

**END-DECADE  
MULTIPLE INDICATOR CLUSTER SURVEY**

**MODEL QUESTIONNAIRE**

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**UNITED NATIONS CHILDREN'S FUND**

**NOVEMBER 1999**

# END-DECADE MULTIPLE INDICATOR CLUSTER SURVEY MODEL QUESTIONNAIRE

## FLOW OF MODULES

*Note:* ‘Age’ refers to ‘age at last birthday’ and a dash ( - ) denotes ‘up to and including age X’.

### **Household questionnaire**

Household information panel

Household listing form (all residents) and orphanhood questions (birth to 14)

Education module: educational attainment (age 5 or over), school attendance (age 5-17)

Child labour module (age 5-14\*)

Water and sanitation module (all households)

Salt iodization module (all households)

\* *Upper limit beyond age 14 may be set by individual country*

### **Questionnaire for individual women (women of reproductive age, 15-49)**

Women’s information panel (all eligible women, 15-49)

Child mortality module (all eligible women)

Tetanus toxoid module (all mothers with last birth within last year)

Maternal and newborn health module (all mothers with last birth within last year)

Contraceptive use module (currently married women, 15-49)

HIV/AIDS module (all women, 15-49)

### **Questionnaire for children under five**

Birth registration and early learning module

Vitamin A module

Breastfeeding module

Care of illness module

Malaria module (for high-risk areas)

Immunization module

Anthropometry module

## DESIGN FEATURES

Changes in font are used to indicate the various components of the questionnaire. Questions that the interviewer will be asking appear in small capital letters in Arial font (QUESTIONS VERBALIZED BY INTERVIEWERS), to distinguish them from responses and general instructions. With the exception of skip instructions, general instructions to the interviewer are provided in italics, Times New Roman font (*instructions to interviewers*). Skip instructions are provided in a ‘skip column’ in Arial (⇒Q.6) and at the end of modules in bold capitals, Times New Roman (**GO TO NEXT MODULE**). For purposes of saving space, DK is used to abbreviate “doesn’t know” and HH is sometimes used to abbreviate “household”. The questionnaires that follow are not intended to be completely self-explanatory; detailed instructions for the interviewer are provided in Appendix One.

Throughout this model questionnaire, two asterisks (\*\*) and bold italics, Arial (***note for country adaptation***) indicate where country adaptation may be necessary. See adaptation notes in the Instructions for Interviewers, Appendix One. Each country should tailor identification information (including indicators of household socioeconomic status in the Household Information Panel) and the interviewer’s introduction as appropriate. The introduction should assure respondents that answers will remain confidential. A pre-test will be necessary to estimate the time it takes to administer the questionnaire.

## 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 ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.  
MAY I START NOW? *If permission is given, begin the interview.*

<b>HOUSEHOLD INFORMATION PANEL **</b>	
1. Cluster number: _____	2. Household number: _____
3. Day/Month/Year of interview: ____/____/____	4. Interviewer number: _____
5. Name of head of household: _____	
6. Area: Urban ..... 1 Rural ..... 2	7. <b>Region:**</b> North..... 1 East ..... 2 South ..... 3 West ..... 4
8. Material of dwelling floor:** Wood/tile ..... 1 Planks/concrete..... 2 Dirt/straw ..... 3  Other( <i>specify</i> ) ..... 4	9. Number of rooms in dwelling:** _____
<b>Sample question to ascertain household socioeconomic status.</b>	<b>Sample question to ascertain household socioeconomic status.</b>
10. Result of HH interview: Completed..... 1 Refused..... 2 Not at home..... 3 HH not found/destroyed ..... 4  Other ( <i>specify</i> ) ..... 5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____
15. Data entry clerk: _____	
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>	

**\*\* This section to be adapted for country-specific use.**

Cluster no. \_\_\_\_ Household no. \_\_\_\_

**HOUSEHOLD LISTING FORM**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.  
 (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. 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 and record answers to questions as described in Instructions for Interviewers.  
 Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

				<i>Eligible for:</i>			<i>For persons age 15 or over ask Qs. 8 and 9</i>		<i>For children under age 15 years ask Qs. 10-13</i>			
WOMEN'S MODULES		CHILD LABOUR MODULE	CHILD HEALTH MODULES									

1. Line no.	2. Name	3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years 99=DK*</i>	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL?  1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?**  1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO 9 DK	11. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO 9 DK	13. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD?  1 YES 2 NO
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LINE	NAME	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N
01		1	2	___	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
02		1	2	___	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
03		1	2	___	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
04		1	2	___	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
05		1	2	___	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
06		1	2	___	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2
07		1	2	___	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2

ARE THERE ANY OTHER CHILDREN 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.

