

## APPENDIX TWO

### MODEL QUESTIONNAIRES, ADDITIONAL AND OPTIONAL MODULES

Three model questionnaires have been designed for MICS3: (1) the Household Questionnaire, (2) the Questionnaire for Individual Women and (3) the Questionnaire for Children Under Five.

These questionnaires include the CORE MODULES, shown below in CAPITAL LETTERS. Countries are provided with a number of Additional Modules, which should be used if applicable/appropriate/suitable, and a number of *Optional Modules*, which may be used if there is interest in the topics. Additional and *Optional Modules* are added to the model questionnaires, inserted into or replace the CORE MODULES of the model questionnaires. Refer to Chapter 3 for more detailed information on the flow of questionnaires and contents of the modules.

Household Questionnaire	Questionnaire for Individual Women	Questionnaire for Children Under Five
<b>HOUSEHOLD INFORMATION PANEL</b> Extended <b>HOUSEHOLD LISTING</b> <b>EDUCATION</b> <b>WATER AND SANITATION</b> <i>Additional HOUSEHOLD</i> <b>CHARACTERISTICS</b> + <i>Security of Tenure and Durability of Housing</i> Insecticide-treated Nets with <i>Source and Cost of Supplies for Insecticide-treated Mosquito Nets</i> Children Orphaned and Made Vulnerable by HIV/AIDS <b>CHILD LABOUR</b> <i>Child Discipline</i> <i>Disability</i> <i>Maternal Mortality</i> <b>SALT IODIZATION</b>	<b>WOMEN'S INFORMATION PANEL</b> <b>CHILD MORTALITY</b> <b>TETANUS TOXOID</b> <b>MATERNAL AND NEWBORN HEALTH</b> with Intermittent Preventive Treatment for Pregnant Women <b>MARRIAGE/UNION</b> + Polygyny <i>Security of Tenure</i> <b>CONTRACEPTION</b> and <i>Unmet Need</i> Female Genital Mutilation/Cutting <i>Attitudes Toward Domestic Violence</i> Sexual Behaviour <b>HIV/AIDS</b>	<b>UNDER-FIVE CHILD INFORMATION PANEL</b> <b>BIRTH REGISTRATION AND EARLY LEARNING</b> <i>Child Development</i> <b>VITAMIN A</b> <b>BREASTFEEDING</b> <b>CARE OF ILLNESS</b> + <i>Source and Cost of Supplies for ORS and Antibiotics</i> Malaria + <i>Source and Cost of Supplies for Antimalarials</i> <b>IMMUNIZATION</b> <b>ANTHROPOMETRY</b>

## DESIGN FEATURES

All core, additional and optional modules have standard format and style features, indicating various components of the questionnaires. These features have been introduced to make training, data processing and comparisons across country questionnaires easier:

- Questions that the interviewers will be asking appear in SMALL CAPITAL LETTERS.
- All response categories are in lower-case letters.
- All instructions to interviewers are *lower-case italic fonts*.
- (*Words in italics enclosed in parentheses*) are to be replaced by the interviewer during the interview, as appropriate.
- (***Words in bold italics enclosed in parentheses***) should be replaced as appropriate during the questionnaire adaptation stage.
- Question numbers begin with ‘1’ in each module, preceded by two letters indicating the name of the module.
- Areas with light gray background indicate those questions and filters that should not be verbalized by interviewers, but should be coded, based on previous responses or observations.
- Letters are used to indicate response categories in questions where multiple responses can be accepted and coded. Numbers are used to indicate response categories in questions where only one response will be coded. These constitute the majority of questions.
- DK is used to abbreviate ‘Doesn’t Know’.
- For numeric response codes, ‘8’, ‘98’, ‘998’ and ‘9998’ are used throughout to indicate ‘DK’ responses; ‘6’, ‘96’, ‘996’ and ‘9996’ are used to indicate ‘Other’ responses.
- In questions where letters are used for response categories, ‘X’ is used for ‘Other’, ‘Y’ is used for ‘None’, and ‘Z’ is used for ‘DK’.
- Skip instructions are provided to the right of the response categories, normally in a skip column, and indicate the number of the question that the interviewer should skip to (3⇒HC).

For more information on how the questionnaires should be customized to country situations, please refer to Chapter 3.



## HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (*country-specific affiliation*). 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 (*number*) MINUTES. 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. Cluster 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 head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed .....1 Not at home .....2 Refused .....3 HH not found/destroyed.....4 Other ( <i>specify</i> ) _____ 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: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

**HOUSEHOLD LISTING FORM** **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.  
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).  
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.  
 Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

	Eligible for:			For children <b>age 0-17 years</b> ask HL9-HL12
	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 ?	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years</i>  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child <b>age 5-14:</b> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL8. For each child <b>under 5:</b> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL9. IS (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of mother or 00 for 'no'</i>	HL11. IS (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of father or 00 for 'no'</i>
LINE	NAME	REL.	M F	AGE	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	___ ___
10		___ ___	1 2	___ ___	10	___ ___	___ ___	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?  <i>Record in completed years</i> 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?  <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	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?  <i>Record Line no. of mother or 00 for 'no'</i>	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?  <i>Record Line no. of father or 00 for 'no'</i>
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
11		__ __	1 2	__ __	11	__ __	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	12	__ __	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	13	__ __	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	14	__ __	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	15	__ __	__ __	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 5-14	Under-5s
Totals	__ __	__ __	__ __

