  Name_____ ___ ___
	HH4. Supervisor's name and number:
	
	  Name_____ ___ ___

HH5. Day/Month/Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___

HH6. Area.................................... Sector
  Rural 1
  Urban 2
	HH7. State Name:_____
	
	  State Code: [
		]

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
  Partially Completed………………5
 	
  Other (*specify*) _____ 6
	HH10. Respondent to HH questionnaire:
	
	  Name:_____
	
	  Line No: ___ ___

	HH11. Total number of household members: ___ ___
HH12. No. of women eligible for interview: ___ ___	HH13. No. of women questionnaires completed: ___ ___
HH14. No. of children under age 5: ___ ___	HH15. No. of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: ***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.***	
HH16. Data entry clerk: ___ ___	
HH16A. Time interview start: ___ : ___ Time interview end: ___ : ___	
HH16B. Editor's Name_____ Editor's Number ___ ___	

HOUSEHOLD LISTING FORM

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 is not enough room on this page. Tick here if continuation sheet used

					Eligible for:			If age 18-59 years	For children age 0-17 years ask HL9-HL12A				
					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*	HL8A. HAS (*name*) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES **2 NO⇒HL11** 8 DK⇒HL11	HL10. *If alive*: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *If yes ⇒11Record Line no. of mother or 00 for 'no'*	HL10A. *If mother does not live in house hold* HAS (*name's*) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	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 HOUSE-HOLD? **IF YES ⇒ next line** *Record Line no. of father or 00 for 'no'*	HL12A. *If father does not live in household*: HAS (*name's*) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL.	M / F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK
01		0 1	1 2	——	01	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
02		——	1 2	——	02	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
03		——	1 2	——	03	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
04		——	1 2	——	04	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
05		——	1 2	——	05	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
06		——	1 2	——	06	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
07		——	1 2	——	07	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
08		——	1 2	——	08	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
09		——	1 2	——	09	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
10		——	1 2	——	10	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
11		——	1 2	——	11	——	——	1 2 8	1 2 8	——	1 2 8	1 2 8	——	1 2 8
12		——	1 2	——	12	——	——	1 2 8	1 2 8	——	1 2 8	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 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	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒HL11 8 DK⇒HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If yes ⇒11Record Line no. of mother or 00 for 'no'	HL10A. If mother does not live in household HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	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 ⇒ next line Record Line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK
13		___	1 2	___	13	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8
14		___	1 2	___	14	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8
15		___	1 2	___	15	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8

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 5-17	Under-5s	Very Sick (=1)	Mothers Dead (=2)		Mothers Very Sick (=1)	Fathers Dead (=2)		Fathers Very Sick (=1)
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 or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother 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

EDUCATION MODULE								
For household members age 5 and above				*For household members age 5-24 years*				
ED. Line no.	ED1A. Name	ED2. 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: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK GRADE: 98 DK *If less than 1 grade, enter 00.*	ED4. DURING THE (*2006-2007*) SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL 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/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK GRADE: 98 DK	ED7. DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (*2005-2006*)? 1 YES **2 NO ↘ NEXT LINE** **8 DK ↘ NEXT LINE**	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK GRADE: 98 DK
LINE		YES NO	LEVEL	GRADE/CLASS	YES NO	DAYS	LEVEL	GRADE/CLA A	Y N DK	LEVEL	GRADE
01		1 2 ⇨NEXT LINE	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 ⇨NEXT LINE	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 ⇨NEXT LINE	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 ⇨NEXT LINE	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 ⇨NEXT LINE	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	__ __

		⇨NEXT LINE							
07		1 **2** ⇨NEXT LINE	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** ⇨NEXT LINE	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** ⇨NEXT LINE	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** ⇨NEXT LINE	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** ⇨NEXT LINE	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** ⇨NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__ __
13		1 **2** ⇨NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__ __
14		1 **2** ⇨NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__ __
15		1 **2** ⇨NEXT LINE	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		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..................................11	**11⇨WS5**
	Piped into yard or plot...............................12	**12⇨WS5**

	Public tap/standpipe 13
	Tubewell/borehole 21
	Dug well
	    Protected well 31
	    Unprotected well...................................32
	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
		⇨**WS3**

	Bottled water..91	
	Other (*specify*)_____96	**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	**11⇨WS5**

	Piped into yard or plot...............................12
	    Public tap/standpipe 13
	Tubewell/borehole 21
	Dug well
	    Protected well 31
	    Unprotected well...................................32
	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
		12⇨WS5

	Other (*specify*)_____96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ....__ __ __	
	Water on premises 995	**995⇨WS5**
	DK..998	

WATER AND SANITATION MODULE		WS
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* 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? ***Record all items mentioned.***	Boil.. A Add bleach/chlorine .... B Strain it through a cloth .... C Use water filter (ceramic, sand, composite, etc.) .... D Solar disinfection .... E Let it stand and settle .... F Other (*specify*)_____ X DK.. Z	

WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / pour flush
	   Flush to piped sewer system 11
	   Flush to septic tank...............................12
	   Flush to pit (latrine) 13
	   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
	
	Composting toilet.......................................31
	Bucket...41
	Hanging toilet/hanging latrine...................51
	
	No facilities or bush or field 95
	
	Other (*specify*)_____ 96
		95⇨ NEXT MODULE

WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes..1 No 2	**2⇨ NEXT MODULE**
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		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity...1 Islam ....2 Traditional...3 Other religion (*specify*) _____ 6 No religion 7	
HC1B. MOTHER TONGUE OF HEAD	Language ………………………… __ __ __	
HC1C. ETHNIC GROUP OF HEAD	Ethnic Group …………………….__ __ __	
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
	   Dung 12
	Rudimentary floor
	   Wood planks..21
	   Palm/bamboo 22
	Finished floor
	   Parquet or polished wood......................31
	   Vinyl or asphalt strips 32
	   Ceramic tiles...33
	   Cement 34
	   Carpet...35
	
	Other (*specify*)_____ 96	

HC4. Main material of the roof.
 	