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Q5

Q.6

EDUCATION MODULE															
If interview takes place between two school years, use alternative wording found in Appendix 1.															
For persons <b>age 5 or over</b> ask Qs. 15 and 16					For children <b>age 5 through 17 years</b> , continue on, asking Qs. 17-22										
14. <i>Line no.</i>	15. HAS ( <i>name</i> ) EVER ATTENDED SCHOOL?	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL ( <i>name</i> ) ATTENDED? WHAT IS THE HIGHEST GRADE ( <i>name</i> ) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>		17. Is ( <i>name</i> ) CURRENTLY ATTENDING SCHOOL?	18. DURING THE CURRENT SCHOOL YEAR, DID ( <i>name</i> ) ATTEND SCHOOL AT ANY TIME?	19. SINCE LAST ( <i>day of the week</i> ), YEAR, DID HOW MANY DAYS DID ( <i>name</i> ) ATTEND SCHOOL?	20. WHICH LEVEL AND GRADE IS/WAS ( <i>name</i> ) ATTENDING?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK		21. DID ( <i>name</i> ) ATTEND SCHOOL LAST YEAR?			22. WHICH LEVEL AND GRADE DID ( <i>name</i> ) ATTEND LAST YEAR?  LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK  GRADE: 99 DK			
1 YES ⇒ Q.16	2 NO ⇒ NEXT LINE			1 YES ⇒ Q.19	2 NO	1 YES	2 NO ⇒ Q.21	<i>Insert number of days in space below.</i>		1 YES			2 NO ⇒ NEXT LINE 9 DK ⇒ NEXT LINE		
LINE	Y NO	LEVEL		GRADE	YES NO	YES NO	DAYS	LEVEL		GRADE	Y N DK	LEVEL		GRADE	
01	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
02	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
03	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
04	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
05	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
06	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
07	1 2⇒NEXT LINE	1 2 3 4 9		___ __	1 2	1 2	___	1 2 3 4 9		___ __	1 2 9	1 2 3 4 9		___ __	
Now for each woman age 15-49 years, write her name and line number at the top of each page in 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 at the top of each page in the Children's Questionnaire.															
You should now have a separate questionnaire for each eligible woman and child in the household.															

**CHILD LABOUR MODULE**

To be administered to caretaker of each child resident in the household age 5 through 14 years. **\*\* Country-specific adaptation may change age range through to age 17.**

Copy line number of each eligible child from household listing.

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

1. Line no.	2. Name	3. 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?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO Q.5	4. <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 ⇒ Q.6</i>	5. 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?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO Q.8	7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)?  1 YES 2 NO ⇒ NEXT LINE	9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___
___		1 2 3	___	1 2 3	1 2	___	1 2	___

When all children in the age range have been covered, **GO TO WATER AND SANITATION MODULE ⇒**

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_

<b>WATER AND SANITATION MODULE</b>		
<p><i>This module is to be administered once for each household visited. Record only one response for each question. If more than one response is given, record the most usual source or facility.</i></p>		
<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped into dwelling..... 01  Piped into yard or plot..... 02  Public tap ..... 03  Tubewell/borehole with pump..... 04  Protected dug well ..... 05  Protected spring ..... 06  Rainwater collection..... 07  Bottled water ..... 08  Unprotected dug well ..... 09  Unprotected spring ..... 10  Pond, river or stream ..... 11  Tanker-truck, vendor..... 12    Other (<i>specify</i>) _____ 13    No answer or DK ..... 99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes ..... _ _ _    Water on premises..... 888    DK..... 999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank..... 1  Pour flush latrine (water seal type)..... 2  Improved pit latrine (e.g., VIP)..... 3  Traditional pit latrine ..... 4  Open pit..... 5  Bucket ..... 6    Other (<i>specify</i>) _____ 7    No facilities or bush or field..... 8</p>	<p>8⇒Q.5</p>
<p>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?*</p>	<p>Yes, in dwelling/yard/compound..... 1  No, outside dwelling/yard/compound..... 2    DK..... 9</p>	
<p>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine..... 1  Thrown into toilet or latrine..... 2  Thrown outside the yard ..... 3  Buried in the yard ..... 4  Not disposed of or left on the ground..... 5    Other (<i>specify</i>) _____ 6    No young children in household ..... 8</p>	

