

APPENDIX E QUESTIONNAIRES

E.1 Household questionnaire



HOUSEHOLD QUESTIONNAIRE



Multiple Indicator Cluster Survey (MICS) Punjab, 2017

| HOUSEHOLD INFORMATION PANEL | | | | HH |
|--|--|--|---|---------------------------|
| HH1. Cluster number: _____ | | HH2. Household number: _____ | | |
| HH3. Interviewer's name and number: NAME _____ | | HH4. Supervisor's name and number: NAME _____ | | |
| HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____ | | HH7. District code: _____ | | |
| HH6 Area: | URBAN 1 RURAL..... 2 | | | |
| HH8. Is the household selected for Questionnaire for Men? | YES..... 1 NO..... 2 | | | |
| HH9. Is the household selected for Water Quality Testing? | YES..... 1 NO..... 2 | HH10. Is the household selected for blank testing? | YES..... 1 NO..... 2 | |
| Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15. | | | HH11. Record the time. HOURS : MINUTES : | |
| HH12. Assalam O Alaikum, my name is (your name). We are from Bureau of Statistics, Planning & Development Department, Government of the Punjab, Lahore. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 40 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now? | | | | |
| YES..... 1 NO / NOT ASKED..... 2 | | 1 ⇒LIST OF HOUSEHOLD MEMBERS 2 ⇒HH46 | | |
| HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor. | COMPLETED..... 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT..... 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME..... 03 REFUSED..... 04 DWELLING VACANT OR ADDRESS NOT A DWELLING..... 05 DWELLING DESTROYED..... 06 DWELLING NOT FOUND..... 07 OTHER (specify)..... 96 | | | |
| HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____ HOUSEHOLD MEMBERS WOMEN AGE 15-49 If household is selected for Questionnaire for Men: MEN AGE 15-49 CHILDREN UNDER AGE 5 CHILDREN AGE 5-17 | To be filled after the Household Questionnaire is completed | | To be filled after all the questionnaires are completed | |
| | TOTAL NUMBER | | COMPLETED NUMBER | |
| | HH48 | ___ | | |
| | HH49 | ___ | HH53 | |
| | HH50 | ___ | HH54 | ___ |
| | HH51 | ___ | HH55 | ___ |
| | HH52 | ___ | HH56 | ZERO..... 0 ONE..... 1 |

HL1

HL2 First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.

| Line No. | HL1 | HL2 | HL3 | HL4 | HL5 | HL6 | HL7 | HL7A | HL7B | HL8 | HL9 | HL10 | HL11 | HL12 | HL13 | HL14 | HL15 | HL16 | HL17 | HL18 | HL19 | HL20 |
|----------|-----|--|--|----------------------------|---------------------------------|---|----------------------------------|-------------------|---|---|--|-------------------------------|-----------|-----------------------------------|--|---|--|-----------------------------------|--|---|--|--|
| | | First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members. | What is the relationship of (name) to (name) of the head of household? | What is the sex of (name)? | What is (name)'s date of birth? | How old is (name)? Record in completed years. If age is 95 or above, record '95'. | Did (name) stay here last night? | Age 10 and above? | What is marital status of (name)? | Record line number if woman age 15-49 and age 15-49, yes. | Record line number if man, age 15-49, yes. | Record line number if age 0-4 | Age 5-17? | Is (name)'s natural mother alive? | Does (name)'s natural mother live in this household? | Record the line number of mother and go to HL16 | Where does (name)'s natural mother live? | Is (name)'s natural father alive? | Does (name)'s natural father live in this household? | Record the line number of father and go to HL20 | Where does (name)'s natural father live? | Copy the line number of mother from HL14, if blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'. |
| | | | M F T | 98 DK | month Year | Age | Y N | Y N | 1 Married 2 Divorced 3 Separated 4 Never Married 8 DK | M 15-49 | 0-4 | Y N | Y N DK | Y N DK | Y N | Mother | 1 Abroad 2 In another household in the same district 3 In another household in another district 4 Institution in this country 8 DK | 1 YES 2 NO 8 DK 9 HLI19 | Y N DK | Father | 1 Abroad 2 In another household in the same district 3 In another household in another district 4 Institution in this country 8 DK | |
| 01 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 01 | 01 | 01 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 02 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 02 | 02 | 02 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 03 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 03 | 03 | 03 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 04 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 04 | 04 | 04 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 05 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 05 | 05 | 05 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 06 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 06 | 06 | 06 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 07 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 07 | 07 | 07 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 08 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 08 | 08 | 08 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 09 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 09 | 09 | 09 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 10 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 10 | 10 | 10 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 11 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 11 | 11 | 11 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 12 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 12 | 12 | 12 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 13 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 13 | 13 | 13 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 14 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 14 | 14 | 14 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |
| 15 | | | 1 2 3 | | | | 1 2 | 1 2 | 1 2 3 4 5 8 | 15 | 15 | 15 | 1 2 | 1 2 8 | 1 2 | | 1 2 3 4 8 | 1 2 8 | 1 2 | | 1 2 3 4 8 | |

* Codes for HL3: Relationship to head of household: 01 Head 02 Spouse/ Wife 03 Son/ Daughter 04 Son in law/ Daughter in law 05 Grandchild 06 Parent 07 Parent-in-law 08 Brother / sister 09 Brother-in-law / Sister-in-law 10 Uncle/Aunt 11 Niece / Nephew 12 Other Relative 13 Adopted /Foster / Stepchild 14. Servant (live in) 96. Other (Not related) 98. DK

| EDUCATION 1 | | | | | | | | | | ED | | |
|---------------------|--|--|---|--|---|--|---|-----------|------------|-------------|--------------|-------------|
| ED1. Line number | ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module. | ED3. Age 3 or above? 1 YES 2 NO \S Next Line | ED4. Has (name) ever attended school or any PreSchool/ Katchi/ Early Childhood Education programme? 1 YES 2 NO \S Next Line | ED5. What is the highest level and grade or class of school (name) has ever attended? LEVEL: 0 PRESCHOOL/KATCHI /ECE \S ED7 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 HIGHER 8 DK | ED6. Did (name) ever complete that (grade/class)? 1 YES 2 NO 8 DK | ED7. Age 3-24? 1 YES 2 NO \S Next Line | ED8. Check ED4: Ever attended school or PreSchool/ Katchi /ECE? 1 YES 2 NO \S Next Line | ED9. Y | ED10. N | ED11. DK | ED12. YES | ED13. NO |
| LINE | NAME | AGE | YES | NO | LEVEL | GRADE/CLASS* | Y | N | DK | YES | NO | |
| 01 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 02 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 03 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 04 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 05 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 06 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 07 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 08 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 09 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 10 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 11 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 12 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 13 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 14 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |
| 15 | | | 1 | 2 | 0 1 2 3 4 8 | | 1 | 2 | 8 | 1 | 2 | |

*Class codes for ED5, ED10 & ED16: Primary 01-05 Middle 01-03 Matric 01-02 Higher 01-07

| EDUCATION 2 | | | | | | | | | | ED | | | |
|---------------------|-----------------------|--|---|---|---|--|--|---|---|---|-----------|--------|---------------|
| ED1. Line number | ED2. Name and age. | ED9. At any time during the current school year (2017-18), did (name) attend school, or any Preschool/ Katchi/ Early Childhood Education programme? | ED10. During this current school year (2017-18), which level and grade or class is (name) attending? | ED10A. Is (name) currently going to any school. (reference period is last seven days for at least 4-5 hours daily) | ED11. Is (he/she) attending a public school? | ED12. In the current school year (2017-18), has (name) received any school tuition support? | ED13. Who provided the tuition support? | ED14. For the current school year (2017-18), has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? | ED15. At any time during the previous school year (2016-17), did (name) attend school or any Preschool/ Katchi/ Early Childhood Education programme? | ED16. During the previous school year (2016-17), which level and grade or class did (name) attend? | | | |
| LINE | NAME | AGE | YES NO | LEVEL | GRADE/ CLASS* | YES NO | AUTHORITY | YES NO DK | TUITION | YES NO DK | YES NO DK | LEVEL | GRADE/ CLASS* |
| 01 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 02 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 03 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 04 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 05 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 06 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 07 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 08 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 09 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 10 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 11 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 12 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 13 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 14 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |
| 15 | | | 1 2 | 012348 | | 1 2 | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 012348 | |

*Class codes for ED5, ED10 & ED16:

Primary 01-05

Middle 01-03

Matric 01-02

Higher 01-07

| DISABILITY I | | | | | | | | | | DA | | | | | | | | |
|--------------------|----------------------|-------------------------|---|--|--|--|---|---|---|---------|---|---|---------|---|---|---------|---------------|---|
| DA1 Line number | DA2 Name and age. | DA3 Age 18 or above? | DA4 Does (name) wear glasses or contact lenses to help them see? | DA5 I would like to know if (name) has difficulty seeing even when wearing glasses or contact lenses. Would you say that (name) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? | DA6 I would like to know if (name) has difficulty seeing. Would you say that (name) has no difficulty seeing, some difficulty, a lot of difficulty, or cannot see at all? | DA7 Does (name) wear a hearing aid? | DA8 I would like to know if (name) has difficulty hearing even when using a hearing aid. Would you say that (name) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? | DA9 I would like to know if (name) has difficulty hearing. Would you say that (name) has no difficulty hearing, some difficulty, a lot of difficulty, or cannot hear at all? | DA10 I would like to know if (name) has difficulty communicating when using his/her usual language. Would you say that (name) has no difficulty understanding or being understood, some difficulty, a lot of difficulty, or cannot communicate at all? | | | | | | | | | |
| LINE | NAME | AGE | Y | N | Y | N | SEEING | Y | N | HEARING | Y | N | HEARING | Y | N | HEARING | COMMUNICATION | |
| 01 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 02 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 03 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 04 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 05 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 06 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 07 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 08 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 09 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 10 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 11 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 12 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 13 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 14 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |
| 15 | | | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 1 | 2 | 3 | 4 | 8 |

| DISABILITY 2 | | | | DA | |
|------------------------|-----------------------|--|--|---|--|
| DA1. Line number | DA2. Name and age. | DA11. I would like to know if (name) has difficulty remembering or concentrating. Would you say that (name) has no difficulty remembering or concentrating, some difficulty, a lot of difficulty, or cannot remember or concentrate at all? | DA12. I would like to know if (name) has difficulty walking or climbing steps. Would you say that (name) has no difficulty walking or climbing steps, some difficulty, a lot of difficulty, or cannot walk or climb steps at all? | DA13. I would like to know if (name) has difficulty washing all over or dressing. Would you say that (name) has no difficulty washing all over or dressing, some difficulty, a lot of difficulty, or cannot wash all over or dress at all? | DA14. Has (name) taken any benefit from social protection scheme due to disability/functioning? |
| LINE | NAME | AGE | WALKING/CLIMBING | SELF-CARE | BENEFIT |
| 01 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 02 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 03 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 04 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 05 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 06 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 07 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 08 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 09 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 10 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 11 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 12 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 13 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 14 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |
| 15 | | 1 2 3 4 8 | 1 2 3 4 8 | 1 2 3 4 8 | A B C D E F X Z |

| HOUSEHOLD CHARACTERISTICS | | HC |
|--|--|----|
| HC1B. What is the mother tongue of (<i>name of the head of the household from HL2</i>)? | ENGLISH..... 1 URDU..... 2 PUNJABI/POTOHARI 3 SARAIKI..... 4 OTHER LANGUAGE (<i>specify</i>)..... 6 | |
| HC3. How many rooms do members of this household usually use for sleeping? | NUMBER OF ROOMS..... ___ | |
| HC4. <i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i> | NATURAL FLOOR EARTH / SAND..... 11 DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD..... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES/MARBLE/CHIPS 33 CEMENT..... 34 CARPET..... 35 BRICKS FLOOR..... 36 OTHER (<i>specify</i>)..... 96 | |
| HC5. <i>Main material of the roof.</i> <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 / TIN / T-IRON / GIRDERS 31 WOOD / WOODEN BEAMS 32 CALAMINE / CEMENT FIBRE 33 CERAMIC TILES 34 CEMENT..... 35 OTHER (<i>specify</i>)..... 96 | |
| HC6. <i>Main material of the exterior walls.</i> <i>Record observation.</i> | NATURAL WALLS NO WALLS..... 11 CANE / PALM / TRUNKS..... 12 DIRT..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD..... 21 STONE WITH MUD..... 22 UNCOVERED ADOBE..... 23 PLYWOOD 24 CARDBOARD..... 25 REUSED WOOD 26 FINISHED WALLS CEMENT..... 31 STONE WITH LIME / CEMENT..... 32 BRICKS..... 33 CEMENT BLOCKS..... 34 COVERED ADOBE..... 35 OTHER (<i>specify</i>)..... 96 | |

MICS6.HH.7

| | | |
|---|---|----------|
| HC7. Does your household have: | YES NO | |
| [A] A fixed telephone line? | FIXED TELEPHONE LINE 1 2 | |
| [B] A radio? | RADIO 1 2 | |
| [C] Gas Heater? | GAS HEATER 1 2 | |
| [D] Cooking Range? | COOKING RANGE 1 2 | |
| [E] Sewing Machine (without electric motor)? | SEWING MACHINE 1 2 | |
| [F] An iron (Gas/ Coal)? | IRON 1 2 | |
| [G] Bed | BED 1 2 | |
| [H] Sofa | SOFA 1 2 | |
| [I] Cupboard | CUPBOARD 1 2 | |
| [J] Wall Clock | WALL CLOCK 1 2 | |
| HC8. Does your household have electricity? | YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2 NO 3 | 3 ⇒ HC10 |
| HC9. Does your household have: | YES NO | |
| [A] A television? | TELEVISION 1 2 | |
| [B] A refrigerator? | REFRIGERATOR 1 2 | |
| [C] A Washing Machine/ Dryer | WASHING MACHINE/ DRYER 1 2 | |
| [D] An Air Cooler/ Fan | AIR COOLER/ FAN 1 2 | |
| [E] A Microwave Oven | MICROWAVE OVEN 1 2 | |
| [F] An Electric Iron | ELECTRIC IRON 1 2 | |
| [G] A Water Filter | WATER FILTER 1 2 | |
| [H] A Donkey Pump/ Turbine | DONKEY PUMP/ TURBINE 1 2 | |
| [I] An Air conditioner | AIR CONDITIONER 1 2 | |
| [J] A Sewing Machine (with electric motor)? | SEWING MACHINE 1 2 | |
| HC10. Does any member of your household own: | YES NO | |
| [A] A watch? | WATCH 1 2 | |
| [B] A bicycle? | BICYCLE 1 2 | |
| [C] A motorcycle or scooter? | MOTORCYCLE / SCOOTER 1 2 | |
| [D] An animal-drawn cart? | ANIMAL-DRAWN CART 1 2 | |
| [E] A car, truck, bus or van? | CAR / TRUCK / BUS/VAN 1 2 | |
| [F] A boat with a motor? | BOAT WITH MOTOR 1 2 | |
| [G] A Tractor trolley | TRACTOR TROLLEY 1 2 | |
| [H] An Autorickshaw/ Chingchi | AUTORICKSHAW/ CHINGCHI 1 2 | |
| HC11. Does any member of your household have a computer or a tablet? | YES 1 NO 2 | |
| HC12. Does any member of your household have a mobile telephone? | YES 1 NO 2 | |
| HC13. Does your household have access to internet at home? | YES 1 NO 2 | |

MICS6.HH.8

| | | |
|--|--|--------|
| <p>HC14. Do you or someone living in this household own this dwelling?</p> <p><i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p> | <p>OWN 1</p> <p>RENT..... 2</p> <p>OTHER (<i>specify</i>) 6</p> | |
| <p>HC15. Does any member of this household own any land that can be used for agriculture?</p> | <p>YES 1</p> <p>NO 2</p> | 2⇒HC17 |
| <p>HC16. How many acres of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p> <p><i>1 acre = 8 kanals</i></p> | <p>ACRES ____</p> <p>95 OR MORE 95</p> <p>DK 98</p> | |
| <p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p> | <p>YES 1</p> <p>NO 2</p> | 2⇒HC19 |
| <p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows, buffaloes or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys, camel or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[H] Ducks/Turkeys?</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p> | <p>MILK COWS, BUFFALOES OR BULLS..... ____</p> <p>OTHER CATTLE..... ____</p> <p>HORSES, DONKEYS, CAMEL OR MULES..... ____</p> <p>GOATS..... ____</p> <p>SHEEP..... ____</p> <p>CHICKENS..... ____</p> <p>DUCKS/TURKEYS..... ____</p> | |
| <p>HC19. Does any member of this household have an account in a bank, post office or National Saving Centre?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | |

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

| | [A] ZAKAT, BAIT_UL_MAAL? | [B] BISP? | [C] KHIDMAT CARD? | [D] ANY RETIREMENT / PENSION BENEFITS | [E] WATAN CARD OR HEALTH CARD | [X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME |
|--|--|--|--|--|--|--|
| ST2. Are you aware of <i>(name of programme)</i> ? | YES.....1 NO2 [B] | YES.....1 NO2 [C] | YES.....1 NO2 [D] | YES.....1 NO2 [E] | YES.....1 NO2 [X] | YES(SPECIFY) 1 NO.....2 END |
| ST3. Has your household or anyone in your household received assistance through <i>(name of programme)</i> ? | YES.....1 ST4 NO2 [B] DK8 [B] | YES.....1 ST4 NO2 [C] DK8 [C] | YES.....1 ST4 NO2 [D] DK8 [D] | YES.....1 ST4 NO2 [E] DK8 [E] | YES.....1 ST4 NO2 [X] DK8 [X] | YES.....1 ST4 NO2 [End] DK8 [End] |
| ST4. When was the last time your household or anyone in your household received assistance through <i>(name of programme)</i> ? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i> | Months Ago 1 [B] Years Ago 2 [B] DK.....998 [B] | Months Ago 1 [C] Years Ago 2 [C] DK.....998 [C] | Months Ago 1 [D] Years Ago 2 [D] DK.....998 [D] | Months Ago 1 [E] Years Ago 2 [E] DK.....998 [E] | Months Ago 1 [X] Years Ago 2 [X] DK.....998 [X] | Months Ago 1 [End] Years Ago 2 [End] DK.....998 [End] |

| REMITTANCES & CASH DONATION | | RM |
|--|--------------------------------------|---------|
| RM1. Has there been a member of this household who used to live here but is now working outside this country? | YES1 NO2 | 2 ⇨ RM3 |
| RM2. How many members are working outside this country? | NUMBER OF PERSONS: | |
| RM3. Did the household receive any remittance in cash from outside country/ overseas during the last year? <i>Money which will not be repaid</i> | YES1 NO2 DK8 | |
| RM4. Did the household receive any cash donation such as zakat or other means from within the country during the last year? <i>Money which will not be repaid. Support from family, other relatives, friends or neighbours</i> | YES1 NO2 DK8 | |

| HOUSEHOLD ENERGY USE | | EU |
|---|--|---------|
| EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ? | ELECTRIC STOVE 01 | 01 ⇒EU5 |
| | SOLAR COOKER..... 02 | 02 ⇒EU5 |
| | LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 | 03 ⇒EU5 |
| | PIPED NATURAL GAS STOVE 04 | 04 ⇒EU5 |
| | BIOGAS STOVE 05 | 05 ⇒EU5 |
| | LIQUID FUEL STOVE 06 | 06 ⇒EU4 |
| | MANUFACTURED SOLID FUEL STOVE..... 07 | |
| | TRADITIONAL SOLID FUEL STOVE..... 08 | |
| | THREE STONE STOVE / OPEN FIRE..... 09 | 09 ⇒EU4 |
| | OTHER (<i>specify</i>) 96 | 96 ⇒EU4 |
| NO FOOD COOKED IN HOUSEHOLD 97 | 97 ⇒EU6 | |
| EU2. Does it have a chimney? | YES..... 1 | |
| | NO 2 | |
| | DK 8 | |
| EU3. Does it have a fan? | YES..... 1 | |
| | NO 2 | |
| | DK 8 | |
| EU4. What type of fuel or energy source is used in this cook stove? <i>If more than one, record the main energy source for this cook stove.</i> | ALCOHOL/ ETHANOL 01 | |
| | GASOLINE / DIESEL..... 02 | |
| | KEROSENE / PARAFFIN 03 | |
| | COAL / LIGNITE..... 04 | |
| | CHARCOAL 05 | |
| | WOOD..... 06 | |
| | CROP RESIDUE / GRASS / STRAW / SHRUBS..... 07 | |
| | ANIMAL DUNG / WASTE 08 | |
| | PROCESSED BIOMASS (PELLETS) OR WOODCHIPS..... 09 | |
| | GARBAGE / PLASTIC 10 | |
| | SAWDUST 11 | |
| OTHER (<i>specify</i>) 96 | | |
| EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i> | IN MAIN HOUSE NO SEPARATE ROOM..... 1 | |
| | IN A SEPARATE ROOM 2 | |
| | IN A SEPARATE BUILDING 3 | |
| | OUTDOORS OPEN AIR 4 | |
| | ON VERANDA OR COVERED PORCH..... 5 | |
| | OTHER (<i>specify</i>) 6 | |

| | | |
|---|---|---|
| <p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p> | <p>CENTRAL HEATING 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE 05</p> <p>THREE STONE STOVE / OPEN FIRE 06</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p> | <p>01 ⇨EU8</p> <p>06 ⇨EU8</p> <p>96 ⇨EU8</p> <p>97 ⇨EU9</p> |
| <p>EU7. Does it have a chimney?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | |
| <p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p> | <p>SOLAR AIR HEATER 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL 06</p> <p>GASOLINE / DIESEL 07</p> <p>KEROSENE / PARAFFIN 08</p> <p>COAL / LIGNITE 09</p> <p>CHARCOAL 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 14</p> <p>GARBAGE / PLASTIC 15</p> <p>SAWDUST 16</p> <p>OTHER (<i>specify</i>) 96</p> | |
| <p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p> | <p>ELECTRICITY 01</p> <p>SOLAR LANTERN 02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04</p> <p>BIOGAS LAMP 05</p> <p>GASOLINE LAMP 06</p> <p>KEROSENE LAMP 07</p> <p>CHARCOAL 08</p> <p>WOOD 09</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 10</p> <p>ANIMAL DUNG 11</p> <p>OIL LAMP 12</p> <p>CANDLE 13</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO LIGHTING IN HOUSEHOLD 97</p> | |

MICS6.HH.13

| WATER AND SANITATION | | WS |
|---|---|--|
| <p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p> | <p>PIPED WATER</p> <p>PIPED INTO DWELLING11</p> <p>PIPED TO COMPOUND/ YARD / PLOT12</p> <p>PIPED TO NEIGHBOUR.....13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p>BOREHOLE</p> <p>TUBE WELL.....21</p> <p>MOTORIZED PUMP.....22</p> <p>HAND PUMP (MECHANICAL).....23</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING42</p> <p>RAINWATER (POND).....51</p> <p>TANKER-TRUCK.....61</p> <p>CART WITH SMALL TANK /DRUM/CANE ...71</p> <p>WATER KIOSK72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER91</p> <p>OTHER (<i>specify</i>).....96</p> | <p>11 ⇨WS7</p> <p>12 ⇨WS7</p> <p>13 ⇨WS3</p> <p>14 ⇨WS3</p> <p>21 ⇨WS3</p> <p>22 ⇨WS3</p> <p>23 ⇨WS3</p> <p>31 ⇨WS3</p> <p>32 ⇨WS3</p> <p>41 ⇨WS3</p> <p>42 ⇨WS3</p> <p>51 ⇨WS3</p> <p>61 ⇨WS4</p> <p>71 ⇨WS4</p> <p>72 ⇨WS4</p> <p>81 ⇨WS3</p> <p>96 ⇨WS3</p> |

| | | |
|--|--|--|
| <p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p> | <p>PIPED WATER</p> <p>PIPED INTO DWELLING11 PIPED TO COMPOUND / YARD / PLOT12 PIPED TO NEIGHBOUR.....13 PUBLIC TAP / STANDPIPE.....14</p> <p>BOREHOLE</p> <p>TUBE WELL.....21 MOTORIZED PUMP.....22 HAND PUMP (MECHANICAL).....23</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31 UNPROTECTED WELL.....32</p> <p>SPRING</p> <p>PROTECTED SPRING.....41 UNPROTECTED SPRING.....42</p> <p>RAINWATER.....51 TANKER-TRUCK.....61 CART WITH SMALL TANK71 WATER KIOSK72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>OTHER (<i>specify</i>).....96</p> | <p>11 ⇨WS7 12 ⇨WS7</p> <p>61 ⇨WS4 71 ⇨WS4 72 ⇨WS4</p> |
| <p>WS3. Where is that water source located?</p> | <p>IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSEWHERE.....3</p> | <p>1 ⇨WS7 2 ⇨WS7</p> |
| <p>WS4. How long does it take for members of your household to go there, get water, and come back?</p> | <p>MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES.....__ __ DK.....998</p> | <p>000 ⇨WS7</p> |
| <p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p> | <p>NAME..... LINE NUMBER.....__ __</p> | |
| <p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water?</p> | <p>NUMBER OF TIMES.....__ __ DK.....98</p> | |
| <p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p> | <p>YES, AT LEAST ONCE.....1 NO, ALWAYS SUFFICIENT2 DK.....8</p> | <p>2 ⇨WS9 8 ⇨WS9</p> |

| | | |
|--|---|--|
| <p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p> | <p>WATER NOT AVAILABLE FROM SOURCE...1 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE.....3 OTHER (<i>specify</i>).....6 DK.....8</p> | |
| <p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p> | <p>YES.....1 NO.....2 DK.....8</p> | <p>2 ⇒ <i>WS11</i> 8 ⇒ <i>WS11</i></p> |
| <p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p> | <p>BOILA ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTH.....C USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D SOLAR DISINFECTIONE LET IT STAND AND SETTLEF OTHER (<i>specify</i>).....X DK.....Z</p> | |
| <p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p> | <p>FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE.....13 FLUSH TO OPEN DRAIN.....14 FLUSH TO DK WHERE.....18 PIT LATRINE VENTILATED IMPROVED PIT LATRINE.....21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB / OPEN PIT23 BUCKET.....41 NO FACILITY / BUSH / FIELD.....95 OTHER (<i>specify</i>).....96</p> | <p>11 ⇒ <i>WS14</i> 14 ⇒ <i>WS14</i> 18 ⇒ <i>WS14</i> 41 ⇒ <i>WS14</i> 95 ⇒ <i>End</i> 96 ⇒ <i>WS14</i></p> |
| <p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p> | <p>YES, EMPTIED WITHIN THE LAST 5 YEARS.....1 MORE THAN 5 YEARS AGO.....2 DON'T KNOW WHEN.....3 NO, NEVER EMPTIED NEVER REQUIRED EMPTYING4 REPLACED WHEN FULL5 DK.....8</p> | <p>4 ⇒ <i>WS14</i> 5 ⇒ <i>WS14</i> 8 ⇒ <i>WS14</i></p> |

| | | |
|---|---|---------|
| <p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p> | <p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT1 BURIED IN A COVERED PIT2 TO DON'T KNOW WHERE.....3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5 OTHER (<i>specify</i>)..... 6 DK8</p> | |
| <p>WS14. Where is this toilet facility located?</p> | <p>IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSEWHERE3</p> | |
| <p>WS15. Do you share this facility with others who are not members of your household?</p> | <p>YES1 NO2</p> | 2 ⇒ End |
| <p>WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p> | <p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC.....2</p> | 2 ⇒ End |
| <p>WS17. How many households in total use this toilet facility, including your own household?</p> | <p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> .. TEN OR MORE HOUSEHOLDS10 DK98</p> | |

| HANDWASHING | | HW |
|--|---|---|
| <p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p> | <p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD /PLOT2</p> <p>MOBILE OBJECT OBSERVED</p> <p>BUCKET / JUG / KETTLE.....3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>) 6</p> | <p>4 ⇒HW5</p> <p>5 ⇒HW4</p> <p>6 ⇒HW5</p> |
| <p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p> | <p>WATER IS AVAILABLE.....1</p> <p>WATER IS NOT AVAILABLE2</p> | |
| <p>HW3. Is soap or detergent present at the place for handwashing?</p> | <p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p> | <p>1 ⇒HW7</p> <p>2 ⇒HW5</p> |
| <p>HW4. Where do you or other members of your household most often wash your hands?</p> | <p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT.....2</p> <p>MOBILE OBJECT</p> <p>BUCKET / JUG / KETTLE.....3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>) 6</p> | |
| <p>HW5. Do you have any soap or detergent in your house for washing hands?</p> | <p>YES1</p> <p>NO2</p> | <p>2 ⇒End</p> |
| <p>HW6. Can you please show it to me?</p> | <p>YES, SHOWN.....1</p> <p>NO, NOT SHOWN.....2</p> | <p>2 ⇒End</p> |
| <p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p> | <p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p> | |

| SALT IODIZATION | | SA |
|--|---|---|
| <p>SA1. We would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p> | <p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM).. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) 6</p> | <p>2 ⇒HH13 3 ⇒HH13 4 ⇒HH13 6 ⇒HH13</p> |
| <p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p> | <p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM).. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) 6</p> | |

| | | |
|---|---|---------------------------------------|
| HH13. Record the time. | HOUR AND MINUTES __ : __ | |
| HH14. Language of the Questionnaire. | ENGLISH 1 URDU 2 | |
| HH15. Language of the Interview. | ENGLISH 1 URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| HH16. Native language of the Respondent. | URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| HH17. Was a translator used for any parts of this questionnaire? | YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3 | |
| HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years: | NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... __ | <p>0 ⇒HH29 1 ⇒HH27</p> |

MICS6.HH.19

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

| HH20. Rank number | HH21. Line number from HL1 | HH22. Name from HL2 | HH23. Sex from HL4 | | HH24. Age from HL6 |
|-------------------------|--|------------------------|--------------------------|---|--------------------------|
| RANK | LINE | NAME | M | F | AGE |
| 1 | ___ | | 1 | 2 | ___ |
| 2 | ___ | | 1 | 2 | ___ |
| 3 | ___ | | 1 | 2 | ___ |
| 4 | ___ | | 1 | 2 | ___ |
| 5 | ___ | | 1 | 2 | ___ |
| 6 | ___ | | 1 | 2 | ___ |
| 7 | ___ | | 1 | 2 | ___ |
| 8 | ___ | | 1 | 2 | ___ |

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

| LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2) | TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18) | | | | | | |
|--|---|---|---|---|---|---|----|
| | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 0 | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1 | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2 | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3 | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4 | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5 | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6 | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7 | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8 | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9 | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER _

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER _

NAME

AGE.....

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

| | | |
|---|--|---------|
| HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49? | YES, AT LEAST ONE WOMAN AGE 15-49.....1 NO2 | 2 ⇒HH34 |
| HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years. | | |
| HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17? | YES, AT LEAST ONE GIRL AGE 15-171 NO2 | 2 ⇒HH34 |
| HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17? | YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL GIRLS AGE 15-17.....2 | 2 ⇒HH34 |
| <p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p> | | |
| HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men? | YES, HH8=1.....1 NO, HH8=0.....2 | 2 ⇒HH40 |
| HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49? | YES, AT LEAST ONE MAN AGE 15-491 NO2 | 2 ⇒HH40 |
| HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years. | | |
| HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17? | YES, AT LEAST ONE BOY AGE 15-171 NO2 | 2 ⇒HH40 |
| HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17? | YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL BOYS AGE 15-17.....2 | 2 ⇒HH40 |
| <p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p> | | |

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| | | |
|--|---|--|
| HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4? | YES, AT LEAST ONE.....1 NO2 | 2⇒HH42 |
| HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years. | | |
| HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire? | YES, HH9=1.....1 NO, HH9=2.....2 | 2⇒HH45 |
| HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household | | |
| HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i> | YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2 | 2⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE |
| HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in IIII47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household <i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i> | | |

| INTERVIEWER'S OBSERVATIONS |
|----------------------------|
| |

| SUPERVISOR'S OBSERVATIONS |
|---------------------------|
| |

MICS6.HH.23

E.2 QUESTIONNAIRE FOR INDIVIDUAL WOMEN



QUESTIONNAIRE FOR INDIVIDUAL WOMEN
Multiple Indicator Cluster Survey (MICS) Punjab, 2017



| WOMAN'S INFORMATION PANEL | | WM |
|--|--|----|
| WM1. Cluster number: _____ | WM2. Household number: _____ | |
| WM3. Woman's name and line number: NAME _____ | WM4. Supervisor's name and number: NAME _____ | |
| WM5. Interviewer's name and number: NAME _____ | WM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____ | |

| | |
|---|--|
| <p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p> | <p>WM7. Record the time: HOURS : MINUTES _____ : _____</p> |
| <p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p> | <p>YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2</p> |
| <p>WM9A. Assalam O Alaikum, my name is (<i>your name</i>). We are from Bureau of Statistics, Planning & Development Department, Government of the Punjab, Lahore. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 35 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> | <p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 35 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> |
| <p>YES 1 NO / NOT ASKED 2</p> | <p>1 ⇒ WOMAN'S BACKGROUND Module 2 ⇒ WM17</p> |

| | |
|--|--|
| <p>WM17 Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i></p> | <p>COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 OTHER (<i>specify</i>) 96</p> |
|--|--|

| WOMAN'S BACKGROUND | | WB |
|---|---|--------------------|
| WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): | WM3=HH47..... 1 WM3≠HH47..... 2 | 2 ⇒WB3 |
| WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended: | ED5=2, 3 OR 4..... 1 ED5=0, 1 OR 8 OR BLANK..... 2 | 1 ⇒WB15 2 ⇒WB14 |
| WB3. In what month and year were you born? | DATE OF BIRTH MONTH __ __ DK MONTH..... 98 YEAR..... __ __ __ __ DK YEAR..... 9998 | |
| WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded</i> | AGE (IN COMPLETED YEARS)..... __ __ | |
| WB5. Have you ever attended school or any PreSchool/Katchi/ Early Childhood Education programme? | YES 1 NO 2 | 2 ⇒WB14 |
| WB6. What is the highest level and grade or class you have attended? | PRESCHOOL/KATCHI /ECE..... 000 PRIMARY..... 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ | 000 ⇒WB14 |
| WB7. Did you complete that (grade/class)? | YES 1 NO 2 | |
| WB8. Check WB4: Age of respondent: | AGE 15-24 1 AGE 25-49 2 | 2 ⇒WB13 |
| WB9. At any time during the current school year (2017-18) did you attend school? | YES 1 NO 2 | 2 ⇒WB11 |
| WB10. During this current school year (2017-18), which level and grade or class are you <u>attending</u> ? | PRIMARY..... 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ | |
| WB11. At any time during the previous school year did you attend school? | YES 1 NO 2 | 2 ⇒WB13 |
| WB12. During that previous school year (2016-17), which level and grade or class did you <u>attend</u> ? | PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ | |
| WB13 Check WB6: Highest level of school attended: | WB6=2, 3 OR 4 1 WB6=1 2 | 1 ⇒WB15 |

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| | | |
|--|---|----------|
| <p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p> | <p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4</p> | |
| <p>WB15. How long have you been continuously living in (name of current city, town/tehsil or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p> | <p>YEARS..... __ __</p> <p>ALWAYS / SINCE BIRTH 95</p> | 95 ⇒WB18 |
| <p>WB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>CITY 1</p> <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p> | |
| <p>WB17. Before you moved here, in which area/ province/ country did you live in?</p> | <p>PUNJAB 01</p> <p>SINDH..... 02</p> <p>BALUCHISTAN..... 03</p> <p>GILGIT BALTISTAN/ AJK 04</p> <p>KPK / FATA 05</p> <p>ICT 06</p> <p>OUTSIDE OF PAKISTAN (specify) 96</p> | |
| <p>WB18. Are you covered by any health insurance?</p> | <p>YES 1</p> <p>NO 2</p> | 2 ⇒End |
| <p>WB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p> | <p>PUBLIC HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) _____ X</p> | |

| MASS MEDIA AND ICT | | MT |
|--|---|---------|
| <p>MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | |
| <p>MT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | |
| <p>MT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | |
| <p>MT4. Have you ever used a computer or a tablet from any location?</p> | YES 1 NO 2 | 2 ⇒ MT9 |
| <p>MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2</i></p> | NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3 | 0 ⇒ MT9 |

| | | YES | NO | |
|---|-----------------------------------|-----|----|---------|
| MT6. During the last 3 months, did you: | | | | |
| [A] Copy or move a file or folder? | COPY/MOVE FILE..... | 1 | 2 | |
| [B] Use a copy and paste tool to duplicate or move information within a document? | USE COPY/PASTE IN DOCUMENT | 1 | 2 | |
| [C] Send e-mail with attached file, such as a document, picture or video? | SEND E-MAIL WITH ATTACHMENT | 1 | 2 | |
| [D] Use a basic arithmetic formula in a spreadsheet? | USE BASIC SPREADSHEET FORMULA . | 1 | 2 | |
| [E] Connect and install a new device, such as a modem, camera or printer? | CONNECT DEVICE..... | 1 | 2 | |
| [F] Find, download, install and configure software? | INSTALL SOFTWARE | 1 | 2 | |
| [G] Create an electronic presentation with presentation software, including text, images, sound, video or charts? | CREATE PRESENTATION | 1 | 2 | |
| [H] Transfer a file between a computer and other device? | TRANSFER FILE..... | 1 | 2 | |
| [I] Write a computer program in any programming language? | PROGRAMMING | 1 | 2 | |
| MT7. Check MT6[C]: Is 'Yes' recorded? | YES, MT6[C]=1 | 1 | | 1 ⇐MT10 |
| | NO, MT6[C]=2 | 2 | | |
| MT8. Check MT6[F]: Is 'Yes' recorded? | YES, MT6[F]=1..... | 1 | | 1 ⇐MT10 |
| | NO, MT6[F]=2..... | 2 | | |
| MT9. Have you ever used the internet from any location and any device? | YES..... | 1 | | |
| | NO..... | 2 | | 2 ⇐MT11 |
| MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i> | NOT AT ALL | 0 | | |
| | LESS THAN ONCE A WEEK | 1 | | |
| | AT LEAST ONCE A WEEK..... | 2 | | |
| | ALMOST EVERY DAY | 3 | | |
| MT11. Do you own a mobile phone? | YES..... | 1 | | |
| | NO..... | 2 | | |
| MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i> | NOT AT ALL | 0 | | |
| | LESS THAN ONCE A WEEK | 1 | | |
| | AT LEAST ONCE A WEEK..... | 2 | | |
| | ALMOST EVERY DAY | 3 | | |