Record observation.
	Natural roofing
	   No Roof..11
	   Thatch/palm leaf 12
	   Sod 13
	Rudimentary Roofing
	   Rustic mat..21
	   Palm/bamboo 22
	   Wood planks..23
	   Plastic
	   sheeting……………………………………..24
	Finished roofing
	   Iron Sheets/Zinc 31
	   Wood 32
	   Calamine/cement fiber...........................33
	   Ceramic tiles...34
	   Cement 35
	   Roofing shingles 36
	
	Other (*specify*)_____ 96	

HOUSEHOLD CHARACTERISTICS MODULE		HC

HC5. Main material of the walls.
 	
Record observation.
	Natural walls
	   No walls 11
	   Cane/palm/trunks 12
	   Dirt 13
	Rudimentary walls
	   Bamboo with mud.................................21
	   Stone with mud.....................................22
	   Uncovered adobe 23
	   Plywood 24
	   Carton 25
	   Reused wood..26
	Finished walls
	   Cement 31
	   Stone with lime/cement 32
	   Bricks..33
	   Cement blocks......................................34
	   Covered adobe 35
	   Wood planks/shingles...........................36
	
	Other (*specify*)_____96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ....01 Liquid Propane Gas (LPG) ....02 Natural gas ....03 Biogas...04 Kerosene ....05 Coal / Lignite..06 Charcoal ....07 Wood ....08 Straw/shrubs/grass....................................09 Animal dung..10 Agricultural crop residue............................11 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, A CLOSED STOVE, GAS COOKER AND ELECTRIC COOKER? **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	In the house...1 In a separate building 2	

HOUSEHOLD CHARACTERISTICS MODULE		HC

| OUTDOORS? | Outdoors...3 | |
| | Other (*specify*) _____ 6 | |

HC9. DOES YOUR HOUSEHOLD HAVE:		Yes	No
Electricity	Electricity 1		2
Radio	Radio 1		2
Television	Television 1		2
VCR\VCD	VCR\VCD 1		2
DVD	DVD 1		2
Mobile Telephone	Mobile Telephone..............................1		2
Land Line Telephone	Land line Telephone 1		2
Sewing Machine	Sewing Machine 1		2
Refrigerator	Refrigerator.......................................1		2
Water Pump	Water Pump..1		2
Clock	Clock...1		2
Generator	Generator 1		2
Computer	Computer..1		2
Fan	Fan..1		2
Air Conditioner	Air Conditioner..................................1		2
Blender\Mixer\food processor	Blender\ Mixer\ Food Processor.......1		2
water heater	Water Heater 1		2

HC10. DOES ANY HOUSEHOLD MEMBER OWN:		Yes	No
Watch	Watch 1		2
Bicycle	Bicycle 1		2
Motorcycle/Scooter	Motorcycle/Scooter 1		2
Animal drawn-cart	Animal drawn-cart.............................1		2
Car/Truck	Car/Truck..1		2
Engine Boat with motor	Engine Boat with motor 1		2

ITN MODULE TN

TN1. DOES YOUR HOUSEHOLD HAVE ANY INSECTICIDE TREATED MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes...1 No 2	**2⇨NEXT MODULE**
TN2. HOW MANY INSECTICIDE TREATED NETS DOES YOUR HOUSEHOLD HAVE? **If 7 or more nets, record '7'.**	Number of nets...___	
TN3. IS THE INSECTICIDE TREATED NET, ANY OF THE FOLLOWING TYPE? **Read each type, show picture card, and circle codes for Yes or No for each type. If possible, observe the net to verify type.** LONG-LASTING TREATED NETS: RE-TREATABLE NETS: OTHER NETS:	Y N DK Long-lasting treated nets: .... 1 2 8 Re-treatable nets: ....1 2 8 Other nets …………………………… 1 2 8:	

TN4. **Check TN3 for type of net(s). Go through the above list in order until one box is checked and follow instructions:**
1. ☐ **Long-lasting Treated Net mentioned?**⇨ **Go to Next Module**
2. ☐ **Re-treatable Treated Net mentioned?**⇨ **Go to TN6**
3. ☐ **Other Insecticide Treated Net mentioned?**⇨ **Continue with TN5**

TN5. WHEN YOU GOT THE (MOST RECENT) INSECTICIDE TREATED net, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes...1 No ....2 DK/not sure...8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) INSECTICIDE TREATED net OBTAINED? **If less than 1 month ago, record '00'.** **If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.**	Months ago...___ ___ More than 24 months ago ....95 Not sure 98	
TN7. SINCE YOU GOT THE INSECTICIDE TREATED net(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes...1 No ....2 DK...8	**2⇨NEXT MODULE** **8⇨NEXT MODULE**
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? **If less than 1 month, record '00'.** **If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.**	Months ago...___ ___ More than 24 months ago ....95 Not sure 98	

CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS		OV

OV1. *Check HL5: any children 0-17?*

☐ *Yes ⇨ Continue to OV2*

☐ *No ⇨ Next Module*

OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes.. 1 No.. 2	**2⇨OV5**
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes.. 1 No.. 2	**2⇨OV5**
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes.. 1 No.. 2	**1⇨OV8**

OV5. *Return to the Household Listing and check the following:*

1. Check totals for HL9 and HL11.
  ☐ *At least one mother or father dead. ⇨ Go to OV8*
  ☐ *No mother or father dead*
2. Check totals for HL8A.
  ☐ *At least one adult aged 18-59 very sick 3 of last 12 months ⇨ Go to OV8*
  ☐ *No adult aged 18-59 very sick 3 of last 12 months*
3. Check totals forHL10A and HL12A.
  ☐ *At least one mother or father ill 3 of last 12 months ⇨ Go to OV8*
    ☐ *No mother or father ill 3 of last 12 months ⇨ Go to Next Module*

OV8. *List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.*

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	___ ___	___ ___	___ ___	___ ___
Age (from HL5)	___ ___	___ ___	___ ___	___ ___

OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (*name*) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.
YES……………..1   NO…………………..2
IF NO GO TO THE NEXT MODULE

OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (*name*). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (*name*), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (*name*), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes...........1 No ....2 ⇨ **OV13** DK............8	Yes...........1 No ....2 ⇨ **OV13** DK............8	Yes...........1 No ....2 ⇨ **OV13** DK............8	Yes...........1 No ....2 ⇨ **OV13** DK............8
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (*name*), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (*name*), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes...........1 No ....2 ⇨ **OV17** DK............8	Yes...........1 No ....2 ⇨ **OV17** DK............8	Yes...........1 No ....2 ⇨ **OV17** DK............8	Yes...........1 No ....2 ⇨ **OV17** DK............8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV17. *Check OV8 for age of child:*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (*name's*) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes............1 No ....2 DK............8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8

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. 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? *If more than one job, include all hours at all jobs.* *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, 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?) 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 NO.	NAME	YES — PAID / UNPAID — NO	NO OF HOURS	YES — PAID / UNPAID — NO	YES / NO	NO. HOURS	YES / NO	NO. HOURS
01		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
02		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
03		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
04		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
05		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
06		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
07		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
08		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
09		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
10		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
11		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
12		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
13		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
14		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____
15		1 2 3	____ ____	1 2 3	1 2	____ ____	1 2	____ ____

MATERNAL MORTALITY MODULE

Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇨MM4 2 NO ⇨MM5		MM4. Line no. of proxy respondent **(from household listing HL1)**	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DON'T KNOW IF **00** GO TO THE NEXT LINE	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW IF **00** GO TO THE NEXT LINE	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW IF **00** GO TO THE NEXT LINE	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	Y	N	LINE					
01		1	2	_ _	_ _	_ _	_ _	_ _	_ _
02		1	2	_ _	_ _	_ _	_ _	_ _	_ _
03		1	2	_ _	_ _	_ _	_ _	_ _	_ _
04		1	2	_ _	_ _	_ _	_ _	_ _	_ _
05		1	2	_ _	_ _	_ _	_ _	_ _	_ _
06		1	2	_ _	_ _	_ _	_ _	_ _	_ _
07		1	2	_ _	_ _	_ _	_ _	_ _	_ _
08		1	2	_ _	_ _	_ _	_ _	_ _	_ _
09		1	2	_ _	_ _	_ _	_ _	_ _	_ _
10		1	2	_ _	_ _	_ _	_ _	_ _	_ _
11		1	2	_ _	_ _	_ _	_ _	_ _	_ _
12		1	2	_ _	_ _	_ _	_ _	_ _	_ _
13		1	2	_ _	_ _	_ _	_ _	_ _	_ _
14		1	2	_ _	_ _	_ _	_ _	_ _	_ _
15		1	2	_ _	_ _	_ _	_ _	_ _	_ _

SALT IODIZATION MODULE		SI
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? *Once you have examined the salt,* *Circle number that corresponds to test outcome.*	Not iodized 0 PPM ....1 Less than 15 PPM ....2 15 PPM or more ....3 No salt in home..6 Salt not tested...7	

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, and 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, and administer the questionnaire to 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.

INDIVIDUAL WOMEN QUESTIONNAIRE

WOMEN'S INFORMATION PANEL	WM

*This module is **to be administered to all women age 15 through 49** (see column HL6 of HH listing in the HH Questionnaire).Fill one form for each eligible woman Fill 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.*

WM1. EA Name : _____ Cluster Number ___ ___ ___ ____	WM2. Household number: ___ ___ ___
WM3. Woman's Name: _____ _____	WM4. Woman's Line Number: ___ ___
WM5.Interviewer name and number: _____ ___ ___	WM6. Day/Month/Year of interviewed ___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Result of women's interview	Completed ....1 Not at home ....2 Refused ....3 Incapacitated ....4 Partly completed..5 Other (*specify*) 6

Repeat greeting if not already read to this woman:
WE ARE FROM (**NBS**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL **BE FOR A SHORT PERIOD**. 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 THE HOUSEHOLD HEAD AND **ALL WOMEN AGED 15 – 49** IN THE HOUSEHOLD. 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)**................... __ __	

WOMEN'S INFORMATION **PANEL**		**WM**
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes .... 1 No 2	**2⇨WM14**
WM11 WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	LEVEL Pre School……………………………………0 Primary .... 1 Secondary .... 2 Higher... 3 Non-Formal Education .... 6 DK…………………………………………8	
WM12 WHAT IS THE HIGHEST GRADE COMPLETED AT THAT LEVEL? **(ENTER THE GRADE IN THE SPACE PROVIDED USING THE FOOT NOTE)**	Grade __ __	
WM13 *Check WM11:* ☐ *Secondary or higher. ⇨ Go to Next Module* ☐ *Primary or non-standard curriculum. ⇨ Continue with WM14*		

WM14 NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.
Write out any of the sample sentences to respondent either in English or local language. If respondent cannot read whole sentence, probe:
 	
CAN YOU READ PART OF THE SENTENCE TO ME?
Example sentences for literacy test:
1.   The child is reading a book.
2.   The rains came late this year.
3.   Parents must care for their children.
4.   Farming is hard work.
	Cannot read at all....................................... 1
	Able to read only parts of sentence 2
	Able to read whole sentence....................... 3
	
	know sentence in
	        required language4
	                    (specify language)
	
	Blind/mute, visually/speech impaired.......... 5	

Foot Note: Grades for Codes in WM 12:

Pre-School		**Primary**		**Secondary**			**Higher**	
Kindergarten	- 01	Primary 1 -	04	JSS 1	-	10	NCE/AL/OND	- 16
Nursery 1	- 02	Primary 2 -	05	JSS 2	-	11	B.Sc./HND	-17
Nursery 2	- 03	Primary 3 -	06	JSS 3	-	12	Post Graduate	- 18
		Primary 4 -	07	SS 1	-	13		
		Primary 5 -	08	SS 2	-	14		
		Primary 6 -	09	SS 3	-	15		

CHILD MORTALITY MODULE		CM

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

CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *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?	Yes...1 No 2	**2⇨ MARRIAGE / UNION MODULE**
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. *Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.*	**Date of first birth** Day ....__ __ DK day...98 Month.. __ __ DK month...98 Year ....__ __ __ __ DK year..9998	⇨**CM3**
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ....__ __	
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes...1 No 2	**2⇨CM5**
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ....__ __ Daughters at home ....__ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO	Yes...1 No 2	**2⇨CM7**