**GO TO NEXT MODULE ⇒**

Cluster no. \_\_\_ Household no. \_\_\_

<b>SALT IODIZATION MODULE</b>		
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p><b>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</b></p>	<p>Not iodized 0 PPM (no colour) ..... 1            Less than 15 PPM (weak colour).....2            15 PPM or more (strong colour).....3</p> <p>No salt in home.....8            Salt not tested.....9</p>	

Q.1 GO TO WOMEN'S QUESTIONNAIRE ⇨

Cluster no. \_\_\_ Household no. \_\_\_ Woman line no. \_\_\_

### QUESTIONNAIRE FOR INDIVIDUAL WOMEN

<b>WOMEN'S INFORMATION PANEL</b>		
<p><i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i></p>		
<p>1. Woman's line number (from HH listing).</p>	<p>Line number ..... ___</p>	
<p>2. Woman's name.</p>	<p>Name _____</p>	
<p>3A. IN WHAT MONTH AND YEAR WERE YOU BORN?</p> <p><i>Or:</i></p> <p>3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</p>	<p>Date of birth            Month/Year ..... ___ / _____</p> <p>DK date of birth..... 999999</p> <p><i>Or:</i></p> <p>Age (in completed years) ..... ___</p>	<p>DK⇨3B</p>

GO TO NEXT MODULE ⇨



<b>CHILD MORTALITY MODULE</b>		
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births. Follow instructions as provided in training. See Instructions for Interviewers.</i></p>		
<p>1. 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⇒ CONTRA- CEPTIVE USE MODULE</p>
<p>2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER.</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year..... _ / _ / _ _ _ _</p> <p>DK date of first birth ..... 99999999</p> <p><i>Or:</i> Completed years since first birth..... _ _</p>	<p>DK⇒2B</p>
<p>3. 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⇒Q.5</p>
<p>4. 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>5. 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⇒Q.7</p>
<p>6. 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>7. 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⇒Q.9</p>
<p>8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead ..... _ _</p> <p>Girls dead..... _ _</p>	
<p>9. Sum answers to Q. 4, 6, and 8.</p>	<p>Sum..... _ _</p>	
<p>10. 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 Q.11 <input type="checkbox"/> No ⇒ Check responses and make corrections before proceeding to Q.11</p>		

Q.2

<p>11. 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>Date of last birth Day/Month/Year..... __ __ / __ __ / __ __ __ __</p>	
<p><i>Did the woman's last birth occur within the last year, that is, since (<b>insert date</b>)?</i></p> <p><input type="checkbox"/> <i>Yes, live birth in last year. ⇒ GO TO TETANUS TOXOID MODULE</i></p> <p><input type="checkbox"/> <i>No live birth in last year. ⇒ GO TO CONTRACEPTIVE USE MODULE</i></p>		

Q.3

Cluster no. \_\_\_ Household no. \_\_\_ Woman line no. \_\_\_

<b>TETANUS TOXOID (TT) MODULE</b>		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK..... 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes..... 1 No ..... 2 DK..... 9	2⇒Q.4 9⇒Q.4
3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses ..... ___ DK..... 99	
<i>How many TT doses were reported during last pregnancy in Q.3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4</i>		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION ( <i>additional probes</i> ) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes..... 1 No ..... 2 DK..... 9	2⇒Q.7 9⇒Q.7
5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?	No. of doses ..... ___	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year ..... ___ / _____  DK date ..... 999999	DK⇒6B
<i>Or:</i> 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	<i>Or:</i> Years ago ..... ___	
7. <i>Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.</i>	Total no. of doses ..... ___	