| MARRIAGE | | MA |
|---|---|------------------------|
| MA1. Are you currently married? | YES, CURRENTLY MARRIED1 NO3 | 3 ⇨ MA5 |
| MA2. How old is your husband? <i>Probe:</i> How old was your husband on his last birthday? | AGE IN YEARS.....__ __ DK98 | |
| MA3. Besides yourself, does your husband have any other wives? | YES1 NO2 | 2 ⇨ MA7 |
| MA4. How many other wives does he have? | NUMBER.....__ __ DK98 | ⇨ MA7 98 ⇨ MA7 |
| MA5. Have you ever been married? | YES, FORMERLY MARRIED.....1 NO3 | 3 ⇨ UN14 |
| MA6. What is your marital status now: are you widowed, divorced or separated? | WIDOWED1 DIVORCED2 SEPARATED3 | |
| MA7. Have you been married only once or more than once? | ONLY ONCE1 MORE THAN ONCE.....2 | 1 ⇨ MA8A 2 ⇨ MA8B |
| MA8A. In what month and year did you start living with your husband? MA8B. In what month and year did you start living with your <u>first</u> husband? | DATE OF (FIRST) MARRIAGE MONTH.....__ __ DK MONTH.....98 YEAR__ __ __ __ DK YEAR.....9998 | |
| MA9. Check MA8A/B: Is 'DK YEAR' recorded? | YES, MA8A/B=99981 NO, MA8A/B≠99982 | 2 ⇨ End |
| MA10. Check MA7: married only once? | YES, MA7=11 NO, MA7=2.....2 | 1 ⇨ MA11A 2 ⇨ MA11B |
| MA11A. How old were you when you started living with your husband? MA11B. How old were you when you started living with your <u>first</u> husband? | AGE IN YEARS.....__ __ | |

| FERTILITY/BIRTH HISTORY | | CM |
|---|---|----------|
| <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>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i></p> | YES.....1 NO.....2 | 2 ⇒ CM8 |
| <p>CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?</p> | YES.....1 NO.....2 | 2 ⇒ CM5 |
| <p>CM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME.....__ __ | |
| <p>CM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME.....__ __ | |
| <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> | YES.....1 NO.....2 | 2 ⇒ CM8 |
| <p>CM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE.....__ __ | |
| <p>CM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE.....__ __ | |
| <p>CM8. Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p> | YES.....1 NO.....2 | 2 ⇒ CM11 |
| <p>CM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD.....__ __ | |
| <p>CM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD.....__ __ | |
| <p>CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.</p> | SUM.....__ __ | |
| <p>CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?</p> | YES.....1 NO.....2 | 1 ⇒ CM14 |
| <p>CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.</p> | | |
| <p>CM14. Check CM11: How many live births?</p> | NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE.....1 | 0 ⇒ End |

MICS6.WM.7

FERILITY/BIRTH HISTORY **BH**

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.
 Record names of all of the births in BH1. Record twins and triplets on separate lines.

| BH Line Number | BH1. What name was given to your (first/next) baby? | | | BH2. Were any of these births twins or a girl? | | | BH3. Is (name of birth) a boy or a girl? | | | BH4. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i> | | | BH4A. Is (name of birth) pre-mature? A BIRTH BEFORE 37 WEEKS OF PREGNANCY | | BH5. Is (name of birth) still alive? | | | BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i> | | BH7. Is (name of birth) living with you? | | BH8. Record household line number of child (from HL1) <i>Record '00' if child is not listed.</i> | | BH9. How old was (name of birth) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i> | | | | | | BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? | |
|----------------|---|---|---|--|-------|------|--|---|---|--|-----|-----|--|---|--------------------------------------|-----|-----|---|--------------|--|------|---|-----|--|-----------|------------|--|--|--|---|--|
| | S | M | G | Day | Month | Year | Y | N | Y | N | Age | Y | N | Y | N | 2 S | BH9 | 1 | 2 | Line No | Unit | Number | Y | N | | | | | | | |
| 01 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ Next Birth | DAYS 1 | --- | --- | 1 | 2 | --- | --- | | | | | |
| 02 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 03 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 04 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 05 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 06 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 07 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 08 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |
| 09 | 1 | 2 | 1 | 2 | --- | --- | --- | 1 | 2 | --- | --- | --- | 1 | 2 | 1 | 2 S | 1 | 2 | ⇒ BH10 | DAYS 1 | --- | --- | 1 S | 2 S | Add Birth | Next Birth | | | | | |

MICS6 WM. 8


| BH0. BH Line Number | BH1. What name was given to your (first/next) baby? | BH2. Were any of these births twins or a girl? | BH3. Is (name of birth) a boy or a girl? | BH4. In what month and year was (name of birth) born? Probe: What is (his/her) birthday? | | | BH5. Is (name of birth) still alive? | | BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years. | BH7. Is (name of birth) living with you? | | BH8. Record household line number of child (from HL1) Record '00' if child is not listed. | BH9. How old was (he/she) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years | | | BH10. Were there any other live births (name of previous birth) and (name of birth), including any children who died after birth? | |
|---|---|--|--|---|-----|-----|--------------------------------------|-----|--|--|-----|--|---|--------|----------------|---|--|
| | S M B G | S M B G | Y N | Y N | Y N | Y N | Y N | Y N | Age | Y N | Y N | Line No | Unit | Number | Y | N | |
| 10 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | — | 1 2 | 1 2 | →BH10 | DAYS 1 MONTHS . 2 YEARS 3 | 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 | →BH10 | DAYS 1 MONTHS . 2 YEARS 3 | 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 | →BH10 | DAYS 1 MONTHS . 2 YEARS 3 | 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 | →BH10 | DAYS 1 MONTHS . 2 YEARS 3 | 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 | →BH10 | DAYS 1 MONTHS . 2 YEARS 3 | 1 2 | 1 2 | 1 2 | |
| BH11. Have you had any live births since the birth of (name of last birth listed)? | | | | | | | | | | | | | YES 1 | | NO 2 | | |
| | | | | | | | | | | | | | 1 → Record birth(s) in Birth History | | | | |

| | | |
|---|---|----------|
| CM15. Compare number in CM11 with number of births listed in the birth history above and check: | NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2 | 1 ⇨ CM17 |
| CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'. | | |
| CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in 2015? <i>If the month of interview and the month of birth are the same, and the year of birth is 2015, consider this as a birth within the last 2 years.</i> | NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1 | 0 ⇨ End |
| CM18. Copy name of the last child listed in BH1. <i>If the child has died, take special care when referring to this child by name in the following modules.</i> | NAME OF LAST-BORN CHILD _____ | |

| DESIRE FOR LAST BIRTH | | DB |
|--|---|----------------------|
| DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____ | YES, CM17=1..... 1 NO, CM17=0 OR BLANK 2 | 2 ⇒ End |
| DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time? | YES..... 1 NO..... 2 | 1 ⇒ End |
| DB3. Check CM11: Number of births: | ONLY 1 BIRTH..... 1 2 OR MORE BIRTHS 2 | 1 ⇒ DB4A 2 ⇒ DB4B |
| DB4A. Did you want to have a baby later on, or did you not want any children? | LATER..... 1 NO MORE 2 | |
| DB4B. Did you want to have a baby later on, or did you not want any more children? | | |

| MATERNAL AND NEWBORN HEALTH | | MN |
|--|---|---------|
| <p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p> | 2 ⇒ End |
| <p>MN2. Did you see anyone for antenatal care during your pregnancy with (name)?</p> | <p>YES1</p> <p>NO2</p> | 2 ⇒ MN7 |
| <p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>LADY HEALTH VISITOR (LHV).....C</p> <p>COMMUNITY MID WIFED</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>OTHER (specify) _____ X</p> | |
| <p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If "9 months" or later, record 9.</p> | <p>WEEKS1 __</p> <p>MONTHS 2 0</p> <p>DK998</p> | |
| <p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p> | <p>NUMBER OF TIMES __</p> <p>DK98</p> | |
| <p>MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>[A] Was your blood pressure measured?</p> <p>[B] Did you give a urine sample?</p> <p>[C] Did you give a blood sample?</p> <p>[D] Was your weight measured?</p> <p>[E] Were you informed about importance of spacing next child?</p> <p>[F] Was information provided for family planning methods available?</p> | <p>YES NO</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE 1 2</p> <p>BLOOD SAMPLE 1 2</p> <p>WEIGHT 1 2</p> <p>IMPORTANCE OF SPACING 1 2</p> <p>INFORMATION PROVIDED FOR FP METHODS 1 2</p> | |

| | | |
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| <p>MN7. Do you have a card or other document with your own immunisations listed?</p> <p><i>If yes, ask: May I see it please?</i></p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p> | <p>YES (CARD OR OTHER DOCUMENT SEEN)1 YES (CARD OR OTHER DOCUMENT NOT SEEN)2 NO3 DK8</p> | |
| <p>MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?</p> | <p>YES1 NO2 DK8</p> | <p>2 ⇨ MN11 8 ⇨ MN11</p> |
| <p>MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?</p> | <p>NUMBER OF TIMES DK8</p> | <p>8 ⇨ MN11</p> |
| <p>MN10. Check MN9: How many tetanus injections during last pregnancy were reported?</p> | <p>ONLY 1 INJECTION1 2 OR MORE INJECTIONS2</p> | <p>2 ⇨ MN15</p> |
| <p>MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby?</p> <p><i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i></p> | <p>YES1 NO2 DK8</p> | <p>2 ⇨ MN15 8 ⇨ MN15</p> |
| <p>MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection?</p> <p><i>If 7 or more times, record '7'.</i> <i>Include DPT (Tetanus) vaccinations received as a child if mentioned.</i></p> | <p>NUMBER OF TIMES DK8</p> | |
| <p>MN13. Check MN12: How many tetanus injections before last pregnancy were reported?</p> | <p>ONLY 1 INJECTION1 2 OR MORE INJECTIONS OR DK2</p> | <p>1 ⇨ MN14A 2 ⇨ MN14B</p> |
| <p>MN14A. How many years ago did you receive that tetanus injection</p> <p>MN14B. How many years ago did you receive the last of those tetanus injections?</p> <p><i>The reference is to the last injection received prior to this pregnancy, as recorded in MN12.</i> <i>If less than 1 year, record '00'.</i></p> | <p>YEARS AGO DK 98</p> | |
| <p>MN15. Check MN2: Was antenatal care received?</p> | <p>YES, MN2=11 NO, MN2=22</p> | <p>2 ⇨ MN19</p> |
| <p>MN16. During the pregnancy with (<i>name</i>), did you take SP/Fansidar to keep you from getting malaria?</p> | <p>YES1 NO2 DK8</p> | <p>2 ⇨ MN19 8 ⇨ MN19</p> |
| <p>MN17. How many times did you take SP/Fansidar during your pregnancy with (<i>name</i>)?</p> | <p>NUMBER OF TIMES DK8</p> | |

| | | |
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| <p>MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position.</i></p>  | <p>YES1 NO2 DK/ DON'T REMEMBER8</p> | <p>2 ⇨ MN25 8 ⇨ MN25</p> |
| <p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p> | <p>YES1 NO2 DK/ DON'T REMEMBER8</p> | |
| <p>MN25. Was (<i>name</i>) dried or wiped soon after birth?</p> | <p>YES1 NO2 DK/ DON'T REMEMBER8</p> | |
| <p>MN26. How long after the birth was (<i>name</i>) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day. If 24 hours or more, record days.</i></p> | <p>IMMEDIATELY/LESS THAN 1 HOUR000 HOURS 1 ____ DAYS 2 ____ NEVER BATHED997 DK / DON'T REMEMBER998</p> | |
| <p>MN27. Check MN20: Was the child delivered in a health facility?</p> | <p>YES, MN20=21-361 NO, MN20=11-12 or 96.....2</p> | <p>1 ⇨ MN30</p> |
| <p>MN28. What was used to cut the cord?</p> | <p>NEW BLADE1 BLADE USED FOR OTHER PURPOSES.....2 SCISSORS3 OTHER (<i>specify</i>)6 DK8</p> | |
| <p>MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?</p> | <p>YES1 NO2 DK / DON'T REMEMBER8</p> | |
| <p>MN30. After the cord was cut and until it fell off, was anything applied to the cord?</p> | <p>YES1 NO2 DK / DON'T REMEMBER8</p> | <p>2 ⇨ MN32 8 ⇨ MN32</p> |

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| <p>MN31. What was applied to the cord?</p> <p><i>Probe: Anything else?</i></p> | <p>CHLORHEXIDINE A</p> <p>OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET)..... B</p> <p>MUSTARD OIL C</p> <p>ASH D</p> <p>ANIMAL DUNG..... E</p> <p>OTHER (<i>specify</i>) X</p> <p>DK / DON'T REMEMBER Z</p> | |
| <p>MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p> | <p>VERY LARGE..... 1</p> <p>LARGER THAN AVERAGE..... 2</p> <p>AVERAGE..... 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DK 8</p> | |
| <p>MN33. Was (<i>name</i>) weighed at birth?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p> |
| <p>MN34. How much did (<i>name</i>) weigh?</p> <p><i>If a card is available, record weight from card.</i></p> | <p>FROM CARD 1 (KG) _ . _ _ _</p> <p>FROM RECALL 2 (KG) _ . _ _ _</p> <p>DK 99998</p> | |
| <p>MN35. Has your menstrual period returned since the birth of (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>MN36. Did you ever breastfeed (<i>name</i>)?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇒ MN39B</p> |
| <p>MN37. How long after birth did you first put (<i>name</i>) to the breast?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p> | <p>IMMEDIATELY 000</p> <p>HOURS 1 _ _</p> <p>DAYS 2 _ _</p> <p>DK / DON'T REMEMBER 998</p> | |
| <p>MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?</p> | <p>YES 1</p> <p>NO 2</p> | <p>1 ⇒ MN39A</p> <p>2 ⇒ MN40</p> |

| | | |
|--|--|--|
| <p>MN39A. What was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i></p> <p>MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i></p> | <p>MILK (OTHER THAN BREAST MILK)A</p> <p>PLAIN WATER.....B</p> <p>SUGAR OR GLUCOSE WATER.....C</p> <p>GRIPE WATER.....D</p> <p>SUGAR-SALT-WATER SOLUTION.....E</p> <p>FRUIT JUICE.....F</p> <p>INFANT FORMULA.....G</p> <p>TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONSH</p> <p>HONEY/GUTTI.....I</p> <p>PRESCRIBED MEDICINEJ</p> <p>ROSE WATERK</p> <p>OTHER (<i>specify</i>)X</p> <p>NOT GIVEN ANYTHING TO DRINKY</p> | |
| <p>MN40. Has this household been visited by a Lady Health Worker (LHW) during the past month?</p> | <p>YES1</p> <p>NO2</p> <p>DK8</p> | |

| POST-NATAL HEALTH CHECKS | | PN |
|--|---|----------------------|
| <p>PN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p> | <p>YES, CM17=1..... 1</p> <p>NO, CM17=0 OR BLANK 2</p> | 2 ⇒ End |
| <p>PN2. Check MN20: Was the child delivered in a health facility?</p> | <p>YES, MN20=21-36..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p> | 2 ⇒ PN7 |
| <p>PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>).</p> <p>You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery?</p> <p>If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.</p> | <p>HOURS 1 __</p> <p>DAYS..... 2 __</p> <p>WEEKS..... 3 __</p> <p>DK / DON'T REMEMBER998</p> | |
| <p>PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok.</p> <p>Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?</p> | <p>YES 1</p> <p>NO..... 2</p> | |
| <p>PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?</p> <p>Did anyone check on <u>your</u> health before you left (<i>name or type or facility in MN20</i>)?</p> | <p>YES 1</p> <p>NO..... 2</p> | |
| <p>PN5A. Before you left (<i>name or type or facility in MN20</i>) did anyone:</p> <p>[A] Counsel you for family planning?</p> <p>[B] Tell <u>you</u> about various family planning methods?</p> <p>[C] Guide <u>you</u> about from where you can get these methods?</p> | <p>YES NO</p> <p>COUNSEL FOR FP 1 2</p> <p>TELL FP METHODS 1 2</p> <p>GUIDE WHERE TO GET FP METHODS 1 2</p> | |
| <p>PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>).</p> <p>Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?</p> | <p>YES 1</p> <p>NO..... 2</p> | 1 ⇒ PN12 2 ⇒ PN17 |

| | | |
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| PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery? | YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1 NO, NONE OF THE CATEGORIES A TO F RECORDED 2 | 2 ⇒ PN11 |
| PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)'s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok. After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)'s health? | YES 1 NO 2 | |
| PN9. And did (<i>person or persons in MN19</i>) check on your health before leaving, for example asking questions about your health or examining you? | YES 1 NO 2 | |
| PN9A. Did anyone: [A] Counsel you for family planning [B] Tell you about various family planning methods [C] Guide you about from where you can get these methods AFTER YOU LEFT (NAME OR TYPE OR FACILITY IN MN20)? | YES NO COUNSEL FOR FP 1 2 TELL FP METHODS 1 2 GUIDE WHERE TO GET FP METHODS 1 2 | |
| PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)? | YES 1 NO 2 | 1 ⇒ PN12 2 ⇒ PN19 |
| PN11. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok. After (<i>name</i>) was delivered, did anyone check on (his/her) health? | YES 1 NO 2 | 2 ⇒ PN20 |
| PN12. Did such a check happen only once, or more than once? | ONCE 1 MORE THAN ONCE 2 | 1 ⇒ PN13A 2 ⇒ PN13B |
| PN13A. How long after delivery did that check happen? PN13B. How long after delivery did the first of these checks happen? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i> | HOURS 1 ___ DAYS 2 ___ WEEKS 3 ___ DK / DON'T REMEMBER 998 | |