CHILD MORTALITY MODULE		CM
NOT LIVE WITH YOU?		
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ....__ __ Daughters elsewhere............................__ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes...1 No 2	**2⇨CM9**

CHILD MORTALITY MODULE		CM
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead...__ __ Girls dead ....__ __	
CM9. **Sum answers to CM4, CM6, and CM8.** **(i.e. Sum = CM4 + CM6 + CM8)**	**Sum**..__ __	
CM10. JUST TO MAKE SURE THAT I HEARD YOU RIGHT, **YOU HAVE HAD IN TOTAL (***total number***) BIRTHS** DURING YOUR LIFE. IS THIS CORRECT? ☐ *Yes. ⇨ Go to CM11* ☐ *No. ⇨ Check responses and make corrections before proceeding to CM11*		

CM11. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? **If day is not known, enter '98' in space for day**.	Date of last birth Day/Month/Year..... __ __/__ __/__ __ __ __	

CM12. *Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2007)?*

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

☐ *No live birth in last 2 years.* ⇨ *Go to Marriage/ Union Module.*

☐ *Yes, live birth in last 2 years.* ⇨ *Continue with CM13*

Name of child_____

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 WANT NO (MORE) CHILDREN AT ALL?	Then ....1 Later ....2 No more...3	

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? *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 FITS AFTER BIRTH (AN ANTI-TETANUS	Yes...1 No ....2 DK...8	**2⇨TT5** **8⇨TT5**

SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?		
TT3. *If yes:* 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?* ☐ *At least two TT injections during last pregnancy.* ➪ *Go to Next Module* ☐ *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? *Skip to next module only if year of injection is given. Otherwise, continue with TT8.*	Month...__ __ DK month...98 Year ....-__ __ __ __ DK year...9998	**➪NEXT MODULE**
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.*		

MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF *name*], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule or dispenser.*	Yes... 1 No .... 2 DK 8	

MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?
 	
If yes: WHOM DID YOU SEE? ANYONE ELSE?
 	
Probe for the type of person seen and circle all answers given.
	Health professional:
	    Doctor .... A
	    Nurse/midwife .... B
	    Auxiliary midwife/MCH Aide...................C
	
	Other person
	    Traditional birth attendant .... F
	    Community health worker ....G
	    Relative/friend ....H
	
	Other (*specify*) X
	
	No one .... Y
		
		Y⇨MN7

MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times_____ DK 8	
MN2B. HOW MANY MONTHS PREGNANT WERE YOU AT YOUR FIRST ANTENATAL CARE VISIT FOR THIS PREGNANCY	Months _____ DK 8	
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE? MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE?	Yes No Weight..............................1 2 Blood pressure..................................1 2 Urine sample....................................1 2 Blood sample 1 2	

MATERNAL AND NEWBORN HEALTH MODULE		MN
MN3D. DID YOU GIVE A BLOOD SAMPLE?		
MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?	Yes..1 No ....2 DK 8	
MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?	Yes..1 No ....2 DK 8	**2⇨MN7** **8⇨MN7**
MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..1 No ....2 DK 8	
MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes..1 No ....2 DK 8	**2⇨MN7** **8⇨MN7**

MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?
 	
Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.
	Anti-malarial:
	   Sulphadoxine Pyremethamine................A
	   Chloroquine..B
	   Amodiaquine C
	   Quinine...D
	   Artemisinin-based combinations.............E
	   Other anti-malarial
	       (*specify*) H
	
	Other medications:
	   Analgesics/Pain Relievers ....P
	
	Other (*specify*) X
	DK...Z	

MN6c. *Check MN6B for medicine taken:* ☐ ***Sulphadoxine Pyremethamine taken.*⇨ *Continue with MN6D*** ☐ ***Sulphadoxine Pyremethamine not taken.*⇨ *Go to MN7***		
MN6D. HOW MANY TIMES DID YOU TAKE **SULPHADOXINE PYREMETHAMINE** DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times .... __ __	

MATERNAL AND NEWBORN HEALTH MODULE		MN

MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*name*)?
 	
ANYONE ELSE?
 	
Probe for the type of person assisting and circle all answers given.
	Health professional:
	    Doctor ....A
	    Nurse/midwife ....B
	    Auxiliary midwife/ MCH Aide..................C
	Other person
	    Traditional birth attendant .... F
	    Community health worker ....G
	    Relative/friend ....H
	
	Other (*specify*) X
	No one .... Y	

MN8. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
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.
 	
Name of Place_____
 	
Address_____
	Home
	    Your home 11
	    Other home.. 12
	
	Public sector
	    Govt. hospital...................................... 21
	    Govt. clinic/health center 22
	        Other public (*specify*) 26
	
	Private Medical Sector
	    Private hospital 31
	    Private clinic.. 32
	    Private maternity home........................ 33
	        Other private
	        medical (*specify*)36
	
	Other (*specify*) 96	

MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large.. 1 Larger than average .... 2 Average.. 3 Smaller than average.................................. 4 Very small .... 5 DK.. 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes... 1 No .... 2 DK.. 8	**2⇨MN12** **8⇨MN12**
MN11. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card........... 1 (kilograms) __ . __ __ __ From recall......... 2 (kilograms) __ . __ __ __ DK.. 99998	
MN12. DID YOU EVER BREASTFEED (*name*)?	Yes... 1 No 2	**2⇨ NEXT MODULE**

MATERNAL AND NEWBORN HEALTH MODULE		MN
MN13. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately... 000 Hours .... 1 __ __ *or* Days.................................... 2 __ __ Don't know/remember............................. 998	
MN13A. After (name) was born did any health professional check on your health?	YES…………………………………………1 NO …………………………………………2 DK …………………………………………… 8	
MN13B. How many days or weeks after the delivery of (name) did the first check-up made	Days after delivery _____ _____ Weeks after delivery _____ _____ DK……………………………….98	