**GO TO MATERNAL AND NEWBORN HEALTH MODULE ⇒**

Q.4

Cluster no. \_\_\_ Household no. \_\_\_ Woman line no. \_\_\_

**MATERNAL AND NEWBORN HEALTH MODULE**

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

**Use Q.7 and Q.8 only in countries where a local term for night blindness exists.**

Q.5

<p>1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, 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..... 9</p>	
<p>2. 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..... 1                  Nurse/midwife..... 2                  Auxiliary midwife ..... 3                  Other person                  Traditional birth attendant..... 4                  Other (<i>specify</i>) ..... 6                  No one..... 0</p>	
<p>3. 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..... 1                  Nurse/midwife..... 2                  Auxiliary midwife ..... 3                  Other person                  Traditional birth attendant..... 4                  Relative/friend..... 5                  Other (<i>specify</i>) ..... 6                  No one..... 0</p>	
<p>4. 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                  DK..... 9</p>	
<p>5. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes..... 1                  No ..... 2                  DK..... 9</p>	<p>2⇒Q.7                  9⇒Q.7</p>
<p>6. HOW MUCH DID (<i>name</i>) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (grams) __ , ____                  From recall ..... 2 (grams) __ , ____                  DK..... 99999</p>	
<p>7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT?</p>	<p>Yes..... 1                  No ..... 2                  DK..... 9</p>	
<p>8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (<i>insert local term</i>)?</p>	<p>Yes..... 1                  No ..... 2                  DK..... 9</p>	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_ Household no. \_\_\_ Woman line no. \_\_\_

<b>CONTRACEPTIVE USE MODULE</b>		
<p>Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.            Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.</p>		
<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes..... 1</p> <p>No, widowed, divorced, separated ..... 2</p> <p>No, never married..... 3</p>	<p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS.            I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.            I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION.            OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No ..... 2</p> <p>Unsure or DK..... 3</p>	<p>1⇒NEXT MODULE</p>
<p>3. SOME COUPLES 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>	<p>2⇒NEXT MODULE</p>
<p>4. 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..... 01</p> <p>Male sterilization..... 02</p> <p>Pill..... 03</p> <p>IUD..... 04</p> <p>Injections..... 05</p> <p>Implants..... 06</p> <p>Condom..... 07</p> <p>Female condom..... 08</p> <p>Diaphragm..... 09</p> <p>Foam/jelly..... 10</p> <p>Lactational amenorrhoea method (LAM)..... 11</p> <p>Periodic abstinence ..... 12</p> <p>Withdrawal..... 13</p> <p>Other (<i>specify</i>) _____ 14</p>	

Q.6

**GO TO NEXT MODULE ⇒**

**HIV/AIDS MODULE**

*This module is to be administered to all women age 15-49.  
See Instructions for Interviewers for further discussion of these questions.*

Q.7

<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS, IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>3. NOW I WILL READ SOME QUESTIONS ABOUT HOW PEOPLE CAN PROTECT THEMSELVES FROM THE AIDS VIRUS. THESE QUESTIONS INCLUDE ISSUES RELATED TO SEXUALITY WHICH SOME PEOPLE MIGHT FIND DIFFICULT TO ANSWER. HOWEVER, YOUR ANSWERS ARE VERY IMPORTANT TO HELP UNDERSTAND THE NEEDS OF PEOPLE IN (<b>country name</b>). AGAIN, THIS INFORMATION IS ALL COMPLETELY PRIVATE AND ANONYMOUS. PLEASE ANSWER YES OR NO TO EACH QUESTION.</p> <p>CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE UNINFECTED SEX PARTNER WHO ALSO HAS NO OTHER PARTNERS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	
<p>4. DO YOU THINK A PERSON CAN GET INFECTED WITH THE AIDS VIRUS THROUGH SUPERNATURAL MEANS?*</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	
<p>5. CAN PEOPLE PROTECT THEMSELVES FROM THE AIDS VIRUS BY USING A CONDOM CORRECTLY EVERY TIME THEY HAVE SEX?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	
<p>6. CAN A PERSON GET THE AIDS VIRUS FROM MOSQUITO BITES?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	
<p>7. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	
<p>8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	