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|--|---|-------------------------------|
| <p>PN14. Who checked on (<i>name</i>)'s health at that time?</p> | <p>HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFEB LADY HEALTH VISITOR (LHV)C COMMUNITY MID WIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE / FRIEND H OTHER (<i>specify</i>) X</p> | |
| <p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p> | <p>HOME RESPONDENT'S HOME..... 11 OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT MOTHER & CHILD CARE CENTRE/ HEALTH CENTRE/ COMMUNITY CENTRE 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 OTHER (<i>specify</i>)..... 96</p> | |
| <p>PN16. Check MN20: Was the child delivered in a health facility?</p> | <p>YES, MN20=21-36 1 NO, MN20=11-12 OR 96..... 2</p> | <p>2 ⇒PN18</p> |
| <p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p> | <p>YES 1 NO..... 2</p> | <p>1 ⇒PN21 2 ⇒PN25</p> |
| <p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> | <p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED 1 NO, NONE OF THE CATEGORIES A TO F RECORDED 2</p> | <p>2 ⇒PN20</p> |
| <p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p> | <p>YES 1 NO..... 2</p> | <p>1 ⇒PN21 2 ⇒PN25</p> |
| <p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p> | <p>YES 1 NO..... 2</p> | <p>2 ⇒PN25</p> |
| <p>PN21. Did such a check happen only once, or more than once?</p> | <p>ONCE 1 MORE THAN ONCE 2</p> | <p>1 ⇒PN22A 2 ⇒PN22B</p> |

| | | |
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| <p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p> | <p>HOURS 1 ___</p> <p>DAYS..... 2 ___</p> <p>WEEKS..... 3 ___</p> <p>DK / DON'T REMEMBER 998</p> | |
| <p>PN23. Who checked on <u>your</u> health at that time?</p> | <p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>LADY HEALTH VISITOR (LHV)C</p> <p>COMMUNITY MID WIFED</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>) X</p> | |
| <p>PN24. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '96' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of place</i>)</p> | <p>HOME</p> <p>RESPONDENT'S HOME..... 11</p> <p>OTHER HOME..... 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... 21</p> <p>GOVERNMENT MOTHER & CHILD CARE CENTRE/ ... HEALTH CENTRE/ COMMUNITY CENTRE 22</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>PRIVATE MATERNITY HOME..... 33</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>OTHER (<i>specify</i>) 96</p> | |
| <p>PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:</p> <p>[A] Examine (<i>name</i>)'s cord?</p> <p>[B] Take the temperature of (<i>name</i>)?</p> <p>[C] Counsel you on breastfeeding?</p> | <p>YES NO DK</p> <p>EXAMINE THE CORD.....1 2 8</p> <p>TAKE TEMPERATURE1 2 8</p> <p>COUNSEL ON BREASTFEEDING.....1 2 8</p> | |
| <p>PN26. Check MN36: Was child ever breastfed?</p> | <p>YES, MN36=1..... 1</p> <p>NO, MN36=2 2</p> | <p>2 ⇨ PN28</p> |
| <p>PN27. Observe (<i>name</i>)'s breastfeeding?</p> | <p>YES NO DK</p> <p>OBSERVE BREASTFEEDING 1 2 8</p> | |

MICS6.WM.21

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| PN28. Check MN33: Was child weighed at birth? | YES, MN33=1.....1 NO, MN33=2.....2 DK, MN33=8.....3 | 1 ⇨PN29A 2 ⇨PN29B 3 ⇨PN29C |
| PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days? PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth? PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth? | YES.....1 NO.....2 | |
| PN30. During the first two days after (<i>name</i>)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care? | YES.....1 NO.....2 | |

| CONTRACEPTION | | CP |
|--|---|--------------------|
| CP0. <i>Check MA1: Is the respondent currently married?</i> | YES, MA1=1..... 1 NO..... 2 | 2 ⇨ End |
| CP1. I would like to talk with you about another subject: family planning. Are you pregnant now? | YES, CURRENTLY PREGNANT 1 NO..... 2 DK OR NOT SURE..... 8 | 1 ⇨ CP3 |
| CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO..... 2 | 1 ⇨ CP4 |
| CP3. Have you ever done something or used any method to delay or avoid getting pregnant? | YES 1 NO..... 2 | 1 ⇨ End 2 ⇨ End |
| CP4. What are you doing to delay or avoid a pregnancy? <i>Do not prompt. If more than one method is mentioned, record each one.</i> | FEMALE STERILIZATION A MALE STERILIZATION..... B IUD..... C INJECTABLES..... D IMPLANTS..... E PILL F MALE CONDOM..... G FEMALE CONDOM..... H DIAPHRAGM..... I LACTATIONAL AMENORRHOEA METHOD (L.A.M)..... K PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL..... M OTHER (<i>specify</i>) X | |

| UNMET NEED | | UN |
|--|--|----------------------------------|
| UN1. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 NOT ASKED 3 | 2 ⇨ UN6 3 ⇨ UN14 |
| UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time? | YES 1 NO 2 | 1 ⇨ UN5 |
| UN3. Check CM11: Any births? | NO BIRTHS 0 ONE OR MORE BIRTHS 1 | 0 ⇨ UN4A 1 ⇨ UN4B |
| UN4A. Did you want to have a baby later on or did you not want any children? | LATER 1 NONE / NO MORE 2 | |
| UN4B. Did you want to have a baby later on or did you not want any more children? | | |
| UN5. 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 ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8 | 1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14 |
| UN6. Check CP4: Currently using 'Female sterilization' or Blank / not asked? | YES, CP4=A 1 NO, CP4≠A / NOT ASKED 2 | 1 ⇨ UN14 |
| UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? | HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8 | 2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10 |
| UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i> | MONTHS 1 ___ YEARS 2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 OTHER 996 DK 998 | 994 ⇨ UN12 |
| UN9. Check CP1: Currently pregnant? | YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2 | 1 ⇨ UN14 |
| UN10. Check CP2: Currently using a method? | YES, CP2=1 1 NO, CP2=2 2 | 1 ⇨ UN14 |
| UN11. Do you think you are physically able to get pregnant at this time? | YES 1 NO 2 DK 8 | 1 ⇨ UN14 8 ⇨ UN14 |

| | | |
|--|---|---|
| <p>UN12. Why do you think you are not physically able to get pregnant?</p> | <p>INFREQUENT SEX / NO SEX A MENOPAUSAL B NEVER MENSTRUATED C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT E POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC I</p> <p>OTHER (<i>specify</i>) X DK Z</p> | |
| <p>UN13. Check UN12: 'Never menstruated' mentioned?</p> | <p>MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2</p> | <p>1 ⇒End</p> |
| <p>UN14. When did your last menstrual period start?</p> <p><i>Record the answer using the same unit stated by the respondent.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p> | <p>DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO 4 __ __</p> <p>IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995</p> | <p>993 ⇒End 994 ⇒End 995 ⇒End</p> |
| <p>UN15. Check UN14: Was the last menstrual period within last year?</p> | <p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2</p> | <p>2 ⇒End</p> |
| <p>UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?</p> | <p>YES 1 NO 2</p> <p>DK / NOT SURE / NO SUCH ACTIVITY 8</p> | |
| <p>UN17. During your last menstrual period were you able to wash and change in privacy while at home?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |
| <p>UN18. Did you use any materials such as sanitary pads, tampons or cloth?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | <p>2 ⇒End 8 ⇒End</p> |
| <p>UN19. Were the materials reusable?</p> | <p>YES 1 NO 2</p> <p>DK 8</p> | |

| ATTITUDES TOWARD DOMESTIC VIOLENCE | | DV | | | |
|--|--------------------------------------|-------------------------------|----|----|---|
| <p>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:</p> | | YES | NO | DK | |
| [A] | If she goes out without telling him? | GOES OUT WITHOUT TELLING..... | 1 | 2 | 8 |
| [B] | If she neglects the children? | NEGLECTS CHILDREN | 1 | 2 | 8 |
| [C] | If she argues with him? | ARGUES WITH HIM..... | 1 | 2 | 8 |
| [D] | If she refuses to have sex with him? | REFUSES SEX..... | 1 | 2 | 8 |
| [E] | If she burns the food? | BURNS FOOD | 1 | 2 | 8 |

| VICTIMISATION | | VT |
|---|---|---|
| <p>VT1. <i>Check for the presence of others. Before continuing, ensure privacy.</i> Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) 2014/15, has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇨ VT9B</p> <p>8 ⇨ VT9B</p> |
| <p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2016/17?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p> | <p>2 ⇨ VT5B</p> <p>8 ⇨ VT5B</p> |
| <p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p> | |
| <p>VT4. <i>Check VT3: One or more times?</i></p> | <p>ONE TIME, VT3=1 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p> | <p>1 ⇨ VT5A</p> <p>2 ⇨ VT5B</p> |
| <p>VT5A. When this happened, was anything stolen from you?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>VT5B. The last time this happened, was anything stolen from you?</p> | <p>DK / NOT SURE..... 8</p> | |
| <p>VT6. Did the person(s) have a weapon?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p> | <p>2 ⇨ VT8</p> <p>8 ⇨ VT8</p> |
| <p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE..... A</p> <p>YES, A GUN..... B</p> <p>YES, SOMETHING ELSE X</p> | |
| <p>VT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED 2</p> <p>NO, NOT REPORTED 3</p> <p>DK / NOT SURE..... 8</p> | <p>1 ⇨ VT9A</p> <p>2 ⇨ VT9A</p> <p>3 ⇨ VT9A</p> <p>8 ⇨ VT9A</p> |

MICS6.WM.27

| | | |
|---|--|---|
| <p>VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2014/15, been physically attacked?</p> <p>VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2014/15, have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i></p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇒VT20</p> <p>8 ⇒VT20</p> |
| <p>VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2016/17?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p> | <p>2 ⇒VT12B</p> <p>8 ⇒VT12B</p> |
| <p>VT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p> | <p>1 ⇒VT12A</p> <p>2 ⇒VT12B</p> <p>3 ⇒VT12B</p> <p>8 ⇒VT12B</p> |
| <p>VT12A. Where did this happen?</p> <p>VT12B. Where did this happen the last time?</p> | <p>AT HOME 11</p> <p>IN ANOTHER HOME 12</p> <p>IN THE STREET 21</p> <p>ON PUBLIC TRANSPORT 22</p> <p>PUBLIC RESTAURANT / CAFÉ / BAR 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>AT SCHOOL 31</p> <p>AT WORKPLACE 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p> | |
| <p>VT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p> | <p>ONE PERSON 1</p> <p>TWO PEOPLE 2</p> <p>THREE OR MORE PEOPLE 3</p> <p>DK / DON'T REMEMBER 8</p> | <p>1 ⇒VT14A</p> <p>2 ⇒VT14B</p> <p>3 ⇒VT14B</p> <p>8 ⇒VT14B</p> |
| <p>VT14A. At the time of the incident, did you recognize the person?</p> <p>VT14B. At the time of the incident, did you recognize at least one of the persons?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER 8</p> | |
| <p>VT17. Did the person(s) have a weapon?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p> | <p>2 ⇒VT19</p> <p>8 ⇒VT19</p> |

| VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i> | YES, A KNIFE..... A YES, A GUN.....B YES, SOMETHING ELSE X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----|-----|----|----|---------------------------|---|---|---|-------------|---|---|---|-------------------------|---|---|---|----------|---|---|---|------------------------|---|---|---|-----------------|---|---|---|-------------------|---|---|---|--|
| VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else? | YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VT20. How safe do you feel walking alone in your neighbourhood after dark? | VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VT21. How safe do you feel when you are at home alone after dark? | VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER ALONE AFTER DARK 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds? [A] Ethnic or immigration origin? [B] Gender? [C] Sexual orientation? [D] Age? [E] Religion or belief? [F] Disability? [X] For any other reason? | <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GENDER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SEXUAL ORIENTATION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>AGE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RELIGION / BELIEF.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DISABILITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER REASON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | GENDER..... | 1 | 2 | 8 | SEXUAL ORIENTATION..... | 1 | 2 | 8 | AGE..... | 1 | 2 | 8 | RELIGION / BELIEF..... | 1 | 2 | 8 | DISABILITY..... | 1 | 2 | 8 | OTHER REASON..... | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETHNIC / IMMIGRATION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEXUAL ORIENTATION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELIGION / BELIEF..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISABILITY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER REASON..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HIV/AIDS | | HA | | | | | | | | | | | | | | | | |
|---|--|----------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| HA0. Check MA1 and MA5: Is the respondent currently or formerly married? | YES, MA1=1 OR MA5=1 1 NO..... 2 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | YES..... 1 NO..... 2 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having uninfected husband who has no other wife? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA3. Can people get HIV from mosquito bites? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA5. Can people get HIV by sharing food with a person who has HIV? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA6. Can people get HIV because of witchcraft or other supernatural means? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA7. Is it possible for a healthy-looking person to have HIV? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding? | <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> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | DURING PREGNANCY..... | 1 | 2 | 8 | DURING DELIVERY..... | 1 | 2 | 8 | BY BREASTFEEDING..... | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | |
| DURING PREGNANCY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| DURING DELIVERY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| BY BREASTFEEDING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded? | YES..... 1 NO..... 2 | 2 ⇒ HA11 | | | | | | | | | | | | | | | | |
| HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| HA11. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____ | YES, CM17=1 1 NO, CM17=0 OR BLANK 2 | 2 ⇒ HA24 | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------------------------|
| HA12. Check MN2: Was antenatal care received? | YES, MN2=1 1 NO, MN2=2 2 | 2⇒HA17 |
| HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about: | | |
| | YES NO DK | |
| [A] Babies getting HIV from their mother? | HIV FROM MOTHER 1 2 8 | |
| [B] Things that you can do to prevent getting HIV? | THINGS TO DO 1 2 8 | |
| [C] Getting tested for HIV? | TESTED FOR HIV 1 2 8 | |
| Were you: | | |
| [D] Offered a test for HIV? | OFFERED A TEST FOR HIV 1 2 8 | |
| HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care? | YES 1 NO 2 DK 8 | 2⇒HA17 8⇒HA17 |
| HA15. I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 DK 8 | 2⇒HA17 8⇒HA17 |
| HA16. After you received the result, were you given any health information or counselling related to HIV? | YES 1 NO 2 DK 8 | |
| HA17. Check MN20: Was the child delivered in a health facility? | YES, MN20=21-36 1 NO, MN20=11-12 OR 96 2 | 2⇒HA21 |
| HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test? | YES 1 NO 2 | |
| HA19. I don't want to know the results, but were you tested for HIV at that time? | YES 1 NO 2 | 2⇒HA21 |
| HA20. I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | 1⇒HA22 2⇒HA22 |
| HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care? | YES, HA14=1 1 NO OR NO ANSWER, HA14≠1 2 | 2⇒HA24 |
| HA22. Have you been tested for HIV since that time you were tested during your pregnancy? | YES 1 NO 2 | 1⇒HA25 |
| HA23. How many months ago was your most recent HIV test? | LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3 | 1⇒HA28 2⇒HA28 3⇒HA28 |
| HA24. I don't want to know the results, but have you ever been tested for HIV? | YES 1 NO 2 | 2⇒HA27 |

MICS6.WM.31

| | | |
|--|---|-------------------------------|
| HA25. How many months ago was your most recent HIV test? | LESS THAN 12 MONTHS AGO..... 1 12-23 MONTHS AGO..... 2 2 OR MORE YEARS AGO..... 3 | |
| HA26. I don't want to know the results, but did you get the results of the test? | YES..... 1 NO..... 2 DK..... 8 | 1 ⇒HA28 2 ⇒HA28 8 ⇒HA28 |
| HA27. Do you know of a place where people can go to get an HIV test? | YES..... 1 NO..... 2 | |
| HA28. Have you heard of test kits people can use to test themselves for HIV? | YES..... 1 NO..... 2 | 2 ⇒HA30 |
| HA29. Have you ever tested yourself for HIV using a self-test kit? | YES..... 1 NO..... 2 | |
| HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA35. If a member of your family got infected with the HIV, would you want it to remain secret? | YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8 | |
| HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV | YES..... 1 NO..... 2 SAYS, SHE HAS HIV..... 7 DK / NOT SURE / DEPENDS 8 | |

MATERNAL MORTALITY **MM**

MM1. Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother?

List all names on lines [A] to [H] below. Do not fill in the order number yet. If more than 8 siblings, use additional questionnaires.

[A] _____ [B] _____ [C] _____ [D] _____
 [E] _____ [F] _____ [G] _____ [H] _____

| | | |
|---|---|--------|
| MM2. Check MM1: How many siblings? | NO SIBLINGS 1 ONE OR MORE SIBLINGS 2 | 1 ⇒MM4 |
|---|---|--------|

| | | |
|--|--------------------------|-----------------------------|
| MM3. Read the names of the brothers and sisters to the respondent. After the last one, ask: Are there any other brothers and sisters from the same mother that you have not mentioned? | YES..... 1 NO 2 | 1 ⇒Record sibling(s) in MM1 |
|--|--------------------------|-----------------------------|

| | | |
|---|--------------------------|-----------------------------|
| MM4. Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? | YES..... 1 NO 2 | 1 ⇒Record sibling(s) in MM1 |
|---|--------------------------|-----------------------------|

| | | |
|--|--------------------------|-----------------------------|
| MM5. Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned? | YES..... 1 NO 2 | 1 ⇒Record sibling(s) in MM1 |
|--|--------------------------|-----------------------------|

| | | |
|--|--------------------------|-----------------------------|
| MM6. Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned? | YES..... 1 NO 2 | 1 ⇒Record sibling(s) in MM1 |
|--|--------------------------|-----------------------------|

| | | |
|---|---------------|--|
| MM7. Count the number of siblings listed in MM1. | SUM ___ | |
|---|---------------|--|

| | | |
|--|--------------------------|---------|
| MM8. Just to make sure that I have this right. Your natural mother had (total number in MM7) live births, excluding you, during her lifetime. Is that correct? | YES..... 1 NO 2 | 1 ⇒MM10 |
|--|--------------------------|---------|

| | | |
|---|--|--|
| MM9. Probe and check sum in MM7 and list of siblings in MM1. Make corrections as necessary until response in MM8 is 'Yes'. | | |
|---|--|--|

| | | |
|--|---|--------|
| MM10. Check MM7: How many siblings? | NO SIBLINGS 1 ONE OR MORE SIBLINGS 2 | 1 ⇒End |
|--|---|--------|

| | | |
|---|--|--|
| MM11. Please tell me, which brother or sister was born first? And which was born next? <i>Record '01' for the order number in MM1 for the first-born brother or sister; '02' for the second, and so on until you have recorded the order number for all brothers and sisters.</i> | | |
|---|--|--|

| | | |
|--|-------------------------------------|--|
| MM12. How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS..... ___ | |
|--|-------------------------------------|--|

MM13. Write down the names of the brothers and sisters in MM14 according to the order number in MM1. Ask MM15 to MM27 for one brother or sister at a time (vertically). If there are more than 8 brothers and sisters, use an additional questionnaire.