\* See instructions: to be used only for elderly household members (code meaning “do not know/over age 50”).  
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.  
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.  
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                   | 07 = Parent-In-Law            | 13 = Other Relative           |
| 02 = Wife or Husband        | 08 = Brother or Sister        | 14 = Adopted/Foster/Stepchild |
| 03 = Son or Daughter        | 09 = Brother or Sister-In-Law | 15 = Not Related              |
| 04 = Son or Daughter In-Law | 10 = Uncle/Aunt               | 98 = Don't Know               |
| 05 = Grandchild             | 11 = Niece/Nephew By Blood    |                               |
| 06 = Parent                 | 12 = Niece/Nephew By Marriage |                               |

EDUCATION MODULE											ED	
For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED4. DURING THE (2004-2005) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?  <i>Insert number of days in space below.</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2003-2004)?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?  LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	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→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	__ __	
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 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  <b>Bottled water ..... 91</b>  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 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  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? <i>Circle code that best describes this person.</i>	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

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A</p> <p>Add bleach/chlorine ..... B</p> <p>Strain it through a cloth ..... C</p> <p>Use water filter (ceramic, sand, composite, etc.) ..... D</p> <p>Solar disinfection ..... E</p> <p>Let it stand and settle ..... F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system..... 11</p> <p>Flush to septic tank..... 12</p> <p>Flush to pit (latrine)..... 13</p> <p>Flush to somewhere else..... 14</p> <p>Flush to unknown place/not sure/DK where ..... 15</p> <p>Ventilated Improved Pit latrine (VIP) ..... 21</p> <p>Pit latrine with slab ..... 22</p> <p>Pit latrine without slab / open pit..... 23</p> <p>Composting toilet..... 31</p> <p>Bucket..... 41</p> <p>Hanging toilet/hanging latrine..... 51</p> <p>No facilities or bush or field ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ___</p> <p>Ten or more households ..... 10</p> <p>DK..... 98</p>	



HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Religion 1</i> ..... 1 <i>Religion 2</i> ..... 2 <i>Religion 3</i> ..... 3  Other religion ( <i>specify</i> ) ..... 6 No religion ..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Language 1</i> ..... 1 <i>Language 2</i> ..... 2 <i>Language 3</i> ..... 3  Other language ( <i>specify</i> ) ..... 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic group 1</i> ..... 1 <i>Ethnic group 2</i> ..... 2 <i>Ethnic group 3</i> ..... 3  Other ethnic group ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor:  <i>Record observation.</i>	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 ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) ..... 96	

<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane/palm/trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Carton ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime/cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Covered adobe ..... 35</p> <p>Wood planks/shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>																						
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquid Propane Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw/shrubs/grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p>																					
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire ..... 1</p> <p>Open stove ..... 2</p> <p>Closed stove ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p>	<p>3⇒HC8</p> <p>6⇒HC8</p>																					
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>																						
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house ..... 1</p> <p>In a separate building ..... 2</p> <p>Outdoors ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p>																						
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A MOBILE TELEPHONE?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>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> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Mobile Telephone.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator .....	1	2	
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Electricity .....	1	2																					
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Non-Mobile Telephone.....	1	2																					
Refrigerator .....	1	2																					
<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A WATCH?</p> <p>A BICYCLE?</p> <p>A MOTORCYCLE OR SCOOTER?</p> <p>AN ANIMAL-DRAWN CART?</p> <p>A CAR OR TRUCK?</p> <p>A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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/Scooter .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch .....	1	2	Bicycle .....	1	2	Motorcycle/Scooter .....	1	2	Animal drawn-cart .....	1	2	Car/Truck.....	1	2	Boat with motor .....	1	2	
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Car/Truck.....	1	2																					
Boat with motor .....	1	2																					

CHILD LABOUR MODULE												CL		
To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, 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?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL4. <i>If yes:</i> 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?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇒ CL.6</i>	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?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  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. <i>If yes:</i> 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. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES			NO. HOURS	YES			YES	NO	NO. HOURS	YES	NO	NO. HOURS
		PAID	UNPAID	NO		PAID	UNPAID	NO						
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	___

**SALT IODIZATION MODULE****SI**

S11. 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?

- Not iodized 0 PPM ..... 1
- Less than 15 PPM ..... 2
- 15 PPM or more ..... 3
  
- No salt in home..... 6
- Salt not tested..... 7

*Once you have examined the salt, circle number that corresponds to test outcome.*

S12. Does any eligible woman age 15-49 reside in the household?

*Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.*

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

No. ⇒ Continue.

S13. Does any child under the age of 5 reside in the household?

*Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.*

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

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



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN

<b>WOMEN'S INFORMATION PANEL</b>		<b>WM</b>
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing).            Fill in one form for each eligible woman            Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster 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	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated ..... 5  Other ( <i>specify</i> ) ..... 6	

*Repeat greeting if not already read to this woman:*

**WE ARE FROM (*country-specific affiliation*). 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 (*number*) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?**

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

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month.....__ __ DK month.....98  Year .....__ __ __ __ DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) .....__ __	

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No ..... 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Non-standard curriculum ..... 6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....	
WM13. <i>Check WM11:</i>		
<input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Primary or non-standard curriculum. ⇒ Continue with WM14</i>		
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?  <i>Example sentences for literacy test:</i>  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 No sentence in required language _____ 4 <i>(specify language)</i> Blind/mute, visually/speech impaired ..... 5	