9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD?	Yes..... 1 No ..... 2 DK..... 9	2⇒Q.13 9⇒Q.13
10. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD DURING PREGNANCY?	Yes..... 1 No ..... 2 DK..... 9	
11. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD AT DELIVERY?	Yes..... 1 No ..... 2 DK..... 9	
12. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A CHILD THROUGH BREAST MILK?	Yes..... 1 No ..... 2 DK..... 9	
13. IF A TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE OR SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK..... 9	
14. IF YOU KNEW THAT A SHOPKEEPER OR FOOD SELLER HAD AIDS OR THE VIRUS THAT CAUSES IT, WOULD YOU BUY FOOD FROM HIM OR HER?	Yes..... 1 No ..... 2 DK..... 9	
15. I AM NOT GOING TO ASK YOU ABOUT YOUR HIV STATUS ( <i>use term understood locally</i> ), BUT WE ARE INTERESTED TO KNOW HOW MUCH DEMAND THERE IS IN YOUR COMMUNITY FOR HIV TESTING AND COUNSELLING. SO, I WOULD LIKE TO ASK YOU:  I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No ..... 2	2⇒Q.17
16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No ..... 2	
17. 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?	Yes..... 1 No ..... 2	
18. <i>Is the woman a caretaker of any children under five years of age?</i>  <input type="checkbox"/> <i>Yes.</i> ⇒ <i>GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.</i>  <input type="checkbox"/> <i>No.</i> ⇒ <i>CONTINUE WITH Q.19</i>		
19. <i>Does another eligible woman reside in the household?</i>  <input type="checkbox"/> <i>Yes.</i> ⇒ <i>End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman.</i>  <input type="checkbox"/> <i>No.</i> ⇒ <i>End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</i>		

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

*This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).*

*A separate form should be used for each eligible child.*

*Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).*

*Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.*

Q.9

<b>BIRTH REGISTRATION AND EARLY LEARNING MODULE</b>		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years) ..... _ _	
3. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?  <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year..... _ _ / _ _ / _ _ _ _	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?  <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.). Correct stated age, if necessary.</i>	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3  DK..... 9	1⇒Q.8
5. If no birth certificate is shown, ask:  HAS (name's) BIRTH BEEN REGISTERED?	Yes..... 1 No ..... 2 DK..... 9	1⇒Q.8  9⇒Q.7
6. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much** ..... 1 Must travel too far ..... 2 Did not know it should be registered..... 3 Late, and did not want to pay fine..... 4 Does not know where to register ..... 5  Other (specify) _____ 6 DK..... 9	
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No ..... 2 No answer ..... 8	



<p>8. Check age. If child is 3 years old or more, ask:  DOES (name) ATTEND ANY ORGANIZED  LEARNING OR EARLY CHILDHOOD EDUCATION  PROGRAMME, SUCH AS A PRIVATE OR  GOVERNMENT FACILITY, INCLUDING  KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1  No ..... 2    DK..... 9</p>	<p>2⇒NEXT  MODULE    9⇒NEXT  MODULE</p>
<p>9. WITHIN THE LAST SEVEN DAYS,  ABOUT HOW MANY HOURS  DID (name) ATTEND?</p>	<p>Number of hours..... _ _</p>	

**GO TO NEXT MODULE ⇒**

Q.10

Cluster no. \_\_\_ Household no. \_\_\_ Caretaker line no. \_\_\_ Child line no. \_\_\_

<b>VITAMIN A MODULE</b>		
<b>Further optional questions are found in Appendix Two.</b>		
1. HAS ( <i>name</i> ) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?  <i>Show capsule or dispenser.</i>	Yes..... 1	2⇒NEXT MODULE
	No ..... 2	
	DK..... 9	9⇒NEXT MODULE
2. HOW MANY MONTHS AGO DID ( <i>name</i> ) TAKE THE LAST DOSE?	Months ago..... _ _	
	DK..... 99	
3. WHERE DID ( <i>name</i> ) GET THIS LAST DOSE?	On routine visit to health centre..... 1	
	Sick child visit to health centre ..... 2	
	National Immunization Day campaign ..... 3	
	Other ( <i>specify</i> ) _____ 4	
	DK..... 9	

Q.11

**GO TO NEXT MODULE ⇒**

Cluster no. \_\_\_ Household no. \_\_\_ Caretaker line no. \_\_\_ Child line no. \_\_\_

Q.12

<b>BREASTFEEDING MODULE</b>		
1. HAS ( <i>name</i> ) EVER BEEN BREASTFED?	Yes..... 1 No ..... 2 DK..... 9	2⇒Q.4 9⇒Q.4
2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No ..... 2 DK..... 9	2⇒Q.4 9⇒Q.4
3. 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
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements ..... 1 2 9	
3B. PLAIN WATER?	B. Plain water ..... 1 2 9	
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice ..... 1 2 9	
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS..... 1 2 9	
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA?	E. Milk ..... 1 2 9	
3F. ANY OTHER LIQUIDS?	F. Other liquids ( <i>specify</i> ) _____ 1 2 9	
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food ..... 1 2 9	
4. SINCE THIS TIME YESTERDAY, HAS ( <i>name</i> ) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes..... 1 No ..... 2 DK..... 9	