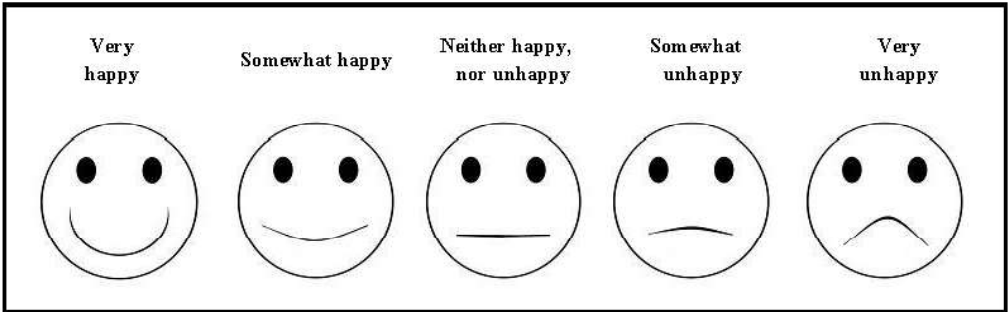
| | [S1] FIRST-BORN | [S2] SECOND | [S3] THIRD | [S4] FOURTH |
|--|--|--|---|---|
| MM14. Copy name of individual siblings to individual columns. | _____ | _____ | _____ | _____ |
| MM15. Is (<i>name</i>) male or female? | MALE..... 1 FEMALE.. 2 | MALE..... 1 FEMALE. 2 | MALE.....1 FEMALE..2 | MALE..... 1 FEMALE.. 2 |
| MM16. Is (<i>name</i>) still alive? | YES..... 1 NO..... 2 ☺ MM18 DK..... 8 ☺ MM28 | YES..... 1 NO..... 2 ☺ MM18 DK..... 8 ☺ MM28 | YES.....1 NO.....2 ☺ MM18 DK.....8 ☺ MM28 | YES..... 1 NO.....2 ☺ MM18 DK..... 8 ☺ MM28 |
| MM17. How old is (<i>name</i>)? | ___ ☺ MM28 | ___ ☺ MM28 | ___ ☺ MM28 | ___ ☺ MM28 |
| MM18. How many years ago did (<i>name</i>) die? | ___ | ___ | ___ | ___ |
| MM19. How old was (<i>name</i>) when (he/she) died? | ___ | ___ | ___ | ___ |
| MM20. Check MM15: Was the sibling male? | YES..... 1 ☺ MM26 NO..... 2 | YES..... 1 ☺ MM26 NO..... 2 | YES.....1 ☺ MM26 NO.....2 | YES..... 1 ☺ MM26 NO..... 2 |
| MM21. Check MM19: Did the sister die before age 12 years? | YES..... 1 ☺ MM26 NO..... 2 | YES..... 1 ☺ MM26 NO..... 2 | YES.....1 ☺ MM26 NO.....2 | YES..... 1 ☺ MM26 NO..... 2 |
| MM22. Was (<i>name</i>) pregnant when she died? | YES..... 1 ☺ MM26 NO..... 2 | YES..... 1 ☺ MM26 NO..... 2 | YES.....1 ☺ MM26 NO.....2 | YES..... 1 ☺ MM26 NO..... 2 |
| MM23. Did (<i>name</i>) die during childbirth? | YES..... 1 ☺ MM28 NO..... 2 | YES..... 1 ☺ MM28 NO..... 2 | YES.....1 ☺ MM28 NO.....2 | YES..... 1 ☺ MM28 NO..... 2 |
| MM24. Did (<i>name</i>) die within two months after the end of a pregnancy or childbirth? | YES..... 1 NO..... 2 ☺ MM26 | YES..... 1 NO..... 2 ☺ MM26 | YES.....1 NO.....2 ☺ MM26 | YES..... 1 NO..... 2 ☺ MM26 |
| MM25. How many days after the end of the pregnancy or childbirth did (<i>name</i>) die? | ___ | ___ | ___ | ___ |
| MM26. Was (<i>name</i>)'s death due to an act of violence? | YES..... 1 ☺ MM28 NO..... 2 | YES..... 1 ☺ MM28 NO..... 2 | YES.....1 ☺ MM28 NO.....2 | YES..... 1 ☺ MM28 NO..... 2 |
| MM27. Was (<i>name</i>)'s death due to an accident? | YES..... 1 NO..... 2 | YES..... 1 NO..... 2 | YES.....1 NO.....2 | YES..... 1 NO..... 2 |
| MM28. Check MM14: Is there a younger sibling? | YES..... 1 ☺ [S2] NO..... 2 ☺ End | YES..... 1 ☺ [S3] NO..... 2 ☺ End | YES..... 1 ☺ [S4] NO..... 2 ☺ End | YES..... 1 ☺ [S5] NO..... 2 ☺ End |

| | [S5] FIFTH | [S6] SIXTH | [S7] SEVENTH | [S8] EIGHTH |
|--|---|--|--|---|
| MM14. Copy name of individual siblings to each column. | _____ | _____ | _____ | _____ |
| MM15. Is (<i>name</i>) male or female? | MALE 1 FEMALE.. 2 | MALE 1 FEMALE. 2 | MALE.....1 FEMALE..2 | MALE 1 FEMALE.. 2 |
| MM16. Is (<i>name</i>) still alive? | YES 1 NO 2 <input type="checkbox"/> MM18 DK 8 <input type="checkbox"/> MM28 | YES..... 1 NO 2 <input type="checkbox"/> MM18 DK 8 <input type="checkbox"/> MM28 | YES1 NO2 <input type="checkbox"/> MM18 DK8 <input type="checkbox"/> MM28 | YES 1 NO 2 <input type="checkbox"/> MM18 DK 8 <input type="checkbox"/> MM28 |
| MM17. How old is (<i>name</i>)? | ___ ___ <input type="checkbox"/> MM28 | ___ ___ <input type="checkbox"/> MM28 | ___ ___ <input type="checkbox"/> MM28 | ___ ___ <input type="checkbox"/> MM28 |
| MM18. How many years ago did (<i>name</i>) die? | ___ ___ | ___ ___ | ___ ___ | ___ ___ |
| MM19. How old was (<i>name</i>) when (he/she) died? | ___ ___ | ___ ___ | ___ ___ | ___ ___ |
| MM20. Check MM15: Was the sibling male? | YES 1 <input type="checkbox"/> MM26 NO 2 | YES..... 1 <input type="checkbox"/> MM26 NO 2 | YES1 <input type="checkbox"/> MM26 NO2 | YES 1 <input type="checkbox"/> MM26 NO 2 |
| MM21 Check MM19: Did the sister die before age 12 years? | YES 1 <input type="checkbox"/> MM26 NO 2 | YES 1 <input type="checkbox"/> MM26 NO 2 | YES 1 <input type="checkbox"/> MM26 NO 2 | YES 1 <input type="checkbox"/> MM26 NO 2 |
| MM22. Was (<i>name</i>) pregnant when she died? | YES 1 <input type="checkbox"/> MM26 NO 2 | YES..... 1 <input type="checkbox"/> MM26 NO 2 | YES1 <input type="checkbox"/> MM26 NO2 | YES1 <input type="checkbox"/> MM26 NO 2 |
| MM23. Did (<i>name</i>) die during childbirth? | YES 1 <input type="checkbox"/> MM28 NO 2 | YES..... 1 <input type="checkbox"/> MM28 NO 2 | YES1 <input type="checkbox"/> MM28 NO2 | YES 1 <input type="checkbox"/> MM28 NO 2 |
| MM24. Did (<i>name</i>) die within two months after the end of a pregnancy or childbirth? | YES 1 NO 2 <input type="checkbox"/> MM26 | YES..... 1 NO 2 <input type="checkbox"/> MM26 | YES1 NO2 <input type="checkbox"/> MM26 | YES 1 NO 2 <input type="checkbox"/> MM26 |
| MM25. How many days after the end of the pregnancy or childbirth did (<i>name</i>) die? | ___ ___ | ___ ___ | ___ ___ | ___ ___ |
| MM26. Was (<i>name</i>)'s death due to an act of violence? | YES 1 <input type="checkbox"/> MM28 NO 2 | YES..... 1 <input type="checkbox"/> MM28 NO 2 | YES1 <input type="checkbox"/> MM28 NO2 | YES 1 <input type="checkbox"/> MM28 NO 2 |
| MM27. Was (<i>name</i>)'s death due to an accident? | YES 1 NO 2 | YES..... 1 NO 2 | YES1 NO2 | YES 1 NO 2 |
| MM28. Check MM14: Is there a younger sibling? | YES 1 <input type="checkbox"/> [S6] NO 2 <input type="checkbox"/> End | YES..... 1 <input type="checkbox"/> [S7] NO 2 <input type="checkbox"/> End | YES1 <input type="checkbox"/> [S8] NO2 <input type="checkbox"/> End | YES 1 <input type="checkbox"/> [S9] NO 2 <input type="checkbox"/> End |
| | | | | Tick here if additional questionnaire used: <input type="checkbox"/> |

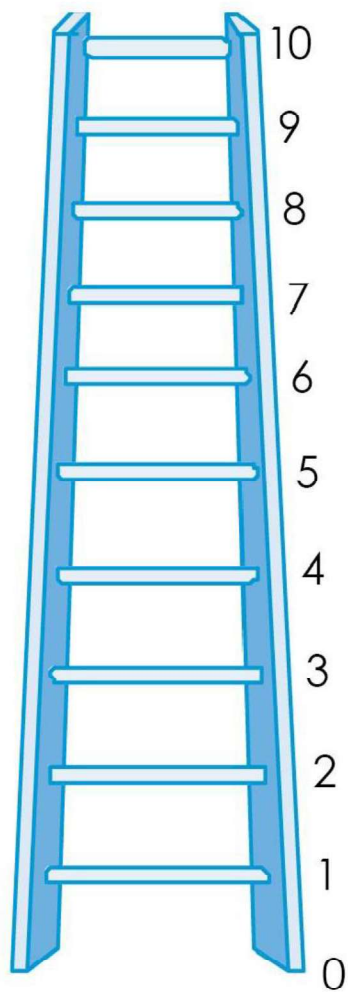
| TOBACCO USE | | TA |
|---|---|--------|
| TA1. Have you ever tried cigarette smoking, even one or two puffs? | YES..... 1 NO..... 2 | 2⇒TA6 |
| TA2. How old were you when you smoked a whole cigarette for the first time? | NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____ | 00⇒TA6 |
| TA3. Do you currently smoke cigarettes? | YES..... 1 NO..... 2 | 2⇒TA6 |
| TA4. In the last 24 hours, how many cigarettes did you smoke? | NUMBER OF CIGARETTES..... ____ | |
| TA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i> | NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30 | |
| TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos, pipe or shesha ? | YES..... 1 NO..... 2 | 2⇒TA10 |
| TA7. During the last one month, did you use any smoked tobacco products? | YES..... 1 NO..... 2 | 2⇒TA10 |
| TA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i> | CIGARS..... A WATER PIPE B CIGARILLOS..... C PIPE / SHESHA..... D OTHER (<i>specify</i>) X | |
| TA9. During the last one month, on how many days did you use tobacco products (<i>names of products mentioned in TA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i> | NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30 | |
| TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, paan with tobacco, gutaka, naswar, mawa tobacco, or naas and man Pori? | YES..... 1 NO..... 2 | 2⇒End |
| TA11. During the last one month, did you use any smokeless tobacco products? | YES..... 1 NO..... 2 | 2⇒End |

| | | |
|---|--|--|
| <p>TA12. What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p> | <p>CHEWING TOBACCO..... A SNUFF B PAAN WITH TOBACCO D GUTKA E NASWAR F MAWA TOBACCO G NAAS AND MAN PORI..... H OTHER (<i>specify</i>) _____ X</p> | |
| <p>TA13. During the last one month, on how many days did you use (<i>smokeless tobacco products mentioned in TA12</i>)?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p> | <p>NUMBER OF DAYS..... <u>0</u> _____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30</p> | |

| LIFE SATISFACTION | LS | |
|---|---|--|
| <p>LS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p> | <p>VERY HAPPY..... 1 SOMEWHAT HAPPY 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5</p> | |
| <p>LS2. <i>Show the picture of the ladder.</i></p> <p>Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p> | <p>LADDER STEP ____</p> | |
| <p>LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p> | <p>IMPROVED..... 1 MORE OR LESS THE SAME 2 WORSENERD 3</p> | |
| <p>LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p> | <p>BETTER 1 MORE OR LESS THE SAME 2 WORSE 3</p> | |



Best Possible Life



Worst Possible Life

| | | |
|--|---|--|
| WM10. Record the time. | HOURS AND MINUTES : .. | |
| WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it? | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3 | |
| WM12. Language of the Questionnaire. | ENGLISH 1 URDU 2 | |
| WM13. Language of the Interview. | ENGLISH 1 URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| WM14. Native language of the Respondent. | URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| WM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3 | |
| <p>WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

MICS6.WM.41

| INTERVIEWER'S OBSERVATIONS |
|----------------------------|
| |

| SUPERVISOR'S OBSERVATIONS |
|---------------------------|
| |

MICS6.WM.42

E.3 QUESTIONNAIRE FOR INDIVIDUAL MEN



QUESTIONNAIRE FOR INDIVIDUAL MEN
Multiple Indicator Cluster Survey (MICS), 2017



| MAN'S INFORMATION PANEL | | MWM |
|--|--|-----|
| MWM1. Cluster number: _____ | MWM2. Household number: _____ | |
| MWM3. Man's name and line number: NAME _____ | MWM4. Supervisor's name and number: NAME _____ | |
| MWM5. Interviewer's name and number: NAME _____ | MWM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____ | |

| | | | | | | | | |
|---|--|-----------|-------------------------------|---|-----------|--------------------------|---|-----------|
| <p><i>Check man's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH39 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in MWM17.</i></p> | <p>MWM7. Record the time:</p> <p style="text-align: center;">HOURS : MINUTES _____ : _____</p> | | | | | | | |
| <p>MWM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">YES, INTERVIEWED ALREADY.....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">1 ⇒ MWM9B</td> </tr> <tr> <td>NO, FIRST INTERVIEW.....</td> <td style="text-align: center;">2</td> <td>2 ⇒ MWM9A</td> </tr> </table> | | YES, INTERVIEWED ALREADY..... | 1 | 1 ⇒ MWM9B | NO, FIRST INTERVIEW..... | 2 | 2 ⇒ MWM9A |
| YES, INTERVIEWED ALREADY..... | 1 | 1 ⇒ MWM9B | | | | | | |
| NO, FIRST INTERVIEW..... | 2 | 2 ⇒ MWM9A | | | | | | |
| <p>MWM9A. Assalam O Alaikum, my name is (your name). We are from Bureau of Statistics, Planning & Development Department, Government of the Punjab, Lahore. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 25 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> | <p>MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 25 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p> | | | | | | | |
| <p>YES 1 NO / NOT ASKED 2</p> | <p>1 ⇒ MAN'S BACKGROUND Module 2 ⇒ MWM17</p> | | | | | | | |

| | |
|---|--|
| <p>MWM17. Result of man's interview. <i>Discuss any result not completed with Supervisor.</i></p> | <p>COMPLETED.....01 NOT AT HOME02 REFUSED.....03 PARTLY COMPLETED.....04 INCAPACITATED (<i>specify</i>)05 NO ADULT CONSENT FOR RESPONDENT AGE 15-1706 OTHER (<i>specify</i>)96</p> |
|---|--|

| MAN'S BACKGROUND | | MWB |
|---|--|------------------------|
| MWB1. Check the respondent's line number (MWM3) in MAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): | MWM3=HH47 1 MWM3#HH47 2 | 2 ⇒ MWB3 |
| MWB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended: | ED5=2, 3 OR 4 1 ED5=0, 1 OR 8 2 | 1 ⇒ MWB15 2 ⇒ MWB14 |
| MWB3. In what month and year were you born? | DATE OF BIRTH MONTH __ __ DK MONTH 98 YEAR __ __ __ __ DK YEAR 9998 | |
| MWB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS) __ __ | |
| MWB5. Have you ever attended school or any PreSchool/Katchi/ Early Childhood Education programme? | YES 1 NO 2 | 2 ⇒ MWB14 |
| MWB6. What is the highest level and grade or class of school you have attended? | PRESCHOOL/KATCHI /ECE 000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER 4 __ __ | 000 ⇒ MWB14 |
| MWB7. Did you complete that (grade/class)? | YES 1 NO 2 | |
| MWB8. Check MWB4: Age of respondent: | AGE 15-24 1 AGE 25-49 2 | 2 ⇒ MWB13 |
| MWB9. At any time during the current school year (2017-18) did you attend school? | YES 1 NO 2 | 2 ⇒ MWB11 |
| MWB10. During current school year (2017-18), which level and grade or class are you <u>attending</u> ? | PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER 4 __ __ | |
| MWB11. At any time during the previous school year (2016-17) did you attend school? | YES 1 NO 2 | 2 ⇒ MWB13 |
| MWB12. During that previous school year (2016-17), which level and grade or class did you <u>attend</u> ? | PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER 4 __ __ | |
| MWB13. Check MWB6: Highest level of school attended: | MWB6=2, 3 OR 4 1 MWB6=1 2 | 1 ⇒ MWB15 |