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></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><i>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?</i></p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒ MARRIAGE /UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day ..... DK day ..... 98</p> <p>Month..... DK month..... 98</p> <p>Year ..... DK year..... 9998</p>	<p>⇒CM3 ↓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth ..... _ _</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home ..... _ _</p> <p>Daughters at home ..... _ _</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere ..... _ _</p> <p>Daughters elsewhere ..... _ _</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes ..... 1 No ..... 2</p>	<p>2⇒CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead..... _ _</p> <p>Girls dead ..... _ _</p>	
<p>CM9. <i>Sum answers to CM4, CM6, and CM8.</i></p>	<p>Sum ..... _ _</p>	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		

<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p><i>If day is not known, enter '98' in space for day.</i></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 2003)?</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;"><i>Name of child</i> _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then ..... 1</p> <p>Later ..... 2</p> <p>No more ..... 3</p>	



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

**MATERNAL AND NEWBORN HEALTH MODULE** **MN**

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here \_\_\_\_\_. Use this child's name in the following questions, where indicated.*

<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:                  Doctor ..... A                  Nurse/midwife ..... B                  Auxiliary midwife ..... C                  Other person                  Traditional birth attendant ..... F                  Community health worker ..... G                  Relative/friend ..... H                  Other (<i>specify</i>) ..... X                  No one ..... Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?                  MN3B. WAS YOUR BLOOD PRESSURE MEASURED?                  MN3C. DID YOU GIVE A URINE SAMPLE?                  MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight .....	1	2	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight .....	1	2															
Blood pressure .....	1	2															
Urine sample .....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1                  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 ANTENATAL CARE?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>	<p>2⇒MN7                  8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1                  No ..... 2                  DK..... 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:                  Doctor ..... A                  Nurse/midwife ..... B                  Auxiliary midwife ..... C                  Other person                  Traditional birth attendant ..... F                  Community health worker ..... G                  Relative/friend ..... H                  Other (<i>specify</i>) ..... X                  No one ..... Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home  Your home ..... 11  Other home ..... 12</p> <p>Public sector  Govt. hospital ..... 21  Govt. clinic/health center ..... 22  Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector  Private hospital ..... 31  Private clinic ..... 32  Private maternity home ..... 33  Other private  medical (<i>specify</i>) ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>MN9. WHEN YOUR LAST CHILD <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1  Larger than average ..... 2  Average ..... 3  Smaller than average ..... 4  Very small ..... 5</p> <p>DK ..... 8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒MN12  8⇒MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kilograms) __ . ____</p> <p>From recall ..... 2 (kilograms) __ . ____</p> <p>DK ..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2⇒ NEXT  MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ____  or  Days ..... 2 ____</p> <p>Don't know/remember ..... 998</p>	

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 MARRIED?	Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
MA7. Check MA6:		
<input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module		
<input type="checkbox"/> 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 MODULE		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No ..... 2</p> <p>Unsure or DK..... 8</p>	1 ⇒ NEXT MODULE
<p>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?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2 ⇒ NEXT MODULE
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization ..... A</p> <p>Male sterilization ..... B</p> <p>Pill ..... C</p> <p>IUD ..... D</p> <p>Injections ..... E</p> <p>Implants ..... F</p> <p>Condom ..... G</p> <p>Female condom ..... H</p> <p>Diaphragm ..... I</p> <p>Foam/jelly ..... J</p> <p>Lactational amenorrhoea method (LAM) ..... K</p> <p>Periodic abstinence ..... L</p> <p>Withdrawal ..... M</p> <p>Other (<i>specify</i>) ..... X</p>	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No ..... 2 DK..... 8	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	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
HA9A. DURING PREGNANCY?	Yes No DK During pregnancy ..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery ..... 1 2 8	
HA9C. BY BREASTFEEDING?	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	

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

*Follow instructions in your Interviewer's Manual.*







## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>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.</i></p>		
UF1. 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  <i>(Codes refer to mother/caretaker.)</i>	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 (country-specific affiliation). 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 (number) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?**

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

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> <b>WHAT IS HIS/HER BIRTHDAY?</b>  <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day ..... DK day .....98  Month.....  Year .....	
UF11. HOW OLD WAS (name) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed years.</i>	Age in completed years .....	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....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 Did not want to pay fine .....4 Does not know where to register .....5  Other (specify) .....6 DK.....8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No .....2	
BR5. Check age of child in UF11: Child is 3 or 4 years old?  <input type="checkbox"/> Yes. ⇒ Continue with BR6  <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES (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 ..... _ _	
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):  <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i>  <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother    Father    Other    No one 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

VITAMIN A MODULE		VA
VA1. HAS <i>(name)</i> EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?  <i>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.</i>	Yes ..... 1 No ..... 2  DK..... 8	2⇒NEXT MODULE  8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID <i>(name)</i> TAKE THE LAST DOSE?	Months ago.....__ __  DK.....98	
VA3. WHERE DID <i>(name)</i> GET THIS LAST DOSE?	On routine visit to health facility ..... 1 Sick child visit to health facility .....2 National Immunization Day campaign.....3  Other <i>(specify)</i> ..... 6  DK.....8	