**GO TO NEXT MODULE ⇒**

Cluster no. \_\_\_ Household no. \_\_\_ Caretaker line no. \_\_\_ Child line no. \_\_\_

Q.13

CARE OF ILLNESS MODULE		
<p>1. 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>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. 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> <p>3A. BREAST MILK?</p> <p>3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?</p> <p>3C. <b>other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)?</b></p> <p>3D. ORS PACKET SOLUTION?</p> <p>3E. OTHER MILK OR INFANT FORMULA?</p> <p>3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?</p> <p>3G. WATER ALONE?</p> <p>3H. <b>defined "unacceptable" fluids (e.g., cola, etc. (insert local names))</b></p> <p>3I. NOTHING</p>	<p style="text-align: right;">Y N DK</p> <p>A. Breast milk ..... 1 2 9</p> <p>B. Gruel..... 1 2 9</p> <p>C. Other acceptable..... 1 2 9</p> <p>D. ORS packet..... 1 2 9</p> <p>E. Other milk..... 1 2 9</p> <p>F. Water with feeding..... 1 2 9</p> <p>G. Water alone ..... 1 2 9</p> <p>H. Unacceptable fluids..... 1 2 9</p> <p>I. Nothing..... 1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none ..... 1</p> <p>About the same (or somewhat less) ..... 2</p> <p>More..... 3</p> <p>DK..... 9</p>	
<p>5. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p><i>If "less", probe:</i> MUCH LESS OR A LITTLE LESS?</p>	<p>None ..... 1</p> <p>Much less ..... 2</p> <p>Somewhat less ..... 3</p> <p>About the same ..... 4</p> <p>More..... 5</p> <p>DK..... 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 9</p>	<p>2⇒Q.11</p> <p>9⇒Q.11</p>

Q.14

<p>7. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1          No ..... 2          DK..... 9</p>	<p>2⇒Q.11          9⇒Q.11</p>
<p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Blocked nose..... 1          Problem in chest..... 2          Both..... 3          Other (<i>specify</i>) _____ 4          DK..... 9</p>	<p>1⇒Q.11          4⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes..... 1          No ..... 2          DK..... 9</p>	<p>2⇒Q.11          9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE?          ANYWHERE ELSE?  <i>Circle all providers mentioned,          but do NOT prompt with any suggestions.</i></p>	<p>Hospital ..... 01          Health centre ..... 02          Dispensary ..... 03          Village health worker ..... 04          MCH clinic ..... 05          Mobile/outreach clinic ..... 06          Private physician ..... 07          Traditional healer..... 08          Pharmacy or drug seller..... 09          Relative or friend ..... 10          Other (<i>specify</i>) _____ 11</p>	
<p><i>Ask this question (Q.11) only once for each caretaker.</i></p> <p>11. 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?  <i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed..... 01          Child becomes sicker..... 02          Child develops a fever ..... 03          Child has fast breathing ..... 04          Child has difficult breathing ..... 05          Child has blood in stool..... 06          Child is drinking poorly..... 07          Other (<i>specify</i>) _____ 08          Other (<i>specify</i>) _____ 09          Other (<i>specify</i>) _____ 10</p>	