MICS6.ME.2

| | | |
|---|---|-----------|
| <p>MWB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?</i></p> | <p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4</p> | |
| <p>MWB15. How long have you been continuously living in (name of current city, town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p> | <p>YEARS..... __ __</p> <p>ALWAYS / SINCE BIRTH 95</p> | 95 ⇒MWB18 |
| <p>MWB16. Just before you moved here, did you live in a city, in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>CITY 1</p> <p>TOWN..... 2</p> <p>RURAL AREA..... 3</p> | |
| <p>MWB17. Before you moved here, in which area/ province/ country did you live in?</p> | <p>PUNJAB 01</p> <p>SINDH..... 02</p> <p>BALUCHISTAN..... 03</p> <p>GILGIT BALTISTAN/ AJK 04</p> <p>KPK/ FATA 05</p> <p>ICT 06</p> <p>OUTSIDE OF PAKISTAN (specify) 96</p> | |
| <p>MWB18. Are you covered by any health insurance?</p> | <p>YES 1</p> <p>NO 2</p> | 2 ⇒End |
| <p>MWB19. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p> | <p>PUBLIC HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) X</p> | |

| MASS MEDIA AND ICT | | MMT |
|--|---|--------------------|
| <p>MMT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3 | |
| <p>MMT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3 | |
| <p>MMT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3 | |
| <p>MMT4. Have you ever used a computer or a tablet from any location?</p> | YES 1 NO 2 | 2= MMT9 |
| <p>MMT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i></p> | NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY..... 3 | 0= MMT9 |

| | YES | NO | |
|--|------------------------------------|----|----------|
| MMT6. During the last 3 months, did you: | | | |
| [A] Copy or move a file or folder? | COPY/MOVE FILE1 | 2 | |
| [B] Use a copy and paste tool to duplicate or move information within a document? | USE COPY/PASTE IN DOCUMENT1 | 2 | |
| [C] Send e-mail with attached file, such as a document, picture or video? | SEND E-MAIL WITH ATTACHMENT1 | 2 | |
| [D] Use a basic arithmetic formula in a spreadsheet? | USE BASIC SPREADSHEET FORMULA..1 | 2 | |
| [E] Connect and install a new device, such as a modem, camera or printer? | CONNECT DEVICE1 | 2 | |
| [F] Find, download, install and configure software? | INSTALL SOFTWARE.....1 | 2 | |
| [G] Create an electronic presentation with presentation software, including text, images, sound, video or charts? | CREATE PRESENTATION.....1 | 2 | |
| [H] Transfer a file between a computer and other device? | TRANSFER FILE1 | 2 | |
| [I] Write a computer program in any programming language? | PROGRAMMING.....1 | 2 | |
| MMT7. Check MMT6[C]: Is 'Yes' recorded? | YES, MMT6[C]=11 | 2 | 1 ⇒MMT10 |
| | NO, MMT6[C]=22 | | |
| MMT8. Check MMT6 [F]: Is 'Yes' recorded? | YES, MMT6[F]=11 | 2 | 1 ⇒MMT10 |
| | NO, MMT6[F]=22 | | |
| MMT9. Have you ever used the internet from any location and any device? | YES1 | 2 | 2 ⇒MMT11 |
| | NO2 | | |
| MMT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i> | NOT AT ALL.....0 | | |
| | LESS THAN ONCE A WEEK1 | | |
| | AT LEAST ONCE A WEEK2 | | |
| | ALMOST EVERY DAY.....3 | | |
| MMT11. Do you own a mobile phone? | YES1 | | |
| | NO2 | | |
| MMT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i> | NOT AT ALL.....0 | | |
| | LESS THAN ONCE A WEEK1 | | |
| | AT LEAST ONCE A WEEK2 | | |
| | ALMOST EVERY DAY.....3 | | |

| MARRIAGE | | MMA |
|--|--|--------------------------|
| MMA1. Are you currently married? | YES, CURRENTLY MARRIED 1 NO 3 | 3 ⇨ MMA5 |
| MMA3. Do you have more than one wives? | YES 1 NO 2 | 2 ⇨ MMA7 |
| MMA4. How many wives do you have? | NUMBER _ _ DK 98 | ⇨ MMA8B 98 ⇨ MMA8B |
| MMA5. Have you ever been married? | YES 1 NO 3 | 3 ⇨ MDV1 |
| MMA6. What is your marital status now: are you widowed, divorced or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | |
| MMA7. Have you been married only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | 1 ⇨ MMA8A 2 ⇨ MMA8B |
| MMA8A. In what month and year did you start living with your wife? | DATE OF (FIRST) MARRIAGE MONTH _ _ DK MONTH 98 | |
| MMA8B. In what month and year did you start living with your <u>first</u> wife? | YEAR _ _ _ _ DK YEAR 9998 | |
| MMA9. Check MMA8A/B: Is 'DK YEAR' recorded? | YES, MMA8A/B=9998 1 NO, MMA8A/B≠9998 2 | 2 ⇨ End |
| MMA10. Check MMA7: Is only once? | YES, MMA7=1 1 NO, MMA7=2 2 | 1 ⇨ MMA11A 2 ⇨ MMA11B |
| MMA11A. How old were you when you started living with your wife? | | |
| MMA11B. How old were you when you started living with your <u>first</u> wife? | AGE IN YEARS _ _ | |

| FERTILITY | MCM | |
|--|---|----------------------|
| <p>MCM1. Now I would like to ask about all the children you have had during your life. I am interested in all of the children that are biologically yours.</p> <p>Have you ever fathered any children?</p> <p><i>This module should only include children born alive. Any stillbirths should not be included in response to any question.</i></p> | YES 1 NO 2 DK 8 | 2 ⇒ MCM8 8 ⇒ MCM8 |
| <p>MCM2. Do you have any sons or daughters that you have fathered who are now living with you?</p> | YES 1 NO 2 | 2 ⇒ MCM5 |
| <p>MCM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p> | SONS AT HOME __ __ | |
| <p>MCM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS AT HOME __ __ | |
| <p>MCM5. Do you have any sons or daughters that you have fathered who are alive but do not live with you?</p> | YES 1 NO 2 | 2 ⇒ MCM8 |
| <p>MCM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | SONS ELSEWHERE __ __ | |
| <p>MCM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p> | DAUGHTERS ELSEWHERE __ __ | |
| <p>MCM8. Have you ever fathered a son or daughter who was born alive but later died?</p> <p><i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p> | YES 1 NO 2 | 2 ⇒ MCM11 |
| <p>MCM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p> | BOYS DEAD __ __ | |
| <p>MCM10. How many girls have died?</p> <p><i>If none, record '00'.</i></p> | GIRLS DEAD __ __ | |
| <p>MCM11. <i>Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10.</i></p> | SUM __ __ | |
| <p>MCM12. Just to make sure that I have this right, you have fathered (total number in MCM11) live births during your life. Is this correct?</p> | YES 1 NO 2 | 1 ⇒ MCM14 |
| <p>MCM13. <i>Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is 'Yes'.</i></p> | | |

MICS6.ME.7

| | | |
|--|---|-----------------------|
| MCM14. Check MCM11: How many live births fathered? | NO LIVE BIRTHS, MCM11=00 0 ONE LIVE BIRTH ONLY, MCM11=01 1 TWO OR MORE LIVE BIRTHS, MCM11=02 OR MORE 2 | 0 ⇒ End 1 ⇒ MCM18A |
| MCM15. Did all the children you have fathered have the same biological mother? | YES 1 NO 2 | 1 ⇒ MCM17 |
| MCM16. In all, how many wives have you fathered children with? | NUMBER OF WIVES __ __ | |
| MCM17. How old were you when your first child was born? | AGE IN YEARS __ __ | ⇒ MCM18B |
| MCM18A. In what month and year was the child you have fathered born? MCM18B. In what month and year was the last of these (<i>total number in MCM11</i>) children you have fathered born even if he or she has died? <i>Month and year must be recorded.</i> | DATE OF LAST BIRTH MONTH __ __ YEAR __ __ __ __ | |

| ATTITUDES TOWARD DOMESTIC VIOLENCE | | MDV | | | |
|---|--------------------------------------|--------------------------------|----|----|---|
| MDV1. 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 | |
| [A] | If she goes out without telling him? | GOES OUT WITHOUT TELLING | 1 | 2 | 8 |
| [B] | If she neglects the children? | NEGLECTS CHILDREN | 1 | 2 | 8 |
| [C] | If she argues with him? | ARGUES WITH HIM..... | 1 | 2 | 8 |
| [D] | If she refuses to have sex with him? | REFUSES SEX..... | 1 | 2 | 8 |
| [E] | If she burns the food? | BURNS FOOD | 1 | 2 | 8 |

| VICTIMISATION | | MVT |
|---|--|---|
| <p>MVT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that the information you supply will remain strictly confidential.</p> <p>In the last three years, that is since (<i>month of interview</i>) 2014/15, has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇒MVT9B</p> <p>8 ⇒MVT9B</p> |
| <p>MVT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2016/17?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO..... 2</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>2 ⇒MVT5B</p> <p>8 ⇒MVT5B</p> |
| <p>MVT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES..... 3</p> <p>DK / DON'T REMEMBER..... 8</p> | |
| <p>MVT4. Check MVT3: One or more times?</p> | <p>ONE TIME, MVT3=1 1</p> <p>MORE THAN ONCE OR DK, MVT3=2, 3 OR 8 2</p> | <p>1 ⇒MVT5A</p> <p>2 ⇒MVT5B</p> |
| <p>MVT5A. When this happened, was anything stolen from you?</p> | <p>YES..... 1</p> <p>NO 2</p> | |
| <p>MVT5B. The last time this happened, was anything stolen from you?</p> | <p>DK / NOT SURE 8</p> | |
| <p>MVT6. Did the person(s) have a weapon?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p> | <p>2 ⇒MVT8</p> <p>8 ⇒MVT8</p> |
| <p>MVT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A</p> <p>YES, A GUN B</p> <p>YES, SOMETHING ELSE..... X</p> | |
| <p>MVT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED 1</p> <p>YES, SOMEONE ELSE REPORTED..... 2</p> <p>NO, NOT REPORTED..... 3</p> <p>DK / NOT SURE 8</p> | <p>1 ⇒MVT9A</p> <p>2 ⇒MVT9A</p> <p>3 ⇒MVT9A</p> <p>8 ⇒MVT9A</p> |

| | | |
|--|--|---|
| <p>MVT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2014/15, been physically attacked?</p> <p>MVT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2014/15, have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under MVT1.</i></p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇒MVT20</p> <p>8 ⇒MVT20</p> |
| <p>MVT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) 2016/17?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO..... 2</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>2 ⇒MVT12B</p> <p>8 ⇒MVT12B</p> |
| <p>MVT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES..... 3</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>1 ⇒MVT12A</p> <p>2 ⇒MVT12B</p> <p>3 ⇒MVT12B</p> <p>8 ⇒MVT12B</p> |
| <p>MVT12A. Where did this happen?</p> <p>MVT12B. Where did this happen the last time?</p> | <p>AT HOME 11</p> <p>IN ANOTHER HOME 12</p> <p>IN THE STREET 21</p> <p>ON PUBLIC TRANSPORT 22</p> <p>PUBLIC RESTAURANT / CAFÉ / BAR 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>AT SCHOOL 31</p> <p>AT WORKPLACE 32</p> <p>OTHER PLACE (<i>specify</i>) 96</p> | |
| <p>MVT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p> | <p>ONE PERSON..... 1</p> <p>TWO PEOPLE..... 2</p> <p>THREE OR MORE PEOPLE..... 3</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>1 ⇒MVT14A</p> <p>2 ⇒MVT14B</p> <p>3 ⇒MVT14B</p> <p>8 ⇒MVT14B</p> |
| <p>MVT14A. At the time of the incident, did you recognize the person?</p> <p>MVT14B. At the time of the incident, did you recognize at least one of the persons?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK / DON'T REMEMBER..... 8</p> | |
| <p>MVT17. Did the person(s) have a weapon?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p> | <p>2 ⇒MVT19</p> <p>8 ⇒MVT19</p> |

| <p>MVT18. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE X</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----|-----|----|----|----------------------------|---|---|---|--------------|---|---|---|--------------------------|---|---|---|-----------|---|---|---|-------------------------|---|---|---|------------------|---|---|---|--------------------|---|---|---|--|
| <p>MVT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p> | <p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MVT20. How safe do you feel walking alone in your neighbourhood after dark?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MVT21. How safe do you feel when you are at home alone after dark?</p> | <p>VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK 7</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>MVT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?</p> <p>[A] Ethnic or immigration origin?</p> <p>[B] Gender?</p> <p>[C] Sexual orientation?</p> <p>[D] Age?</p> <p>[E] Religion or belief?</p> <p>[F] Disability?</p> <p>[X] For any other reason?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ETHNIC / IMMIGRATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GENDER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEXUAL ORIENTATION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RELIGION / BELIEF</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISABILITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER REASON</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | ETHNIC / IMMIGRATION | 1 | 2 | 8 | GENDER | 1 | 2 | 8 | SEXUAL ORIENTATION | 1 | 2 | 8 | AGE | 1 | 2 | 8 | RELIGION / BELIEF | 1 | 2 | 8 | DISABILITY | 1 | 2 | 8 | OTHER REASON | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETHNIC / IMMIGRATION | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEXUAL ORIENTATION | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELIGION / BELIEF | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISABILITY | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER REASON | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

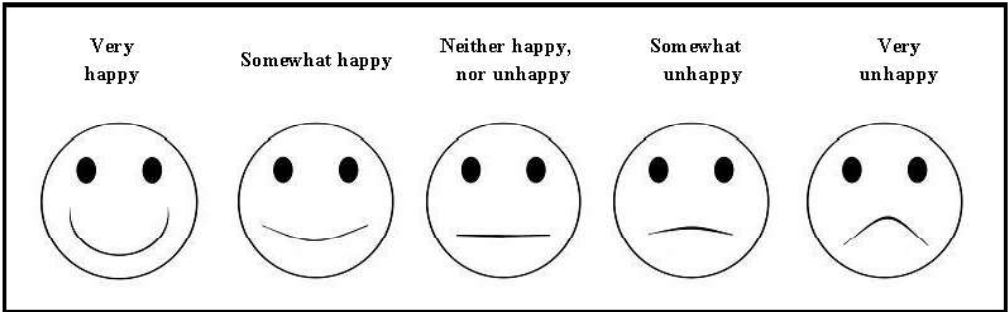
| HIV/AIDS | | MHA | | | | | | | | | | | | | | | | |
|--|--|---------|-----|----|----|-----------------------|---|---|---|----------------------|---|---|---|-----------------------|---|---|---|--|
| MHA0. Check MMA1 and MMA5: Is the respondent currently or formerly married? | YES, MMA1=1 OR MMA5=1..... 1 NO..... 2 | 2⇒End | | | | | | | | | | | | | | | | |
| MHA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | YES..... 1 NO..... 2 | 2⇒End | | | | | | | | | | | | | | | | |
| MHA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected wife who has no other wives? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA3. Can people get HIV from mosquito bites? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA4. Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA5. Can people get HIV by sharing food with a person who has HIV? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA6. Can people get HIV because of witchcraft or other supernatural means? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA7. Is it possible for a healthy-looking person to have HIV? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BY BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | DURING PREGNANCY..... | 1 | 2 | 8 | DURING DELIVERY..... | 1 | 2 | 8 | BY BREASTFEEDING..... | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | |
| DURING PREGNANCY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| DURING DELIVERY..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| BY BREASTFEEDING..... | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| MHA9. Check MHA8[A], [B] and [C]: At least one 'Yes' recorded? | YES..... 1 NO..... 2 | 2⇒MHA24 | | | | | | | | | | | | | | | | |
| MHA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | YES..... 1 NO..... 2 DK..... 8 | | | | | | | | | | | | | | | | | |
| MHA24. I don't want to know the results, but have you ever been tested for HIV? | YES..... 1 NO..... 2 | 2⇒MHA27 | | | | | | | | | | | | | | | | |

| | | |
|---|--|----------------------------------|
| MHA25. How many months ago was your most recent HIV test? | LESS THAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MORE YEARS AGO 3 | |
| MHA26. I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 DK 8 | 1 ⇒MHA28 2 ⇒MHA28 8 ⇒MHA28 |
| MHA27. Do you know of a place where people can go to get an HIV test? | YES 1 NO 2 | |
| MHA28. Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | 2 ⇒MHA30 |
| MHA29. Have you ever tested yourself for HIV using a self-test kit? | YES 1 NO 2 | |
| MHA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA35. If a member of your family got infected with the HIV, would you want it to remain secret? | YES 1 NO 2 DK / NOT SURE / DEPENDS..... 8 | |
| MHA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES 1 NO 2 SAYS HE HAS HIV 7 DK / NOT SURE / DEPENDS..... 8 | |

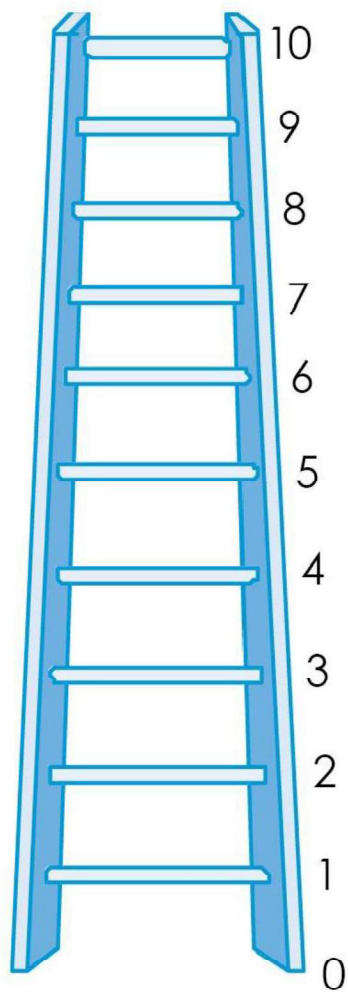
| TOBACCO USE | | MTA |
|--|---|---------|
| MTA1. Have you ever tried cigarette smoking, even one or two puffs? | YES..... 1 NO..... 2 | 2⇒MTA6 |
| MTA2. How old were you when you smoked a whole cigarette for the first time? | NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____ | 00⇒MTA6 |
| MTA3. Do you currently smoke cigarettes? | YES..... 1 NO..... 2 | 2⇒MTA6 |
| MTA4. In the last 24 hours, how many cigarettes did you smoke? | NUMBER OF CIGARETTES..... ____ | |
| MTA5. During the last one month, on how many days did you smoke cigarettes? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i> | NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30 | |
| MTA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos, pipe or shesha? | YES..... 1 NO..... 2 | 2⇒MTA10 |
| MTA7. During the last one month, did you use any smoked tobacco products? | YES..... 1 NO..... 2 | 2⇒MTA10 |
| MTA8. What type of smoked tobacco product did you use or smoke during the last one month? <i>Record all mentioned.</i> | CIGARS..... A WATER PIPE B CIGARILLOS..... C PIPE / SHESHA..... D OTHER (<i>specify</i>) X | |
| MTA9. During the last one month, on how many days did you use (<i>names of products mentioned in MTA8</i>)? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i> | NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30 | |
| MTA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, paan with tobacco, gutka, naswar, mawa tobacco, or naas and man pori? | YES..... 1 NO..... 2 | 2⇒End |
| MTA11. During the last one month, did you use any smokeless tobacco products? | YES..... 1 NO..... 2 | 2⇒End |

| | | |
|--|--|--|
| <p>MTA12. What type of smokeless tobacco product did you use during the last one month?</p> <p><i>Record all mentioned.</i></p> | <p>CHEWING TOBACCO..... A SNUFFB PAAN WITH TOBACCO D GUTKAE NASWAR F MAWA TOBACCO G NAAS AND MAN PORI..... H OTHER (<i>specify</i>) _____ X</p> | |
| <p>MTA13. During the last one month, on how many days did you use (<i>names of products mentioned in MTA12</i>)?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'.</i></p> | <p>NUMBER OF DAYS..... <u>0</u> _____ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30</p> | |

| LIFE SATISFACTION | | LS |
|--|--|----|
| <p>MLS1. I would like to ask you some simple questions on happiness and satisfaction.</p> <p>First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy?</p> <p>I am now going to show you pictures to help you with your response.</p> <p><i>Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.</i></p> | <p>VERY HAPPY..... 1 SOMEWHAT HAPPY..... 2 NEITHER HAPPY NOR UNHAPPY 3 SOMEWHAT UNHAPPY 4 VERY UNHAPPY 5</p> | |
| <p>MLS2. Now, think of a ladder with steps numbered from 0 at the bottom to 10 at the top.</p> <p>Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p><i>Show the picture of the Ladder.</i></p> <p>On which step of the ladder do you feel you stand at this time?</p> <p><i>Probe if necessary:</i> Which step comes closest to the way you feel?</p> | <p>LADDER STEP ____</p> | |
| <p>MLS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?</p> | <p>IMPROVED..... 1 MORE OR LESS THE SAME..... 2 WORSENERD 3</p> | |
| <p>MLS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?</p> | <p>BETTER 1 MORE OR LESS THE SAME..... 2 WORSE..... 3</p> | |



Best Possible Life



Worst Possible Life

| | | |
|--|---|--|
| MWM10. Record the time. | HOURS AND MINUTES : .. | |
| MWM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it? | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3 | |
| MWM12. Language of the Questionnaire. | ENGLISH 1 URDU 2 | |
| MWM13. Language of the Interview. | ENGLISH 1 URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| MWM14. Native language of the Respondent. | URDU 2 PUNJABI/POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| MWM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3 | |
| <p>MWM16. Check columns HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> <p><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

| INTERVIEWER'S OBSERVATIONS |
|----------------------------|
| |

| SUPERVISOR'S OBSERVATIONS |
|---------------------------|
| |

MICS6.ME.21

E.4 QUESTIONNAIRE FOR CHILDREN UNDER FIVE



QUESTIONNAIRE FOR CHILDREN UNDER FIVE
Multiple Indicator Cluster Survey Punjab 2017



| UNDER-FIVE CHILD INFORMATION PANEL | | UF |
|--|--|----------------------------------|
| UF1. Cluster number: _____ | UF2. Household number: _____ | |
| UF3. Child's name and line number: NAME _____ | UF4. Mother's / Caretaker's name and line number: NAME _____ | |
| UF5. Interviewer's name and number: NAME _____ | UF6. Supervisor's name and number: NAME _____ | |
| UF7. Day / Month / Year of interview: _____ / _____ / <u>20</u> <u>1</u> _____ | UF8. Record the time: | HOURS : MINUTES _____ : _____ |

*Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.*

| | | |
|---|---|------------------------|
| UF9 Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 | 1 ⇒ UF10B 2 ⇒ UF10A |
|---|---|------------------------|

| | |
|--|--|
| UF10A. Assalam o alaikum, my name is (<i>your name</i>). We are from Bureau of Statistics, Planning & Development Department, Government of the Punjab, Lahore. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being. This interview will take about 30 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | UF10B. Now I would like to talk to you about (<i>child's name from UF3</i>)'s health and well-being in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? |
|--|--|

| | |
|---------------------------------------|--|
| YES 1 NO / NOT ASKED 2 | 1 ⇒ UNDER FIVE'S BACKGROUND Module 2 ⇒ UF17 |
|---------------------------------------|--|

| | |
|--|--|
| UF17. Result of interview for children under 5 <i>Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.</i> | COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (<i>specify</i>) 96 |
|--|--|

| UNDER-FIVE'S BACKGROUND | | UB |
|---|--|------------------------------|
| <p>UB0. Before I begin the interview, could you please bring <i>(name)</i>'s Birth Certificate, Form-B/Vaccination Card, and any immunisation record from a private health provider? We will need to refer to those documents.</p> | | |
| <p>UB1. On what day, month and year was <i>(name)</i> born?</p> <p><i>Probe:</i> What is (his/her) birthday?</p> <p><i>If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.</i></p> <p><i>Month and year must be recorded.</i></p> | <p>DATE OF BIRTH</p> <p>DAY __ __</p> <p>DK DAY 98</p> <p>MONTH..... __ __</p> <p>YEAR <u>2 0 1</u> ..</p> | |
| <p>UB2. How old is <i>(name)</i>?</p> <p><i>Probe:</i> How old was <i>(name)</i> at (his/her) last birthday?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>If responses to UB1 and UB2 are inconsistent, probe further and correct.</i></p> | <p>AGE (IN COMPLETED YEARS) __</p> | |
| <p>UB3. Check UB2: Child's age?</p> | <p>AGE 0, 1, OR 2 1</p> <p>AGE 3 OR 4 2</p> | <p>1 ⇒UB9</p> |
| <p>UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):</p> | <p>RESPONDENT IS THE SAME, UF4=HH47 1</p> <p>RESPONDENT IS NOT THE SAME, UF4≠HH47 2</p> | <p>2 ⇒UB6</p> |
| <p>UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending Pre-school/ Katchi/ ECE programme in the current school year?</p> | <p>YES, ED10=0 1</p> <p>NO, ED10≠0 OR BLANK 2</p> | <p>1 ⇒UB8B</p> <p>2 ⇒UB9</p> |
| <p>UB6. Has <i>(name)</i> ever attended any early childhood education programme, such as Pre-School/ Katchi/ Early Childhood Education Programme?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇒UB9</p> |
| <p>UB7. At any time since April, 2017, did (he/she) attend (programmes mentioned in UB6)?</p> | <p>YES 1</p> <p>NO 2</p> | <p>1 ⇒UB8A</p> <p>2 ⇒UB9</p> |
| <p>UB8A. Does (he/she) currently attend (programmes mentioned in UB6)?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>UB8B. You have mentioned that <i>(name)</i> has attended a Pre-school/ Katchi/ ECE Programme this school year. Does (he/she) currently attend this programme?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>UB9. Is <i>(name)</i> covered by any health insurance?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇒End</p> |

MICS6.UF.2

| | | |
|--|---|--|
| <p>UB10. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p> | <p>PUBLIC HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D</p> <p>OTHER (<i>specify</i>) _____ X</p> | |
|--|---|--|

| BIRTH REGISTRATION | | BR |
|--|----------------------|--------|
| BR1. Does (<i>name</i>) have a birth certificate? <i>If yes, ask:</i> May I see it? | YES, SEEN.....1 | 1 ⇒End |
| | YES, NOT SEEN2 | 2 ⇒End |
| | NO3 | |
| | DK8 | |
| | | |
| BR2. Has (<i>name</i>)'s birth been registered with union council or NADRA? | YES1 | 1 ⇒End |
| | NO2 | |
| | DK8 | |
| BR3. Do you know how to register (<i>name</i>)'s birth? | YES1 | |
| | NO2 | |

MICS6.UF.4

| EARLY CHILDHOOD DEVELOPMENT | | EC |
|---|---|---------|
| <p>EC1. How many children's books or picture books do you have for <i>(name)</i>?</p> | NONE 00 NUMBER OF CHILDREN'S BOOKS <u>0</u> .. TEN OR MORE BOOKS 10 | |
| <p>EC2. I am interested in learning about the things that <i>(name)</i> plays with when (he/she) is at home.</p> <p>Does (he/she) play with:</p> <p>[A] Homemade toys, such as dolls, cars, or other toys made at home?</p> <p>[B] Toys from a shop or manufactured toys?</p> <p>[C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?</p> | <p style="text-align: right;">Y N DK</p> <p>HOMEMADE TOYS 1 2 8</p> <p>TOYS FROM A SHOP 1 2 8</p> <p>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8</p> | |
| <p>EC3. 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.</p> <p>On how many days in the past week was <i>(name)</i>:</p> <p>[A] Left alone for more than an hour?</p> <p>[B] Left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p> <p><i>If 'None' record '0'. If 'Don't know' record '8'.</i></p> | <p>NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR..... _</p> <p>NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR _</p> | |
| <p>EC4. Check UB2: Child's age?</p> | AGE 0 OR 1 1 AGE 2, 3 OR 4 2 | 1 → End |

MICS6.UF.5

| <p>EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with <i>(name)</i>:</p> <p><i>If Yes, ask:</i> Who engaged in this activity with <i>(name)</i>?</p> <p><i>A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.</i></p> <p><i>Record all that apply.</i></p> <p><i>'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.</i></p> <p>[A] Read books or looked at picture books with <i>(name)</i>?</p> <p>[B] Told stories to <i>(name)</i>?</p> <p>[C] Sang songs to or with <i>(name)</i>, including lullabies?</p> <p>[D] Took <i>(name)</i> outside the home?</p> <p>[E] Played with <i>(name)</i>?</p> <p>[F] Named, counted, or drew things for or with <i>(name)</i>?</p> | <table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>NAMED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table> | | MOTHER | FATHER | OTHER | NO ONE | READ BOOKS | A | B | X | Y | TOLD STORIES | A | B | X | Y | SANG SONGS | A | B | X | Y | TOOK OUTSIDE | A | B | X | Y | PLAYED WITH | A | B | X | Y | NAMED | A | B | X | Y | |
|---|---|---------------|--------|--------|-------|--------|------------|---|---|---|---|--------------|---|---|---|---|------------|---|---|---|---|--------------|---|---|---|---|-------------|---|---|---|---|-------|---|---|---|---|--|
| | MOTHER | FATHER | OTHER | NO ONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READ BOOKS | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOLD STORIES | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SANG SONGS | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOOK OUTSIDE | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAYED WITH | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAMED | A | B | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC5G. Check UB2: Child's age?</p> | <p>AGE 2..... 1</p> <p>AGE 3 OR 4 2</p> | <p>1 ⇒End</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC6. I would like to ask you some questions about the health and development of <i>(name)</i>. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of <i>(name)</i>'s development.</p> <p>Can <i>(name)</i> identify or name at least ten letters of the alphabet?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC7. Can <i>(name)</i> read at least four simple, popular words?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC8. Does <i>(name)</i> know the name and recognize the symbol of all numbers from 1 to 10?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>EC9. Can <i>(name)</i> pick up a small object with two fingers, like a stick or a rock from the ground?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--|
| EC10. Is (<i>name</i>) sometimes too sick to play? | YES..... 1 NO 2 DK 8 | |
| EC11. Does (<i>name</i>) follow simple directions on how to do something correctly? | YES..... 1 NO 2 DK 8 | |
| EC12. When given something to do, is (<i>name</i>) able to do it independently? | YES..... 1 NO 2 DK 8 | |
| EC13. Does (<i>name</i>) get along well with other children? | YES..... 1 NO 2 DK 8 | |
| EC14. Does (<i>name</i>) kick, bite, or hit other children or adults? | YES..... 1 NO 2 DK 8 | |
| EC15. Does (<i>name</i>) get distracted easily? | YES..... 1 NO 2 DK 8 | |

| CHILD DISCIPLINE | | UCD |
|---|--|---------|
| UCD1. Check UB2: Child's age? | AGE 0 1 AGE 1, 2, 3 OR 4..... 2 | 1 ⇒End |
| UCD2. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> in the past month. | | |
| | YES NO | |
| [A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. | TOOK AWAY PRIVILEGES 1 2 | |
| [B] Explained why <i>(name)</i> 's behaviour was wrong. | EXPLAINED WRONG BEHAVIOR..... 1 2 | |
| [C] Shook (him/her). | SHOOK HIM/HER 1 2 | |
| [D] Shouted, yelled at or screamed at (him/her). | SHOUTED, YELLED, SCREAMED 1 2 | |
| [E] Gave (him/her) something else to do. | GAVE SOMETHING ELSE TO DO 1 2 | |
| [F] Spanked, hit or slapped (him/her) on the bottom with bare hand | SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 | |
| [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. | HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 | |
| [H] Called (him/her) dumb, lazy or another name like that. | CALLED DUMB, LAZY OR ANOTHER NAME 1 2 | |
| [I] Hit or slapped (him/her) on the face, head or ears. | HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2 | |
| [J] Hit or slapped (him/her) on the hand, arm, or leg. | HIT / SLAPPED ON HAND, ARM OR LEG 1 2 | |
| [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could. | BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2 | |
| UCD3. Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17? | YES 1 NO..... 2 | 2 ⇒UCD5 |
| UCD4. Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child? | YES 1 NO..... 2 | 1 ⇒End |
| UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | YES..... 1 NO..... 2 DK / NO OPINION 8 | |

MICS6.UF.8

| CHILD FUNCTIONING | | UCF |
|---|---|--|
| UCF1. Check UB2: Child's age? | AGE 0 OR 1 1 AGE 2, 3 OR 4 2 | 1 ⇒End |
| UCF2. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses? | YES 1 NO 2 | |
| UCF3. Does (<i>name</i>) use a hearing aid? | YES 1 NO 2 | |
| UCF4. Does (<i>name</i>) use any equipment or receive assistance for walking? | YES 1 NO 2 | |
| UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all? | | |
| UCF6. Check UCF2: Child wears glasses? | YES, UCF2=1 1 NO, UCF2=2 2 | 1 ⇒UCF7A 2 ⇒UCF7B |
| UCF7A. When wearing (his/her) glasses, does (<i>name</i>) have difficulty seeing? UCF7B. Does (<i>name</i>) have difficulty seeing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4 | |
| UCF8. Check UCF3: Child uses a hearing aid? | YES, UCF3=1 1 NO, UCF3=2 2 | 1 ⇒UCF9A 2 ⇒UCF9B |
| UCF9A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? UCF9B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4 | |
| UCF10. Check UCF4: Child uses equipment or receives assistance for walking? | YES, UCF4=1 1 NO, UCF4=2 2 | 1 ⇒UCF11 2 ⇒UCF13 |
| UCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking? | SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4 | |
| UCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4 | 1 ⇒UCF14 2 ⇒UCF14 3 ⇒UCF14 4 ⇒UCF14 |

MICS6.UF.9

| | | |
|---|--|--|
| <p>UCF13. Compared with children of the same age, does (<i>name</i>) have difficulty walking?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT WALK AT ALL 4</p> | |
| <p>UCF14. Compared with children of the same age, does (<i>name</i>) have difficulty picking up small objects with (his/her) hand?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT PICK UP AT ALL 4</p> | |
| <p>UCF15. Does (<i>name</i>) have difficulty understanding you?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT UNDERSTAND AT ALL 4</p> | |
| <p>UCF16. When (<i>name</i>) speaks, do you have difficulty understanding (him/her)?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p> | |
| <p>UCF17. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p> | |
| <p>UCF18. Compared with children of the same age, does (<i>name</i>) have difficulty playing?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT PLAY AT ALL 4</p> | |
| <p>UCF19. The next question has five different options for answers. I am going to read these to you after the question.</p> <p>Compared with children of the same age, how much does (<i>name</i>) kick, bite or hit other children or adults?</p> <p>Would you say: not at all, less, the same, more or a lot more?</p> | <p>NOT AT ALL..... 1 LESS 2 THE SAME..... 3 MORE 4 A LOT MORE..... 5</p> | |

| BREASTFEEDING AND DIETARY INTAKE | | BD |
|---|--|------------------------|
| BD1. Check UB2: Child's age? | AGE 0, 1, OR 2 1 AGE 3 OR 4 2 | 2 → End |
| BD2. Has (<i>name</i>) ever been breastfed? | YES 1 NO 2 DK 8 | 2 → BD34 8 → BD34 |
| BD3. Is (<i>name</i>) still being breastfed? | YES 1 NO 2 DK 8 | |
| BD3A. Check UB2: Child's age? | AGE 0 OR 1 1 AGE 2 2 | 2 → End |
| BD4. Yesterday, during the day or night, did (<i>name</i>) drink anything from a bottle with a nipple? | YES 1 NO 2 DK 8 | |
| BD5. Did (<i>name</i>) drink Oral Rehydration Salt solution (ORS) yesterday, during the day or night? | YES 1 NO 2 DK 8 | |
| BD6. Did (<i>name</i>) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night? | YES 1 NO 2 DK 8 | |
| BD7. Now I would like to ask you about all other liquids that (<i>name</i>) may have had yesterday during the day or the night. Please include liquids consumed outside of your home. Did (<i>name</i>) drink (<i>name of item</i>) yesterday during the day or the night: | | |
| [A] Plain water? | PLAIN WATER | 1 2 8 |
| [B] Juice or juice drinks? | JUICE OR JUICE DRINKS | 1 2 8 |
| [C] Clear broth or clear soup? | CLEAR BROTH OR CLEAR SOUP | 1 2 8 |
| [D] Infant formula, such as BF, Meiji, Lactogen, Cow & Gate, etc? | INFANT FSORMULA | 1 2 8 BD7[E] BD7[E] |
| [D1] How many times did (<i>name</i>) drink infant formula? <i>If 7 or more times, record '7'. If unknown, record '8'.</i> | NUMBER OF TIMES DRANK INFANT FORMULA..... | — |
| [E] Milk from animals, such as fresh, tinned, or powdered milk? | MILK | 1 2 8 BD7[X] BD7[X] |
| [E1] How many times did (<i>name</i>) drink milk? <i>If 7 or more times, record '7'. If unknown, record '8'.</i> | NUMBER OF TIMES DRANK MILK..... | — |

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| | | | | | |
|--|---|---|----------------|----------------|----|
| [X] Any other liquids? | OTHER LIQUIDS | 1 | 2 [☆] | 8 [☆] | |
| | | | BD8 | BD8 | |
| [X1] Record all other liquids mentioned. | (Specify) _____ | | | | |
| <p>BD8. Now I would like to ask you about <u>everything</u> that (name) ate yesterday during the day or the night. Please include foods consumed outside of your home.</p> <ul style="list-style-type: none"> - Think about when (name) woke up yesterday. Did (he/she) eat anything at that time? If 'Yes' ask: Please tell me everything (name) ate at that time. Probe: Anything else? Record answers using the food groups below. - What did (name) do after that? Did (he/she) eat anything at that time? Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning. | | | | | |
| <p>For each food group not mentioned after completing the above ask: Just to make sure, did (name) eat (food group items) yesterday during the day or the night</p> | | | | | |
| | | | YES | NO | DK |
| [A] Yogurt made from animal milk? Note that liquid/drinking yogurt should be captured in BD7[E] or BD7[X], depending on milk content. | YOGURT | 1 | 2 [☆] | 8 [☆] | |
| | | | BD8[B] | BD8[B] | |
| [A1] How many times did (name) eat yogurt? If 7 or more times, record '7'. If unknown, record '8'. | NUMBER OF TIMES ATE YOGURT | | | | — |
| [B] Any baby food, such as Cerelac, etc? | ANYBABY FOOD | 1 | 2 | 8 | |
| [C] Bread, rice, noodles, porridge, or other foods made from grains? | FOODS MADE FROM GRAINS | 1 | 2 | 8 | |
| [D] Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside? | PUMPKIN, CARROTS, SQUASH, ETC. | 1 | 2 | 8 | |
| [E] White potatoes, white yams, cassava, or any other foods made from roots? | FOODS MADE FROM ROOTS | 1 | 2 | 8 | |
| [F] Any dark green, leafy vegetables, such as Spinach? | DARK GREEN, LEAFY VEGETABLES | 1 | 2 | 8 | |
| [G] Ripe mangoes, papayas, apricots etc.? | RIPE MANGO, PAPAYA, APRICOT ETC. | 1 | 2 | 8 | |
| [H] Cherry, Lychee, Plum, Watermelon, Corn etc? | CHERRY, LYCHEE, PLUM ETC. | 1 | 2 | 8 | |
| [I] Liver, kidney, heart or other organ meats? | ORGAN MEATS | 1 | 2 | 8 | |
| [J] Any other meat, such as beef, lamb, goat, chicken, duck etc. or sausages made from these meats? | OTHER MEATS | 1 | 2 | 8 | |
| [K] Eggs? | EGGS | 1 | 2 | 8 | |
| [L] Fish or shellfish, either fresh or dried? | FRESH OR DRIED FISH | 1 | 2 | 8 | |
| [M] Beans, peas, lentils or nuts, including any foods made from these? | FOODS MADE FROM BEANS, PEAS, NUTS, ETC. | 1 | 2 | 8 | |
| [N] Cheese or other food made from animal milk? | CHEESE OR OTHER FOOD MADE FROM MILK | 1 | 2 | 8 | |