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

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA5 8⇒CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p>		
	Yes No DK	
CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ( <i>local name for ORS packet solution</i> )?	A. Fluid from ORS packet..... 1 2 8	
CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	B. Recommended homemade fluid ... 1 2 8	
CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?	C. Pre-packaged ORS fluid ..... 1 2 8	
CA3. DURING ( <i>name's</i> ) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less)..... 2 More ..... 3 DK..... 8	
CA4. DURING ( <i>name's</i> ) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK..... 8	
<i>If "less", probe: MUCH LESS OR A LITTLE LESS?</i>		
CA5. HAS ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA12 8⇒CA12
CA6. WHEN ( <i>name</i> ) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	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 ( <i>specify</i> ) ..... 6 DK..... 8	2⇒CA12 6⇒CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No ..... 2 DK..... 8	2⇒CA10 8⇒CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile/outreach clinic ..... E</p> <p>Other public (<i>specify</i>) _____ H</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... I</p> <p>Private physician ..... J</p> <p>Private pharmacy ..... K</p> <p>Mobile clinic ..... L</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative or friend ..... P</p> <p>Shop ..... Q</p> <p>Traditional practitioner ..... R</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Circle all medicines given.</i></p>	<p>Antibiotic..... A</p> <p>Paracetamol/Panadol/Acetaminophen ..... P</p> <p>Aspirin..... Q</p> <p>Ibuprofen ..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet/latrine ..... 01</p> <p>Put/rinsed into toilet or latrine ..... 02</p> <p>Put/rinsed into drain or ditch..... 03</p> <p>Thrown into garbage (solid waste) ..... 04</p> <p>Buried ..... 05</p> <p>Left in the open..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

<p><i>Ask the following question (CA14) only once for each mother/caretaker.</i></p> <p><b>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?</b></p> <p><i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed ..... A</p> <p>Child becomes sicker ..... B</p> <p>Child develops a fever ..... C</p> <p>Child has fast breathing ..... D</p> <p>Child has difficult breathing ..... E</p> <p>Child has blood in stool ..... F</p> <p>Child is drinking poorly ..... G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
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IMMUNIZATION MODULE							IM		
<p>If an immunization 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.</p>									
IM1. IS THERE A VACCINATION CARD FOR (name)?			Yes, seen.....1				2⇒IM10		
			Yes, not seen.....2				3⇒IM10		
			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 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 (OR DPTHEPB1)	(DPT)H1								
IM5B. HEPB2 (OR DPTHEPB2)	(DPT)H2								
IM5C. HEPB3 (OR DPTHEPB3)	(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? <i>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.</i>			Yes .....1 (Probe for vaccinations 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 RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?			Yes .....1				2⇒IM19		
			No.....2				8⇒IM19		
			DK.....8						



IM11. HAS ( <i>name</i> ) 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 ( <i>name</i> ) 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 ( <i>name</i> ) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No ..... 2 DK..... 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times ..... ____	
IM17. HAS ( <i>name</i> ) 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 ( <i>name</i> ) 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 ( <i>name</i> ) 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	Campaign A..... 1 2 8	
IM19B. DATE/TYPE OF CAMPAIGN B	Campaign B..... 1 2 8	
IM19C. DATE/TYPE OF CAMPAIGN C	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.

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
<p>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.</p>		
AN1. Child's weight.	Kilograms (kg) .....	_____ . ____
AN2. Child's length or height.		
<p>Check age of child in UF11:</p> <p><input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).</p>		
	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.

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.

**ADDITIONAL QUESTIONS AND QUESTION MODULES**  
**TO BE INSERTED BY COUNTRIES AFFECTED**

1. MALARIA
  - a. INSECTICIDE TREATED NETS
  - b. INTERMITTENT PREVENTIVE TREATMENT FOR PREGNANT WOMEN  
(MATERNAL AND NEWBORN HEALTH MODULE)
  - c. MALARIA MODULE FOR UNDER 5S
2. CHILDREN ORPHANED AND MADE VULNERABLE BY HIV/AIDS (WITH  
EXTENDED HOUSEHOLD LISTING)
3. MARRIAGE/UNION WITH POLYGyny
4. FEMALE GENITAL CUTTING
5. SEXUAL BEHAVIOR FOR 15-24 YEAR OLD WOMEN

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?  <i>If 7 or more nets, record '7'.</i>	Number of nets ..... ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS:  <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>		
LONG-LASTING TREATED NETS: TN3L1. Brand A? TN3L2. Brand B?	Long-lasting treated nets: Brand A..... 1 2 8 Brand B..... 1 2 8	Y N DK
PRE-TREATED NETS: TN3P1. Brand C? TN3P2. Brand D?	Pre-treated nets: Brand C ..... 1 2 8 Brand D ..... 1 2 8	
OTHER NETS: TN3O1. Brand E? TN3O2. Brand F? TN3O3. ANY OTHER BRAND OF NET?	Other nets: Brand E..... 1 2 8 Brand F..... 1 2 8 Other brand (specify brand)..... 1 2	
TN3O4. AN UNKNOWN BRAND OF NET?	Unknown brand ..... 1 2	
TN4. Check TN3 for brand of net(s). Go through the above list in order until <b>one</b> box is checked and follow instructions: 1. <input type="checkbox"/> Long-lasting treated net (brand A or brand B) mentioned? ⇒ Go to Next Module 2. <input type="checkbox"/> Pre-treated net (brand C or brand D) mentioned? ⇒ Go to TN6 3. <input type="checkbox"/> Other net (brand E, brand F or any other net, or an unknown brand) mentioned? ⇒ Continue with TN5		
TN5. WHEN YOU GOT THE (MOST RECENT) 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) NET OBTAINED?  <i>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.</i>	Months ago ..... ____  More than 24 months ago ..... 95 Not sure ..... 98	
TN7. SINCE YOU GOT THE 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?  <i>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.</i>	Months ago ..... ____  More than 24 months ago ..... 95 Not sure ..... 98	