**GO TO NEXT MODULE ⇒**

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

Q.15

<b>MALARIA MODULE</b>		
<i><b>This module is for use in countries or regions at high risk of malaria. See manual for definition.</b></i>		
1. 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..... 9	2⇒Q.8  9⇒Q.8
2. WAS ( <i>name</i> ) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes..... 1 No ..... 2  DK..... 9	2⇒Q.6  9⇒Q.6
3. 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..... 9	2⇒Q.5  9⇒Q.5
4. WHAT MEDICINE DID ( <i>name</i> ) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?  <i>Circle all medicines mentioned.</i>	Paracetamol ..... 1 Chloroquine ..... 2 Fansidar ..... 3 <b>Develop categories to include locally-used drugs, then pre-test</b>  Other ( <i>specify</i> ) _____ 4 DK..... 9	
5. WAS ( <i>name</i> ) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes..... 1  No ..... 2  DK..... 9	1⇒Q.7  2⇒Q.8  9⇒Q.8
6. WAS ( <i>name</i> ) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes..... 1 No ..... 2  DK..... 9	2⇒Q.8  9⇒Q.8
7. WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Circle all medicines given before visiting a health facility or if no visit was made to a health facility.</i>	Paracetamol ..... 1 Chloroquine ..... 2 Fansidar ..... 3 <b>Develop categories to include locally-used drugs, then pre-test</b>  Other ( <i>specify</i> ) _____ 4 DK..... 9	
8. DID ( <i>name</i> ) SLEEP UNDER A BEDNET LAST NIGHT?	Yes..... 1 No ..... 2  DK..... 9	2⇒NEXT MODULE  9⇒NEXT MODULE

9. WAS THIS BEDNET EVER TREATED WITH A PRODUCT TO KILL MOSQUITOS?	Yes..... 1	2⇒NEXT MODULE
	No ..... 2	
	DK..... 9	
10. WHEN WAS THE BEDNET LAST TREATED?	Months ago..... _ _	
	DK..... 99	

**GO TO NEXT MODULE ⇒**

Q.16

Cluster no. \_\_\_\_\_ Household no. \_\_\_\_\_ Caretaker line no. \_\_\_\_\_ Child line no. \_\_\_\_\_

IMMUNIZATION MODULE									
<p>If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.</p>									
1. IS THERE A VACCINATION RECORD FOR (name)?				Yes, seen ..... 1				2⇒Q.7	
				Yes, not seen ..... 2					
				No ..... 3				3⇒Q.7	
(a) Copy dates of all vaccinations 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	
2. BCG	BCG								
3A. OPV0	OPV0								
3B. OPV1	OPV1								
3C. OPV2	OPV2								
3D. OPV3	OPV3								
4A. DPT1	DPT1								
4B. DPT2	DPT2								
4C. DPT3	DPT3								
5. MEASLES	MEASLES								
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?				Yes..... 1				1⇒Q.15	
				(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)					
Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish.				No ..... 2				2⇒Q.15	
				DK..... 9				9⇒Q.15	
7. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?				Yes..... 1					
				No ..... 2				2⇒Q.15	
				DK..... 9				9⇒Q.15	
8. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?				Yes..... 1					
				No ..... 2					
				DK..... 9					

Q.17



9. 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..... 9	2⇒Q.12 9⇒Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth..... 1 Later..... 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... _ _	
12. HAS ( <i>name</i> ) EVER BEEN GIVEN "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..... 9	2⇒Q.14 9⇒Q.14
13. HOW MANY TIMES?	No. of times ..... _ _	
14. HAS ( <i>name</i> ) EVER BEEN GIVEN "VACCINATION INJECTIONS" – 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..... 9	
15. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS:  <i>Date/type of campaign A</i> <i>Date/type of campaign B</i> <i>Date/type of campaign C</i>  <i>Insert date and type of vaccination given in the most recent NID campaigns.</i>	Y N DK  <i>Campaign A</i> ..... 1 2 9 <i>Campaign B</i> ..... 1 2 9 <i>Campaign C</i> ..... 1 2 9	

GO TO NEXT MODULE ⇒

Cluster no. \_\_\_ Household no. \_\_\_ Caretaker line no. \_\_\_ Child line no. \_\_\_

Q.19

<b>ANTHROPOMETRY MODULE</b>		
<p><i>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 HH listing before recording measurements.</i></p>		
1. Child's weight.	Kilograms (kg) ..... ___ . ___	
2. Child's length or height.  Check age of child:  <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... 1 ___ . ___  Height (cm) Standing up ..... 2 ___ . ___	
3. Measurer's identification code.	Measurer code..... ___	
4. Result.	Measured ..... 1 Not present..... 2 Refused..... 3  Other (specify) _____ 4	
5. Is there another child in the household who is eligible for measurement?  <input type="checkbox"/> Yes. ⇒ Record measurements for next child.  <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.		

### CLUSTER CONTROL SHEET

District Name \_\_\_\_\_

Cluster Number \_\_\_\_\_

Interviewer Number \_\_\_\_\_

Date \_\_\_\_\_

HH	Name of Head of	Number of Eligible	Interviews Completed