MARRIAGE/UNION MODULE		MA
MA1. Are you currently married or living together with a man as if married?	Yes, currently married ....1 Yes, living with a man.................................2 No, not in union 3	 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 together with a man?	Yes, formerly married ....1 Yes, formerly lived with a man ....2 No 3	 3⇨NEXT MODULE
MA4. What is your marital status now: are you widowed, divorced or separated?	Widowed...1 Divorced ....2 Separated 3	
MA5. Have you been married or lived with a man only once or more than once?	Only once ....1 More than once...2	
MA6. In what month and year did you FIRST marry or start living with a man as if	Month...__ __	

MARRIED?	DK month..98	
	Year ....__ __ __ __	
	DK year..9998	

MA7. *Check MA6:* ☐ *Both month and year of marriage/union known?* ⇨ *Go to Next Module* ☐ *Either month or year of marriage/union not known?* ⇨ *Continue with MA8*	

MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years...__ __	

CONTRACEPTION AND UNMET NEED	CP
This module is to be administered to all **women age 15 through 49**	

CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING/CHILD SPACING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant 1 No 2 Unsure or DK 8	 **2⇨CP2** **8⇨CP2**
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?	Then 1 Later 2 Not want more children 3	**1⇨CP4B** **2⇨CP4B** **3⇨CP4B**
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	 2⇨**CP4A**
CP3. WHICH METHOD ARE YOU USING? *Do not prompt.* *If more than one method is mentioned,* *circle each one.*	Female sterilization A Male sterilization B Pill C IUD D Injections E Implants F Male Condom G Female condom H Diaphragm I Foam/jelly J Lactational Amenorrhoea Method (LAM) K Periodic abstinence L Withdrawal M	

	Other (*specify*) X	
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?	Have (a/another) child 1 No more/none 2 Says she cannot get pregnant 3 Undecided/don't know 8	**2⇨CP4D** **3⇨NEXT MODULE** **8⇨CP4D**
CP4B. *If currently pregnant:* NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more/none 2 Undecided/don't know 8	**2⇨CP4D**

CONTRACEPTION AND UNMET NEED		**CP**
CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 __ __ Years 2 __ __ Soon/now 993 Says she cannot get pregnant 994 After marriage 995 Other 996 Don't know 998	**994⇨NEXT MODULE**

CP4D. **Check CP1:** ☐ *Currently pregnant? ⇨ Go to Next Module* ☐ *NOT CURRENTLY PREGNANT OR UNSURE? ⇨ CONTINUE WITH CP4E*		

CP4E. DO YOU THINK YOU ARE ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	**1⇨NEXT MODULE** **8⇨NEXT MODULE**
CP4F. STATE THE **MAIN** REASON	Currently using family planning……………1 Primary Infertility……………………………..2 Secondary Infertility…………………………3 Premature Menopause………………………4 Cosmetic purpose/Looks…………………...5 Social ……………………………………....6 Economic ……………………………………7 Other (*specify*) 8	

FEMALE GENITAL mutilation/CUTTING MODULE		FG
THIS MODULE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49		
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes..1 No 2	**1⇨FG3**
FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes..1 No 2	**2⇨NEXT MODULE**
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes..1 No 2	**2⇨FG8**
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes..1 No ....2 DK...8	**1⇨FG7**
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes..1 No ....2 DK...8	
FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes..1 No ....2 DK...8	

FG7. WHO CIRCUMCISED YOU?	Traditional persons
	  Traditional 'circumciser' 11
	  Traditional birth attendant......................12
	  Other
	  traditional (*specify*) _____ 16
	
	Health professional
	  Doctor 21
	  Nurse/midwife 22
	  Other health
	  professional (*specify*) _____26
	
	  DK...98	

FG8. *The following questions apply only to women who have at least one living daughter.* *Check CM4 and CM6, Child Mortality Module: Woman has living daughter?* ☐ *Yes.* ⇨ *Continue with FG9* ☐ *No.* ⇨ *Go to FG16*		
FG9. HAVE ANY OF YOUR DAUGHTERS BEEN CIRCUMCISED? IF YES, HOW MANY?	Number of daughters circumcised: .....__ __ No daughters circumcised.........................00	**00⇨FG16**
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? *Record the daughter's name.*	Name of daughter: _____	
FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO (*name*) AT THAT TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes ....1 No..2 DK 8	**1⇨FG13**
FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ....1 No..2 DK 8	
FG13. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes ....1 No..2 DK 8	
FG14. HOW OLD WAS (*name*) WHEN THIS OCCURRED? *If the respondent does not know the age, probe to get an estimate.*	Daughter's age at circumcision ....__ __ DK 98	
FG15. WHO DID THE CIRCUMCISION?	Traditional persons Traditional 'circumciser' ....11 Traditional birth attendant ....12 Other traditional (*specify*) _____ 16 Health professional Doctor..21 Nurse/midwife ....22 Other health professional (*specify*)_____ 26 DK..98	
FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ....1 Discontinued..2 Depends ....3 DK..8	

HIV/AIDS MODULE		HA
This module is to be administered to all women age 15 through 49		

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 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	

HIV/AIDS MODULE		HA
This module is to be administered to all women age 15 through 49		

HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..1 No ....2 DK...8	

HIV/AIDS MODULE		HA
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	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?*		
☐ *Yes.* ⇨ *Go to HA18A*		
☐ *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 accepted..................2 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 HIV?	Yes..1 No 2	**1⇨NEXT MODULE** **2⇨NEXT MODULE**
HA18A. *If tested for HIV during antenatal care:* 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.