MATERNAL AND NEWBORN HEALTH MODULE		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 _____.</i></p> <p><i>Use this child's name in the following questions, where indicated.</i></p>																	
MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>NAME</i> ], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?	Yes ..... 1 No ..... 2 DK..... 8																
<i>Show 200,000 IU capsule or dispenser.</i>																	
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other ( <i>specify</i> ) ..... X No one ..... Y	Y⇒MN6A															
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?																	
<i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i>																	
<i>Probe for the type of person seen and circle all answers given.</i>																	
MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">Yes</td> <td style="text-align:right;">No</td> </tr> <tr> <td>MN3A. WERE YOU WEIGHED?</td> <td style="text-align:right;">Weight ..... 1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</td> <td style="text-align:right;">Blood pressure ..... 1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>MN3C. DID YOU GIVE A URINE SAMPLE?</td> <td style="text-align:right;">Urine sample ..... 1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td style="text-align:right;">Blood sample ..... 1</td> <td style="text-align:right;">2</td> </tr> </table>		Yes	No	MN3A. WERE YOU WEIGHED?	Weight ..... 1	2	MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2	MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample ..... 1	2	
	Yes	No															
MN3A. WERE YOU WEIGHED?	Weight ..... 1	2															
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure ..... 1	2															
MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample ..... 1	2															
MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample ..... 1	2															
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⇒MN6A 8⇒MN6A															
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?	SP/Fansidar ..... A Chloroquine ..... B Other ( <i>specify</i> ) ..... X DK..... Z																
<p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>																	
<p>MN6C. Check MN6B for medicine taken:</p> <p><input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D</p> <p><input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN7</p>																	
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times ..... __ __																

<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:          Doctor ..... A          Nurse/midwife ..... B          Auxiliary midwife ..... C</p> <p>Other person          Traditional birth attendant ..... F          Community health worker ..... G          Relative/friend ..... H</p> <p>Other (<i>specify</i>) ..... X          No one ..... Y</p>	
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p>	<p>Home          Your home ..... 11          Other home ..... 12</p> <p>Public sector          Govt. hospital ..... 21          Govt. clinic/health center ..... 22          Other public (<i>specify</i>) ..... 26</p> <p>Private Medical Sector          Private hospital ..... 31          Private clinic ..... 32          Private maternity home ..... 33          Other private medical (<i>specify</i>) ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large ..... 1          Larger than average ..... 2          Average ..... 3          Smaller than average ..... 4          Very small ..... 5</p> <p>DK ..... 8</p>	
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2⇒MN12          8⇒MN12</p>
<p>MN11. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card ..... 1 (kilograms) ____ . ____</p> <p>From recall ..... 2 (kilograms) ____ . ____</p> <p>DK ..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (<i>name</i>)?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.          If less than 24 hours, record hours.          Otherwise, record days.</i></p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ____  <i>or</i>          Days ..... 2 ____</p> <p>Don't know/remember ..... 998</p>	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE ( <i>day of the week</i> ) OF THE WEEK BEFORE LAST, HAS ( <i>name</i> ) BEEN ILL WITH A FEVER?	Yes ..... 1 No ..... 2  DK..... 8	2⇒ML10  8⇒ML10
ML2. WAS ( <i>name</i> ) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2  DK..... 8	2⇒ML6  8⇒ML6
ML3. DID ( <i>name</i> ) 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 ( <i>name</i> ) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?  <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Amodiaquine..... C Quinine ..... D Artemisinin-based combinations ..... E Other anti-malarial ( <i>specify</i> ) ..... H  Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK..... Z	
ML5. WAS ( <i>name</i> ) 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 ( <i>name</i> ) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2  DK..... 8	2⇒ML8  8⇒ML8
ML7. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>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-malarials to respondent.</i>	Anti-malarials: SP/Fansidar ..... A Chloroquine ..... B Amodiaquine..... C Quinine ..... D Artemisinin-based combinations ..... E Other anti-malarial ( <i>specify</i> ) ..... H  Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) ..... X DK..... Z	
ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?  <input type="checkbox"/> Yes. ⇒ Continue with ML9  <input type="checkbox"/> No. ⇒ Go to ML10		

<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>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</p>	
<p>ML10. DID (name) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes .....1  No .....2  DK.....8</p>	<p>2⇒NEXT MODULE  8⇒NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i>  <i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago.....__ __  More than 24 months ago .....95  Not sure .....98</p>	
<p>ML12. WHAT BRAND IS THIS NET?</p> <p><i>If the respondent does not know the brand of the net, show pictorials, or if possible, observe the net.</i></p> <p>LONG LASTING TREATED NETS:  Brand A  Brand B</p> <p>PRE-TREATED NETS:  Brand C  Brand D</p> <p>OTHER NETS:  Brand E  Brand F</p>	<p>Long lasting treated net:  Brand A.....11  Brand B.....12</p> <p>Pre-treated net:  Brand C .....21  Brand D .....22</p> <p>Other net:  Brand E.....31  Brand F .....32  Other net (specify brand).....36</p> <p>DK brand .....98</p>	<p>11⇒NEXT MODULE  12⇒NEXT MODULE  21⇒ML14  22⇒ML14</p>
<p>ML13. WHEN YOU GOT THAT NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes .....1  No .....2  DK/not sure.....8</p>	
<p>ML14. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES OR BUGS?</p>	<p>Yes .....1  No .....2  DK.....8</p>	<p>2⇒ NEXT MODULE  8⇒ NEXT MODULE</p>
<p>ML15. HOW LONG AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than 1 month, record '00'.</i>  <i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago.....__ __  More than 24 months ago .....95  DK.....98</p>	