SEXUAL BEHAVIOUR MODULE		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB0. *Check WM11: Age of respondent is between 15 and 24?* ☐ *Age 25-49.* ⇨ *END THIS INTERVIEW* ☐ *Age 15-24.* ⇨ *Continue with SB1*		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.	Never had intercourse ....00 Age in years.........................__ __	**00⇨END INTERVIEW**

SEXUAL BEHAVIOUR MODULE		SB
THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	First time when started living with (first) husband/partner 95	
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? ***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***.	Days ago ....1 __ __ Weeks ago..2 __ __ Months ago.......................................3 __ __ Years ago ....4 __ __	**4⇨END INTERVIEW**
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes..1 No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? ***If man is 'boyfriend' or 'fiancée', ask***: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? ***If 'yes', circle 1 .If 'no', circle 2.***	Spouse / cohabiting partner ....1 Man is boyfriend / fiancé ....2 Other friend...3 Casual acquaintance...................................4 Other (*specify*)_____ 6	**1⇨SB6**
SB5. HOW OLD IS THIS PERSON? ***If response is DK, probe***: ABOUT THE AGE OF THIS PERSON?	Age of sexual partner ....__ __ DK..98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..1 No 2	**2⇨END INTERVIEW**
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes..1 No 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? ***If man is 'boyfriend' or 'fiancée', ask:*** WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? ***If 'yes', circle 1. If 'no', circle 2.***	Spouse / cohabiting partner ....1 Man is boyfriend /fiancé ....2 Other friend...3 Casual acquaintance...................................4 Other (*specify*)_____ 6	**1⇨SB10**

SEXUAL BEHAVIOUR MODULE		SB
SB9. HOW OLD IS THIS PERSON? ***If response is DK, probe:*** ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ....__ __ DK...98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..1 No 2	**2⇨ END INTERVIEW**
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners......................................__ __	

UNDER FIVE CHILDREN QUESTIONNAIRE

UNDER-FIVE CHILD INFORMATION PANEL		UF

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 from household information panel and household listing Insert your own name and number, and the date.

UF1. EA Name:_____ Cluster 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: _____ ___ ___	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 NATIONAL BUREAU OF STATISTICS (NBS) ABUJA. 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 A SHORT PERIOD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. 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?
 	
Probe: 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 day 98
	
	  Month .... ___ ___
	
	  Year... ___ ___ ___ ___	

UF11. HOW OLD WAS (*name*) AT HIS/HER		

| LAST **BIRTHDAY?** **Record age in completed YEARS.** | Age in completed **years**....................... __ __ | |

BIRTH REGISTRATION AND EARLY LEARNING MODULE   BR

BR1. DOES *(name)* HAVE A BIRTH CERTIFICATE? MAY I SEE IT? **(Check, ff Birth Certificate is from National Population Commission (NPopC), then circle "1", else circle "3")**	Yes, seen **(NPopC Card)**.......................1 Yes, not seen.................................2 No ....3 DK...8	**1⇨BR5**
BR2. HAS *(name's)* BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes...1 No ....2 DK...8	**1⇨BR5** **8⇨BR4**
BR3. WHY IS *(name's)* BIRTH NOT REGISTERED?	Costs too much..1 Must travel too far....................................2 Did not know it should be registered ....3 Does not consider it important....................4 Does not know where to register.................5 Does not know benefit of registration..........6 Other (*specify*) 7 DK...8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..1 No 2	

BR5. *Check age of child in UF13: Child is 3 to 4 years old?*

☐ *Yes. ⇨ Continue with BR6*

☐ *No. ⇨ Go to BR8*

| BR6.   DOES   *(name)*   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 *(name)* ATTEND? | No. of hours ....__ __ | |

(You can estimate from the number of hours the child spent per day in school as supplied by the respondent)		

BIRTH REGISTRATION AND EARLY LEARNING MODULE					BR

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 (*name*):

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)?
Circle all that apply.

Question	Activity	Mother	Father	Other	No one	
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y	
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y	
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y	
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y	
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y	
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A	B	X	Y	

CHILD DEVELOPMENT		CE

Question CE1 is to be administered only once to each caretaker		
CE1. How many books are there in the household? Please include school books, 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 books 10	
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? home made 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* *Circle 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 Home made toys (dolls, cars and other toys made at home) C Toys that came from a store .... D No playthings mentioned............................ Y	

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 ....__ __	

VITAMIN A MODULE		**VA**
VA1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? ***Show capsule or dispenser for different doses:*** **---100,000 IU for those 6-11 months old,** **---200,000 IU for those 12-59 months old.**	Yes...1 No ....2 DK...8	**2⇨NEXT MODULE** **8⇨NEXT MODULE**
VA2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ago...__ __ DK...98	
VA3. WHERE DID (*name*) GET THIS LAST DOSE?	On routine visit to health facility ....1 Sick child visit to health facility ....2 National Immunization Day campaign.........3 Other (*specify*) 6 DK...8	

BREASTFEEDING MODULE		BF
BF1. HAS (*name*) 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 OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)/SALT SUGAR SOLUTION (SSS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements......................1 2 8 B. Plain water ....1 2 8 C. Sweetened water or juice ....1 2 8 D. ORS/SSS ....1 2 8 E. Infant formula ....1 2 8 F. Milk ....1 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?**

▢**Yes. ⇨ Continue with BF6**

▢**No or DK. ⇨ Go to Next Module**

| BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) 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
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? **Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.**	Yes..1 No ....2 DK..8	 **2⇨CA5** **8⇨CA5**
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: **Read each item aloud and record response before proceeding to the next item**. CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED **ORS *packet solution?*** CA2B. GOVERNMENT-RECOMMENDED HOMEMADE SALT SUGAR SOLUTION (SSS) FLUID? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	Yes No DK A. Fluid from **ORS** packet...................1 2 8 B. Recommended homemade **SSS** ..1 2 8 C. Pre-packaged **ORS** fluid 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK WATER MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	None ....1 Much less ....2 Somewhat less ....3 About the same ....4 More...5 DK..8	

CARE OF ILLNESS MODULE		CA
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? **If "less", probe**: MUCH LESS OR A LITTLE LESS?	None ....1 Much less ....2 Somewhat less ....3 About the same ....4 More...5 DK...8	

CA4a. *Check CA2A: ORS packet used?* ☐ *Yes.⇨ Continue with CA4B* ☐ *No.⇨ Go to CA5*		

CARE OF ILLNESS MODULE		CA

CA4B. WHERE DID YOU GET THE *(local name for ORS packet from CA2A)?*
 	
(If more than one source , circle the last source)
	Public sector
	    Govt. hospital 11
	    Govt. health centre 12
	    Govt. health post 13
	    Village health worker 14
	    Mobile/outreach clinic 15
	    Other public (*specify*) 16
	
	Private medical sector
	    Private hospital/clinic 21
	    Private physician 22
	    Private pharmacy 23
	    Mobile clinic 24
	