HOUSEHOLD LISTING FORM														HL	
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used <input type="checkbox"/>															
					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 5-14: 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	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? Record 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 HOUSE- HOLD? 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	

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?  <i>Record in completed years</i>  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?  <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	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?  <i>Record Line no. of mother or 00 for 'no'</i>	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?  <i>Record Line no. of father or 00 for 'no'</i>	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
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
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? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>														
					Women 15-49	Children 5-14	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 UnderFive.

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

<b>CHILDREN ORPHANED &amp; MADE VULNERABLE BY HIV/AIDS</b>		<b>OV</b>
OV1. Check HL5: any children 0-17?		
<input type="checkbox"/> Yes ⇒ Continue to OV2		
<input type="checkbox"/> 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.		
<input type="checkbox"/> At least one mother or father dead. ⇒ Go to OV8		
<input type="checkbox"/> No mother or father dead		
2. Check totals for HL8A.		
<input type="checkbox"/> At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8		
<input type="checkbox"/> No adult aged 18-59 very sick 3 of last 12 months		
3. Check totals for HL10A and HL12A.		
<input type="checkbox"/> At least one mother or father ill 3 of last 12 months ⇒ Go to OV8		
<input type="checkbox"/> 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.

	1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD	4 <sup>TH</sup> 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.

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
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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
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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
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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
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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
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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
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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:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
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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
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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	
MA2A. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes ..... 1 No ..... 2	2⇒MA5
MA2B. HOW MANY OTHER WIVES DOES HE HAVE?	Number..... ____ 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	⇒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 MARRIED?	Month..... ____ DK month..... 98  Year ..... ____ DK year..... 9998	
MA7. Check MA6:		
<input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module		
<input type="checkbox"/> 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..... ____	

FEMALE GENITAL MUTILATION/CUTTING MODULE		FG
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⇒FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes .....1 No .....2 DK.....8	
FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes .....1 No .....2 DK.....8	
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser' .....11 Traditional birth attendant.....12 Other traditional ( <i>specify</i> ) .....16  Health professional Doctor .....21 Nurse/midwife .....22 Other health professional ( <i>specify</i> ) .....26  DK.....98	
FG8. <i>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?</i>  <input type="checkbox"/> <i>Yes. ⇒ Continue with FG9</i>  <input type="checkbox"/> <i>No. ⇒ Go to FG16</i>		
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?  <i>Record the daughter's name.</i>	Name of daughter: _____	
FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO ( <i>name</i> ) AT THAT TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes .....1 No .....2  DK.....8	1⇒FG13
FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes .....1 No .....2  DK.....8	

<p>FG13. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?</p>	<p>Yes ..... 1  No ..... 2  DK..... 8</p>	
<p>FG14. HOW OLD WAS (<i>name</i>) WHEN THIS OCCURRED?</p> <p><i>If the respondent does not know the age, probe to get an estimate.</i></p>	<p>Daughter's age at circumcision ..... ____</p> <p>DK..... 98</p>	
<p>FG15. WHO DID THE CIRCUMCISION?</p>	<p>Traditional persons  Traditional 'circumciser' ..... 11  Traditional birth attendant..... 12  Other traditional (<i>specify</i>) ..... 16</p> <p>Health professional  Doctor ..... 21  Nurse/midwife ..... 22  Other health professional (<i>specify</i>) ..... 26</p> <p>DK..... 98</p>	
<p>FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</p>	<p>Continued ..... 1  Discontinued..... 2  Depends ..... 3  DK..... 8</p>	

SEXUAL BEHAVIOUR MODULE		SB
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.</b>		
SB0. Check WM9: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-49. ⇒ Go to Next Module <input type="checkbox"/> 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.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse .....00 Age in years.....__ __ First time when started living with (first) husband/partner .....95	00⇒NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago .....4 __ __	4⇒NEXT MODULE
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?  <i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner .....1 Man is boyfriend / fiancée .....2 Other friend.....3 Casual acquaintance .....4 Other (specify) _____ 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS 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⇒NEXT MODULE
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?  <i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner .....1 Man is boyfriend / fiancée .....2 Other friend.....3 Casual acquaintance .....4 Other (specify) _____ 6	1⇒SB10



SB9. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> 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⇒NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners.....__ __	



## OPTIONAL QUESTIONS AND QUESTION MODULES

1. ADDITIONAL HOUSEHOLD CHARACTERISTICS
2. SECURITY OF TENURE AND DURABILITY OF HOUSING
3. CHILD DISCIPLINE
4. SOURCE AND COST OF SUPPLIES
  - a. INSECTICIDE-TREATED MOSQUITO NETS
  - b. ORAL REHYDRATION SOLUTIONS PACKETS
  - c. ANTIBIOTICS FOR SUSPECTED PNEUMONIA
  - d. ANTI-MALARIAL MEDICINES
5. CONTRACEPTION AND UNMET NEED
6. ATTITUDES TOWARDS DOMESTIC VIOLENCE
7. CHILD DEVELOPMENT
8. DISABILITY
9. MATERNAL MORTALITY

## ADDITIONAL HOUSEHOLD CHARACTERISTICS

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No ..... 2	2⇒HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?  <i>If more than 97, record '97'.</i> <i>If unknown, record '98'.</i>	Hectares ..... ____ ____	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes ..... 1 No ..... 2	2⇒NEXT MODULE
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?  CATTLE?  MILK COWS OR BULLS?  HORSES, DONKEYS, OR MULES?  GOATS?  SHEEP?  CHICKENS?  <i>If none, record '00'.</i> <i>If more than 97, record '97'.</i> <i>If unknown, record '98'.</i>	Cattle ..... ____ ____  Milk cows or bulls ..... ____ ____  Horses, donkeys, or mules..... ____ ____  Goats ..... ____ ____  Sheep ..... ____ ____  Chickens..... ____ ____	

Countries may add to the list of items in HC9 items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, electric generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.

Countries may add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants to the list in HC14.

## SECURITY OF TENURE AND DURABILITY OF HOUSING

HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own ..... 1 Rent ..... 2 Rent free/squatter/other ..... 3	2⇒HC15D 3⇒HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes ..... 1 No ..... 2	1⇒HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING?  ANYTHING ELSE?  <i>Record all items mentioned.</i>	Certificate of occupation (or adjudication certificate) ..... A Property tax certification ..... B Utility bills ..... C  Other ( <i>specify</i> ) ..... X None/No document ..... Y	} ⇒HC15F
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes ..... 1 No ..... 2	1⇒HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING?  <i>If Yes, WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING?</i>  ANYTHING ELSE?  <i>Record all items mentioned.</i>	Informal agreement (written) ..... A Verbal agreement (no document) ..... B  Occupied rent free With knowledge of owner ..... C Without knowledge of owner ..... D  Other ( <i>specify</i> ) ..... X None/No document ..... Y	
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS?	Yes ..... 1 No ..... 2	
HC15H. Dwelling located in or near:  <i>Observe, and circle all items that describe the location of dwelling.</i>	Landslide area ..... A Flood-prone area ..... B River bank ..... C Steep hill ..... D Garbage mountain/pile ..... E Industrial pollution area ..... F Railroad ..... G Power plant ..... H Flyover ..... I None of the above ..... Y	
HC15I. Condition of dwelling:  <i>Record observation.</i>  <i>Record all that apply.</i>	Cracks/openings in walls ..... A No windows ..... B Windows with broken glass/no glass ..... C Visible holes in the roof ..... D Incomplete roof ..... E Insecure door ..... F None of the above ..... Y	
HC15J. Dwelling surroundings:  <i>Record observation.</i>  <i>Record all that apply.</i>	Very narrow passage between houses instead of road ..... A Too many power cables connecting to neighborhood's main distribution post ..... B None of the above ..... Y	

Security of tenure questions on eviction for the Woman questionnaire

ST1. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes ..... 1 No ..... 2 DK ..... 8	
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## CHILD DISCIPLINE MODULE

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

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

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

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

**TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS**

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

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

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

<b>CHILD DISCIPLINE MODULE</b>		<b>CD</b>
<p>Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).</p>		
<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name _____</p> <p>Line number .....</p>	
<p>CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Don't know/no opinion ..... 8</p>	



**SOURCE AND COST OF SUPPLIES FOR INSECTICIDE-TREATED MOSQUITO NETS**

<p>TN3A. WHERE DID YOU GET THE <i>(name of net highest in the list of nets available in the household, in TN3)</i> MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Public sector  Govt. hospital..... 11  Govt. health centre ..... 12  Govt. health post ..... 13  Village health worker ..... 14  Mobile/outreach clinic ..... 15  Other public <i>(specify)</i> _____ 16</p> <p>Private medical sector  Private hospital/clinic ..... 21  Private physician ..... 22  Private pharmacy ..... 23  Mobile clinic ..... 24  Other private  medical <i>(specify)</i> _____ 26</p> <p>Other source  Relative or friend ..... 31  Shop ..... 32  Traditional practitioner ..... 33</p> <p>Other <i>(specify)</i> _____ 96  DK..... 98</p>	
<p>TN3B. HOW MUCH DID YOU PAY FOR THE <i>(name of net highest in the list of nets available in the household, in TN3)</i> MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Local currency ..... _____</p> <p>Free ..... 9996  DK..... 9998</p>	

## SOURCE AND COST OF SUPPLIES FOR ORS PACKETS

<b>CA4A. Check CA2A: ORS packet used?</b>		
<input type="checkbox"/> Yes. ⇒ Continue with CA4B		
<input type="checkbox"/> No. ⇒ Go to CA5		
<b>CA4B. WHERE DID YOU GET THE (local name for ORS packet from CA2A)?</b>	Public sector Govt. hospital..... 11 Govt. health centre ..... 12 Govt. health post ..... 13 Village health worker ..... 14 Mobile/outreach clinic..... 15 Other public ( <i>specify</i> ) _____ 16  Private medical sector Private hospital/clinic.....21 Private physician .....22 Private pharmacy .....23 Mobile clinic .....24 Other private medical ( <i>specify</i> )_____ 26  Other source Relative or friend .....31 Shop .....32 Traditional practitioner ..... 33  Other ( <i>specify</i> ) _____ 96 DK.....98	
<b>CA4C. HOW MUCH DID YOU PAY FOR THE (local name for ORS packet from CA2A)?</b>	Local currency ..... _ _ _ _  Free .....9996 DK.....9998	