	_____ Other private
	   medical (*specify*) 26
	
	Other source
	   Patent medicine stores………………….30
	      Relative or friend 31
	      Shop 32
	      Traditional practitioner 33
	
	Other (*specify*) 96
	
	DK 98	

CA4C. HOW MUCH DID YOU PAY FOR THE *(Local name for ORS packet from CA2A)?*	Naira ₦__ __ __ __ Free 9996 DK 9998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes…………………………………………1 No ...………………………………………..2 DK…………………………………………..8	 **2⇨CA12** **8⇨CA12**

CA6. WHEN (name) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULT BREATHING?	Yes…………………………………………..1 No ...……………………………………………..2 DK…………………………………………..8	2⇨**CA12** 8⇨**CA12**
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest...1 Blocked nose ....2 Both ....3 Other (*specify*) 6 DK..8	2⇨**CA12** 6⇨**CA12**

CARE OF ILLNESS MODULE		**CA**
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes...1 No ....2 DK...8	2⇨**CA10** 8⇨**CA10**

CA9. FROM WHERE DID YOU SEEK CARE?
 	
 ANYWHERE ELSE?
 	
 Circle all providers mentioned.
 But do NOT prompt with any suggestions.
 	
 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.
 	
 Name of place(1)_____
 	
 Address(1)
 _____
 	
 Name of place(2) _____
 	
 Address(2) _____
	Public sources
	    Govt. hospital... A
	    Govt. health centre/post .... B
	    Govt. MCH post C
	    Village health worker .... D
	     Govt. Mobile/outreach clinic .... E
	          Other public (*specify*) H
	
	 Private sources
	    Private hospital/clinic I
	    Private physician ....J
	    Pharmacy .... K
	    Mobile clinic L
	
	 Other private
	  medical (*specify*) O
	
	 Other source
	    Relative or friend .... P
	    Shop ....Q
	    Traditional practitioner .... R
	    Patent medicine stores……………… . S
	
	 Other (*specify*) X	

CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes...1 No ....2 DK...8	2⇨**CA12** 8⇨**CA12**

CA11. WHAT MEDICINE WAS (*name*) GIVEN? (Circle all medicines given).	Antibiotic .... A Analgesics/Pain Relievers .... P Other (*specify*) X DK .... Z	

CA11A. CHECK CA11: ANTIBIOTIC WAS GIVEN? (CODE 'A' CIRCLED)
☐ YES. ⇨ CONTINUE WITH CA11B
☐ NO. ⇨ GO TO CA12

CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public sector
	          Govt. hospital 11
	          Govt. health centre 12
	          Govt. health post 13
	          Village health worker 14
	          Mobile/outreach clinic 15
	          Other public (*specify*) 16
	
	Private medical sector
	          Private hospital/clinic 21
	          Private physician 22
	          Private pharmacy 23
	          Mobile clinic 24
	          Other private Medical (*specify*) 26
	
	Other source
	     Patent medicine stores………………….30
	          Relative or friend 31
	          Shop 32
	          Traditional practitioner 33
	
	Other (*specify*) 96
	DK 98	

CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Naira ₦__ __ __ __ Free 9996 DK 9998	

CA12. Check UF13: Child aged under 3?
☐Yes. ⇨ Continue with CA13
☐No. ⇨ Go to CA14

| CA13. The last time *(name)* passed stools, what was done to dispose of the stools? | Child used toilet/latrine 01
Put/rinsed into toilet or latrine....................02
Put/rinsed into drain or ditch.......................03
Thrown into garbage (solid waste) 04
Buried 05
Left in the open..06

Other (*specify*)   96

DK..98 | |

CARE OF ILLNESS MODULE		CA
Ask the following question (CA14) only once for each caretaker. 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? **Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned,** **But do NOT prompt with any suggestions.**	Child not able to drink or breastfeed .... A Child becomes sicker .... B Child develops a fever................................ C Child has fast breathing.............................. D Child has difficult breathing .... E Child has blood in stool .... F Child is drinking poorly ....G Other (*specify*) X Other (*specify*) Y Other (*specify*) Z	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST, HAS (*name*) BEEN ILL WITH A FEVER?	Yes ....1 No..2 DK..8	 **2⇨ML10** **8⇨ML10**
ML2. WAS (*name*) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ....1 No..2 DK..8	 **2⇨ML6** **8⇨ML6**
ML3. DID (*name*) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ....1 No..2 DK..8	 **2⇨ML5** **8⇨ML5**

ML4. WHAT MEDICINE DID (*name*) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?
 	
 Circle all medicines mentioned.
	Anti-malarial:
	     Sulphadoxine Pyremethamine .... A
	     Chloroquine .... B
	     Amodiaquine... C
	     Quinine .... D
	     Artemisinin-based combinations .... E
	     Other anti-malarial
	         (*specify*) H
	
	 Other medications:
	     Analgesics/Pain Relievers...................... P
	
	 Other (*specify*) X
	
	 DK...Z	

ML5. WAS (*name*) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ....1 No..2 DK..8	**1⇨ML7** **2⇨ML8** **8⇨ML8**
ML6. WAS (*name*) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ....1 No..2 DK..8	 **2⇨ML8** **8⇨ML8**

ML7. WHAT MEDICINE WAS (*name*) GIVEN?
 	
 Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarial to respondent.
	Anti-malarial:
	     Sulphadoxine Pyremethamine .... A
	     Chloroquine .... B
	     Amodiaquine... C
	     Quinine .... D
	     Artemisinin-based combinations .... E
	     Other anti-malarial
	         (***specify***) H
	
	 Other medications:	

	Paracetamol/Panadol/Acetaminophen ... P Aspirin ....Q Ibuprofen .... R Other (*specify*) X DK ....Z	

MALARIA MODULE FOR UNDER-FIVES		ML

ML8. *Check ML4 and ML7: Was Anti-malarial mentioned (codes A - H)?*

☐ *Yes. ⇨ Continue with ML9*

☐ *No. ⇨ Go to ML10*

ML9. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML4 or ML7*)? *If multiple anti-malarial mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.* *Record the code for the day on which the first anti-malarial was given.*	Same day ....0 Next day ....1 2 days after the fever...................................2 3 days after the fever...................................3 4 or more days after the fever ....4 DK..8	

ML9A. WHERE DID YOU GET THE (*name of anti-malarial from ML4 or ML7*)?
 	