**SOURCE AND COST OF SUPPLY FOR ANTIBIOTICS FOR SUSPECTED PNEUMONIA**

<p>CA11A. Check CA11: Antibiotic given?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA11B</p> <p><input type="checkbox"/> No. ⇒ Go to CA12</p>		
<p>CA11B. WHERE DID YOU GET THE ANTIBIOTIC?</p>	<p>Public sector</p> <p>Govt. hospital..... 11</p> <p>Govt. health centre ..... 12</p> <p>Govt. health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile/outreach clinic ..... 15</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Mobile clinic ..... 24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative or friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	
<p>CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?</p>	<p>Local currency ..... _____</p> <p>Free ..... 9996</p> <p>DK..... 9998</p>	

## SOURCE AND COST OF SUPPLY OF ANTI-MALARIAL MEDICINES

<p><b>ML9A. WHERE DID YOU GET THE</b> <i>(name of anti-malarial from ML4 or ML7)?</i></p> <p><i>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).</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Public sector</b></td> </tr> <tr> <td>Govt. hospital.....</td> <td style="text-align: right;">11</td> </tr> <tr> <td>Govt. health centre .....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Govt. health post .....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>Village health worker .....</td> <td style="text-align: right;">14</td> </tr> <tr> <td>Mobile/outreach clinic .....</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Other public <i>(specify)</i> _____</td> <td style="text-align: right;">16</td> </tr> <tr> <td colspan="2"><b>Private medical sector</b></td> </tr> <tr> <td>Private hospital/clinic .....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>Private physician .....</td> <td style="text-align: right;">22</td> </tr> <tr> <td>Private pharmacy .....</td> <td style="text-align: right;">23</td> </tr> <tr> <td>Mobile clinic .....</td> <td style="text-align: right;">24</td> </tr> <tr> <td>Other private medical <i>(specify)</i> _____</td> <td style="text-align: right;">26</td> </tr> <tr> <td colspan="2"><b>Other source</b></td> </tr> <tr> <td>Relative or friend .....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>Shop .....</td> <td style="text-align: right;">32</td> </tr> <tr> <td>Traditional practitioner .....</td> <td style="text-align: right;">33</td> </tr> <tr> <td>Other <i>(specify)</i> _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td>DK.....</td> <td style="text-align: right;">98</td> </tr> </table>	<b>Public sector</b>		Govt. hospital.....	11	Govt. health centre .....	12	Govt. health post .....	13	Village health worker .....	14	Mobile/outreach clinic .....	15	Other public <i>(specify)</i> _____	16	<b>Private medical sector</b>		Private hospital/clinic .....	21	Private physician .....	22	Private pharmacy .....	23	Mobile clinic .....	24	Other private medical <i>(specify)</i> _____	26	<b>Other source</b>		Relative or friend .....	31	Shop .....	32	Traditional practitioner .....	33	Other <i>(specify)</i> _____	96	DK.....	98
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<p><b>ML9B. HOW MUCH DID YOU PAY FOR THE</b> <i>(name of anti-malarial from ML4 or ML7)?</i></p> <p><i>Refer to the same anti-malarial as in ML9A above</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Local currency .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Free .....</td> <td style="text-align: right;">9996</td> </tr> <tr> <td>DK.....</td> <td style="text-align: right;">9998</td> </tr> </table>	Local currency .....	_____	Free .....	9996	DK.....	9998																																
Local currency .....	_____																																						
Free .....	9996																																						
DK.....	9998																																						

CONTRACEPTION AND UNMET NEED		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – 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?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization ..... A Male sterilization..... B Pill ..... C IUD ..... D Injections ..... E Implants..... F Condom ..... G Female condom..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM)..... K Periodic abstinence ..... L Withdrawal..... M  Other ( <i>specify</i> ) ..... 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?  CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	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
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 CPI:*

*Currently pregnant? ⇒ Go to Next Module*

*Not currently pregnant or unsure? ⇒ Continue with CP4E*

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE  
TO GET PREGNANT AT THIS TIME?

Yes .....	1
No .....	2
DK .....	8

**ATTITUDES TOWARD DOMESTIC VIOLENCE**

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

	Yes	No	DK
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling ..... 1	2	8
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children ..... 1	2	8
DV1C. IF SHE ARGUES WITH HIM?	Argues ..... 1	2	8
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex ..... 1	2	8
DV1E. IF SHE BURNS THE FOOD?	Burns food ..... 1	2	8

CHILD DEVELOPMENT		CE
<i>Question CE1 is to be administered only once to each caretaker</i>		
CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS  <i>If 'none' enter 00</i>	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)?  <i>If 'none' enter 00</i>	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?  HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?  TOYS THAT CAME FROM A STORE?  <i>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</i>  <i>Code Y if child does not play with any of the items mentioned.</i>	Household objects (bowls, plates, cups, pots) ..... A  Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) ..... B  Homemade toys (dolls, cars and other toys made at home) C  Toys that came from a store ..... D  No playthings 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)?  <i>If 'none' enter 00</i>	Number of times .....__ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE?  <i>If 'none' enter 00</i>	Number of times .....__ __	



DISABILITY											DA	
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank												
I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.												
DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): Is (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2- year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

**MATERNAL MORTALITY MODULE** **MM**

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 HLI)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?  98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?  98= DON'T KNOW	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	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	---	---	---	---	---	---