If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).
	Public sector
	     Govt. hospital 11
	     Govt. health centre 12
	     Govt. health post 13
	     Village health worker 14
	     Mobile/outreach clinic 15
	     Other public (*specify*) 16
	
	Private medical sector
	     Private hospital/clinic 21
	     Private physician 22
	     Private pharmacy 23
	     Mobile clinic 24
	     _____ Other private
	     medical (*specify*) 26
	
	Other source
	     Relative or friend 31
	     Shop 32
	     Traditional practitioner 33
	
	Other (*specify*) 96
	
	DK 98	

ML9B. HOW MUCH DID YOU PAY FOR THE (*name of anti-malarial from ML4 or ML7*)? *Refer to the same anti-malarial as in ML9A*	Naira (₦) ....___ ___ ___ ___ Free 9996	

above	DK 9998	
ML10. DID (*name*) SLEEP UNDER AN INSECTICIDE TREATED MOSQUITO NET LAST NIGHT?	Yes ....1 No ....2 DK...8	**2⇨NEXT MODULE** **8⇨NEXT MODULE**
MALARIA MODULE FOR UNDER-FIVES		**ML**
ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE INSECTICIDE TREATED NET? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.*	Months ago..__ __ More than 24 months ago ....95 Not sure..98	
ML12. WHAT TYPE OF INSECTICIDE TREATED MOSQUITO NET IS THIS? *If the respondent does not know the type of the net, show pictorials, or if possible, observe the net.* *LONG LASTING TREATED NETS*: *RE-TREATABLE NETS*: *OTHERS* **(specify)**	Long lasting treated net: ……………….. 11 Re-treatable net: …………………….. 21 OTHER (*specify*) .... 36 DK...98	11⇨NEXT **MODULE** **21⇨ML14**
ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes ....1 No ....2 DK/not sure..8	
ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?	Yes ....1 No ....2 DK...8	**2⇨ NEXT MODULE** **8⇨ NEXT MODULE**
ML15. HOW LONG AGO, WAS THE NET LAST SOAKED OR DIPPED? *If less than 1 month, record '00'.* *If answer is "12 months" or "1 year", probe*	Months ago..__ __ More than 24 months ago ....95 DK...98	

to determine if net was treated exactly 12 months ago or earlier or later.		

IMMUNIZATION MODULE   IM

If an immunization/Child health card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A 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 IMMUNIZATION/CHILD HEALTH 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.	Date of Immunization			
	DAY	MONTH	YEAR	
IM2. BCG BCG				
IM3A. POLIO AT BIRTH OPV0				
IM3B. POLIO 1 OPV1				
IM3C. POLIO 2 OPV2				
IM3D. POLIO 3 OPV3				
IM4A. DPT1 DPT1				
IM4B. DPT2 DPT2				
IM4C. DPT3 DPT3				
IM5A. HEPB1 HEPB1				
IM5B. HEPB2 HEPB2				
IM5C. HEPB3 HEPB3				
IM6. MEASLES 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**	Yes...1 *(Probe for type of vaccinations obtained which was not written on card and write '66' in the corresponding day column on IM2 to IM8B.)* No 2	**1⇨IM19** **2⇨IM19**

IMMUNIZATION MODULE		IM
BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.	DK..8	**8⇨IM19**
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes..1 No ....2 DK..8	 **2⇨IM19** **8⇨IM19**
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 two weeks)**.............1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. 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, AND DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes..1 No ....2 DK..8	 **2⇨IM16A** **8⇨IM16A**
IM16. HOW MANY TIMES?	No. of times ....__ __	
IM16A HAS (*name*) EVER BEEN GIVEN "HEPATITIS B INJECTIONS"?	Yes..1 No ....2 DK..8	 **2⇨IM17** **8⇨IM17**
IM16B HOW MANY TIMES?	No. of times ....__ __	

IMMUNIZATION MODULE		IM
IM17. HAS (*name*) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS"– THAT IS, AN INJECTION 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 AND INDICATE THE TYPE OF IMMUNIZATION/VITAMIN A RECEIVED: **IM19A CAMPAIGN A.** *(NID JANUARY 2007)* Participation **Type of immunization received** Polio Measles Vitamin A ***IM19B* Campaign B** *(NID NOVEMBER 2006)* Participation **Type of immunization received** Polio Measles Vitamin A ***IM19C* Campaign C** *(NID SEPTEMBER 2006)* Participation **Type of immunization received**	**Campaign A** Y N DK Participation.......................................1 2 8 **Type of immunization received** Polio...1 2 8 Measles ....1 2 8 Vitamin A ....1 2 8 **Campaign B** Participation.......................................1 2 8 **Type of immunization received** Polio...1 2 8 Measles ....1 2 8 Vitamin A ....1 2 8 **Campaign C** Participation.......................................1 2 8 **Type of immunization received** Polio...1 2 8 Measles ....1 2 8 Vitamin A 1 2 8	**2⇨IM19B** **8⇨IM19B** **2⇨IM19C** **8⇨IM19C** **2⇨IM20** **8⇨IM20**

IMMUNIZATION MODULE		IM
Polio Measles Vitamin A		

M20.
Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.

☐ *Yes.* ⇨ *End the current questionnaire and then*
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

☐ *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
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN1. Child's weight.	Kilograms (kg) ....__ __ . __	
AN2. Child's length or height. **Check age of child in UF13**: ☐ **Child under 2 years old.** ⇨ **Measure length (lying down).** ☐ **Child age 2 or more years.** ⇨ **Measure height (standing up).**	Length (cm) 　Lying down.........................1 __ __ __ . __ Height (cm) 　Standing up ....2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code..__ __	
AN4. Result of measurement.	Measured...1 Not present ....2 Refused 3	

| | Other (*specify*)   6 | |

AN5. **Is there another child in the household who is eligible for measurement?**

▱ **Yes.** ⇨ **Record measurements for next child in his/her questionnaire.**

▱ **No.** ⇨ **End the interview with this household by thanking all participants for their cooperation.**

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