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| | | |
|---|--|-----------------------------------|
| [X] Other solid, semi-solid, or soft food? | OTHER SOLID, SEMI-SOLID, OR SOFT FOOD | 1 2 ☺ 8 ☺ BD9 BD9 |
| [X1] Record all other solid, semi-solid, or soft food that do not fit food groups above. | (Specify) _____ | |
| <p>BD9. How many times did (<i>name</i>) eat any solid, semi-solid or soft foods yesterday during the day or night?</p> <p><i>If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].</i></p> <p><i>If 7 or more times, record '7'.</i></p> | <p>NUMBER OF TIMES..... _</p> <p>DK..... 8</p> | |

| IMMUNISATION | | IM | | | | | | | |
|--|---|------------|--------------|-------------|--|---|---|---|--|
| IM1. Check UB2: Child's age? | AGE 0, 1, OR 2 | 1 | | | | | | | |
| | AGE 3 OR 4 | 2 | 2 ⇒ End | | | | | | |
| IM2. Do you have a Vaccination Card or immunisation records from a private health provider or any other document where (<i>name</i>)'s vaccinations are written down? | YES, HAS ONLY CARD(S) | 1 | 1 ⇒ IM5 | | | | | | |
| | YES, HAS ONLY OTHER DOCUMENT | 2 | | | | | | | |
| | YES, HAS CARD(S) AND OTHER DOCUMENT | 3 | 3 ⇒ IM5 | | | | | | |
| | NO, HAS NO CARDS AND NO OTHER DOCUMENT | 4 | | | | | | | |
| IM3. Did you ever have a Vaccination Card or immunisation records from a private health provider for (<i>name</i>)? | YES | 1 | | | | | | | |
| | NO | 2 | | | | | | | |
| IM4. Check IM2: | HAS ONLY OTHER DOCUMENT, IM2=2 | 1 | | | | | | | |
| | HAS NO CARDS AND NO OTHER DOCUMENT AVAILABLE, IM2=4 | 2 | 2 ⇒ IM11 | | | | | | |
| IM5. May I see the card(s) (and/or) other document? | YES, ONLY CARD(S) SEEN | 1 | | | | | | | |
| | YES, ONLY OTHER DOCUMENT SEEN | 2 | | | | | | | |
| | YES, CARD(S) AND OTHER DOCUMENT SEEN | 3 | | | | | | | |
| | NO CARDS AND NO OTHER DOCUMENT SEEN | 4 | 4 ⇒ IM11 | | | | | | |
| IM6. (a) Copy dates for each vaccination from the documents. (b) Write '44' in day column if documents show that vaccination was given but no date recorded. | DATE OF IMMUNISATION | | | | | | | | |
| | | DAY | MONTH | YEAR | | | | | |
| BCG | BCG | | | | | 2 | 0 | 1 | |
| Polio (OPV) (at birth) | OPV0 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 1 | OPV1 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 2 | OPV2 | | | | | 2 | 0 | 1 | |
| Polio (OPV) 3 | OPV3 | | | | | 2 | 0 | 1 | |
| Polio (IPV) | IPV | | | | | 2 | 0 | 1 | |
| Pentavalent (DPT/Hib/HepB) 1 | Penta1 | | | | | 2 | 0 | 1 | |
| Pentavalent (DPT/Hib/HepB) 2 | Penta2 | | | | | 2 | 0 | 1 | |
| Pentavalent (DPT/Hib/HepB) 3 | Penta3 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 1 | PCV1 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 2 | PCV2 | | | | | 2 | 0 | 1 | |
| Pneumococcal (Conjugate) 3 | PCV3 | | | | | 2 | 0 | 1 | |
| Measles-I | Measles-I | | | | | 2 | 0 | 1 | |
| Measles-II | Measles-II | | | | | 2 | 0 | 1 | |

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| | | |
|---|--|--------------------|
| IM7. Check IM6: Are all vaccines (BCG to Measles-II) recorded? | YES 1 NO 2 | 1 ⇒End |
| IM8. Did (<i>name</i>) participate in any of the previous polio campaigns? | YES 1 NO 2 DK 8 | |
| IM9. In addition to what is recorded on the document(s) you have shown me, did (<i>name</i>) receive any other vaccinations including vaccinations received during the campaigns, immunisation days or child health days just mentioned? | YES 1 NO 2 DK 8 | 2 ⇒End 8 ⇒End |
| IM10. Go back to IM6 and probe for these vaccinations. <i>Record '66' in the corresponding day column for each vaccine received.</i> <i>For vaccinations <u>not</u> received record '00'.</i> <i>When <u>finished</u>, go to End of module.</i> | | ⇒End |
| IM11. Has (<i>name</i>) ever received any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a campaign, immunisation day or child health day? | YES 1 NO 2 DK 8 | |
| IM12. Did (<i>name</i>) participate in any of the previous polio campaigns? | YES 1 NO 2 DK 8 | |
| IM13. Check IM11 and IM12: | ALL NO OR DK 1 AT LEAST ONE YES 2 | 1 ⇒End |
| IM14. Has (<i>name</i>) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DK 8 | |
| IM16. Has (<i>name</i>) ever received any vaccination drops in the mouth to protect (him/her) from polio? <i>Probe by indicating that the first drop is usually given at birth and later at the same time as injections to prevent other diseases.</i> | YES 1 NO 2 DK 8 | 2 ⇒IM20 8 ⇒IM20 |
| IM17. Were the first polio drops received in the first two weeks after birth? | YES 1 NO 2 DK 8 | |
| IM18. How many times were the polio drops received? | NUMBER OF TIMES DK 8 | |

| | | |
|--|---|----------------------|
| <p>IM19. The last time (<i>name</i>) received the polio drops, did (he/she) also get an injection to protect against polio?</p> <p><i>Probe to ensure that both were given, drops and injection.</i></p> | YES 1 NO 2 DK 8 | |
| <p>IM20. Has (<i>name</i>) ever received a Pentavalent vaccination – that is, an injection in the thigh to prevent (him/her) from getting tetanus, whooping cough, diphtheria, Hepatitis B disease, and Haemophilus influenzae type b?</p> <p><i>Probe by indicating that Pentavalent vaccination is sometimes given at the same time as the polio drops.</i></p> | YES 1 NO 2 DK 8 | 2 ⇨ IM22 8 ⇨ IM22 |
| <p>IM21. How many times was the Pentavalent vaccine received?</p> | NUMBER OF TIMES DK 8 | |
| <p>IM22. Has (<i>name</i>) ever received a Pneumococcal Conjugate vaccination – that is, an injection to prevent (him/her) from getting pneumococcal disease, including ear infections and meningitis caused by pneumococcus?</p> <p><i>Probe by indicating that Pneumococcal Conjugate vaccination is sometimes given at the same time as the Pentavalent vaccination.</i></p> | YES 1 NO 2 DK 8 | 2 ⇨ IM26 8 ⇨ IM26 |
| <p>IM23. How many times was the Pneumococcal vaccine received?</p> | NUMBER OF TIMES DK 8 | |
| <p>IM26. Has (<i>name</i>) ever received a Measles vaccine – that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles?</p> | YES 1 NO 2 DK 8 | 2 ⇨ End 8 ⇨ End |
| <p>IM26A. How many times was the Measles vaccine received?</p> | NUMBER OF TIMES DK 8 | |

| VITAMIN A SUPPLEMENTATION | | VS |
|---|---|----|
| <p>VS1. Has (name) received a vitamin a dose like (this/any of these) within the last 6 months?</p> <p><i>Show common types of ampoules/capsules</i></p> | YES 1 NO 2 DK 8 | |

| CARE OF ILLNESS | | CA |
|--|--|--------------------------------------|
| CA1. In the last two weeks, has (<i>name</i>) had diarrhoea? | YES..... 1 | 2 ⇒ CA14 |
| | NO..... 2 | |
| | DK..... 8 | |
| CA2. Check BD3: Is child still breastfeeding? | YES OR BLANK, BD3=1 OR BLANK 1 | 1 ⇒ CA3A |
| | NO OR DK, BD3=2 OR 8 2 | 2 ⇒ CA3B |
| CA3A. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes breastmilk, Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DK..... 8 | |
| | CA3B. I would like to know how much (<i>name</i>) was given to drink during the diarrhoea. This includes Oral Rehydration Salt solution (ORS) and other liquids given with medicine. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to drink, about the same amount, or more than usual? <i>If 'less', probe:</i> Was (he/she) given much less than usual to drink, or somewhat less? | |
| CA4. During the time (<i>name</i>) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat? <i>If 'less', probe:</i> Was (he/she) given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 7 DK..... 8 | |
| | CA5. Did you seek any advice or treatment for the diarrhoea from any source? | YES..... 1 NO..... 2 DK..... 8 |

| | | |
|---|--|-----------------|
| <p>CA6. Where did you seek advice or treatment?</p> <p><i>Probe:</i> Anywhere else?</p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> | |
| <p>CA7. During the time (<i>name</i>) had diarrhoea, was (he/she) given:</p> <p>[A] A fluid made from a special packet called ORS Packet?</p> <p>[B] A pre-packaged ORS fluid?</p> <p>[C] Zinc tablets or syrup?</p> <p>[D] Homemade fluid (Government recommended)?</p> | <p style="text-align: right;">Y N DK</p> <p>FLUID FROM ORS PACKET 1 2 8</p> <p>PRE-PACKAGED ORS FLUID..... 1 2 8</p> <p>ZINC TABLETS OR SYRUP 1 2 8</p> <p>IIOMEMADE FLUID 1 2 8</p> | |
| <p>CA8. Check CA7[A] and CA7[B]: Was child given any ORS?</p> | <p>YES, YES IN CA7[A] OR CA7[B] 1</p> <p>NO, 'NO' OR 'DK' IN BOTH CA7[A] AND CA7[B] 2</p> | <p>2 ⇒ CA10</p> |

| | | |
|---|--|---------------|
| <p>CA9. Where did you get the (ORS mentioned in CA7[A] and/or CA7[B])?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p> | |
| <p>CA10. Check CA7[C]: Was child given any zinc?</p> | <p>YES, CA7[C]=1 1</p> <p>NO, CA7[C] ≠1 2</p> | <p>2=CA12</p> |
| <p>CA11. Where did you get the zinc?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(Name of place)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p> | |

| | | |
|---|--|--|
| CA12. Was anything else given to treat the diarrhoea? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇨ CA14 8 ⇨ CA14 |
| CA13. What else was given to treat the diarrhoea? <i>Probe:</i> Anything else? <i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i> _____ <i>(Name of brand)</i> _____ <i>(Name of brand)</i> | PILL OR SYRUP ANTIBIOTIC..... A ANTIMOTILITY (ANTI-DIARRHOEA)..... B OTHER PILL OR SYRUP..... G UNKNOWN PILL OR SYRUP..... H INJECTION ANTIBIOTIC..... L NON-ANTIBIOTIC..... M UNKNOWN INJECTION..... N INTRAVENOUS (IV)..... O HOME REMEDY / HERBAL MEDICINE..... Q OTHER (<i>specify</i>)..... X | |
| CA14. At any time in the last two weeks, has (<i>name</i>) been ill with a fever? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇨ CA16 8 ⇨ CA16 |
| CA15. At any time during the illness, did (<i>name</i>) have blood taken from (his/her) finger or heel for testing? | YES..... 1 NO..... 2 DK..... 8 | |
| CA16. At any time in the last two weeks, has (<i>name</i>) had an illness with a cough? | YES..... 1 NO..... 2 DK..... 8 | |
| CA17. At any time in the last two weeks, has (<i>name</i>) had fast, short, rapid breaths or difficulty breathing? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇨ CA19 8 ⇨ CA19 |
| CA18. Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | PROBLEM IN CHEST ONLY..... 1 BLOCKED OR RUNNY NOSE ONLY..... 2 BOTH..... 3 OTHER (<i>specify</i>)..... 6 DK..... 8 | 1 ⇨ CA20 2 ⇨ CA20 3 ⇨ CA20 6 ⇨ CA20 8 ⇨ CA20 |
| CA19. Check CA14: Did child have fever? | YES, CA14=1..... 1 NO OR DK, CA14=2 OR 8..... 2 | 2 ⇨ CA30 |
| CA20. Did you seek any advice or treatment for the illness from any source? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇨ CA22 8 ⇨ CA22 |

| | | |
|--|--|---------------------------------|
| <p>CA21. From where did you seek advice or treatment?</p> <p><i>Probe: Anywhere else?</i></p> <p><i>Record all providers mentioned, but do <u>not</u> prompt with any suggestions.</i></p> <p><i>Probe to identify each type of provider.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> | |
| <p>CA22. At any time during the illness, was (<i>name</i>) given any medicine for the illness?</p> | <p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> | <p>2 ⇒ CA30</p> <p>8 ⇒ CA30</p> |

| | | |
|--|--|-----------------|
| <p>CA23. What medicine was (<i>name</i>) given?</p> <p><i>Probe:</i> Any other medicine?</p> <p><i>Record all medicines given.</i></p> <p><i>If unable to determine type of medicine, write the brand name and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of brand)</i></p> | <p>ANTI-MALARIALS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT)..... A</p> <p>SP / FANSIDAR B</p> <p>CHLOROQUINE C</p> <p>AMODIAQUINE D</p> <p>QUININE</p> <p>PILLS E</p> <p>INJECTION/IV F</p> <p>ARTESUNATE</p> <p>RECTAL G</p> <p>INJECTION/IV H</p> <p>OTHER ANTI-MALARIAL</p> <p><i>(specify)</i> K</p> <p>ANTIBIOTICS</p> <p>AMOXICILLIN L</p> <p>COTRIMOXAZOLE M</p> <p>OTHER ANTIBIOTIC</p> <p>PILL/SYRUP N</p> <p>OTHER ANTIBIOTIC</p> <p>INJECTION/IV O</p> <p>OTHER MEDICATIONS</p> <p>PARACETAMOL/PANADOL/ ACETAMINOPHEN R</p> <p>ASPIRIN S</p> <p>IBUPROFEN T</p> <p>OTHER <i>(specify)</i> X</p> <p>DK Z</p> | |
| <p>CA24. Check CA23: Antibiotics mentioned?</p> | <p>YES, ANTIBIOTICS MENTIONED, CA23=L-O 1</p> <p>NO, ANTIBIOTICS NOT MENTIONED 2</p> | <p>2 ⇨ CA26</p> |

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|---|---|---------------|
| <p>CA25. Where did you get the (<i>name of medicine from CA23, codes L to O</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p> | |
| <p>CA26. Check CA23: Anti-malarials mentioned?</p> | <p>YES, ANTI-MALARIALS MENTIONED, CA23=A-K..... 1</p> <p>NO, ANTI-MALARIALS NOT MENTIONED..... 2</p> | <p>2⇒CA30</p> |
| <p>CA27. Where did you get the (<i>name of medicine from CA23, codes A to K</i>)?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If 'Already had at home', probe to learn if the source is known.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record 'X' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name of place</i>)</p> | <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL..... A</p> <p>GOVERNMENT HEALTH CENTRE B</p> <p>GOVERNMENT HEALTH POST / DISPENSARY C</p> <p>LADY HEALTH WORKER (LHW)..... D</p> <p>MOBILE / OUTREACH CLINIC E</p> <p>OTHER PUBLIC MEDICAL (specify) _____ 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 M</p> <p>OTHER PRIVATE MEDICAL (specify) _____ O</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... P</p> <p>SHOP / MARKET / STREET Q</p> <p>TRADITIONAL PRACTITIONER..... R</p> <p>OTHER (specify) _____ X</p> <p>DK / DON'T REMEMBER Z</p> | |

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| CA28. Check CA23: More than one antimalarial recorded in codes A to K? | YES, MULTIPLE ANTI-MALARIALS MENTIONED 1 NO, ONLY ONE ANTIMALARIAL MENTIONED 2 | 1 ⇒CA29A 2 ⇒CA29B |
| CA29A. How long after the fever started did (<i>name</i>) first take the first of the (<i>name all anti-malarials recorded in CA23, codes A to K</i>)? CA29B. How long after the fever started did (<i>name</i>) first take (<i>name of anti-malarial from CA23, codes A to K</i>)? | SAME DAY 0 NEXT DAY 1 2 DAYS AFTER FEVER STARTED 2 3 OR MORE DAYS AFTER FEVER STARTED 3 DK 8 | |
| CA30. Check UB2: Child's age? | AGE 0, 1 OR 2 1 AGE 3 OR 4 2 | 2 ⇒End |
| CA31. The last time (<i>name</i>) passed stools, what was done to dispose of the stools? | CHILD USED TOILET / LATRINE 01 PUT / RINSED INTO TOILET OR LATRINE 02 PUT / RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE (SOLID WASTE) 04 BURIED 05 LEFT IN THE OPEN 06 OTHER (<i>specify</i>) 96 DK 98 | |

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| UF11. Record the time. | HOURS AND MINUTES _ _ : _ _ | |
| UF12. Language of the Questionnaire. | ENGLISH 1 URDU 2 | |
| UF13. Language of the Interview. | ENGLISH 1 URDU 2 PUNJABI/ POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| UF14. Native language of the Respondent. | URDU 2 PUNJABI/ POTOHARI 3 SARAIKI 4 OTHER LANGUAGE (specify) 6 | |
| UF15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3 | |
| <p>UF16. Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.</p> <p><i>Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and recorded '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.</p> <p><input type="checkbox"/> <i>No</i> ⇒ Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?</p> <p><input type="checkbox"/> <i>Yes</i> ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.</p> <p><input type="checkbox"/> <i>No</i> ⇒ Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

| INTERVIEWER'S OBSERVATIONS |
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| SUPERVISOR'S OBSERVATIONS |
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| ANTHROPOMETRY MODULE INFORMATION PANEL | | AN |
|---|--|----|
| AN1. Cluster number: _____ | AN2. Household number: _____ | |
| AN3. Child's name and line number: NAME _____ | AN4. Child's age from UB2: AGE (IN COMPLETED YEARS) | |
| AN5. Mother's / Caretaker's name and line number: NAME _____ | AN6. Interviewer's name and number: NAME _____ | |

| ANTHROPOMETRY | | |
|--|---|----------------------|
| AN7. Measurer's name and number: | NAME _____ | |
| AN8. Record the result of weight measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | KILOGRAMS (KG)..... _____ | |
| | CHILD NOT PRESENT 99.3 | 99.3 ⇒AN13 |
| | CHILD REFUSED..... 99.4 | 99.4 ⇒AN10 |
| | RESPONDENT REFUSED 99.5 | 99.5 ⇒AN10 |
| | OTHER (specify)..... 99.6 | 99.6 ⇒AN10 |
| AN9. Was the child undressed to the minimum? | YES 1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2 | |
| AN10. Check AN4: Child's age? | AGE 0 OR 1 1 AGE 2, 3 OR 4..... 2 | 1 ⇒AN11A 2 ⇒AN11B |
| AN11A. The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | LENGTH / HEIGHT (CM)..... _____ | |
| | CHILD REFUSED..... 999.4 | 999.4 ⇒AN13 |
| | RESPONDENT REFUSED 999.5 | 999.5 ⇒AN13 |
| | OTHER (specify)..... 999.6 | 999.6 ⇒AN13 |
| AN11B. The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer: <i>Read the record back to the Measurer and also ensure that he/she verifies your record.</i> | | |
| AN12. How was the child actually measured? Lying down or standing up? | LYING DOWN..... 1 STANDING UP 2 | |
| AN13. Today's date: Day /Month / Year: _____ / _____ / <u>201</u> | | |
| AN14. Is there another child under age 5 in the household who has not yet been measured? | YES..... 1 NO..... 2 | 1 ⇒Next Child |
| AN15. Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household. | | |

| INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE |
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| MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE |
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| SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE |
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E.5 QUESTIONNAIRE FOR CHILDREN AGE 5-17



QUESTIONNAIRE FOR CHILDREN AGE 5-17
Multiple Indicator Cluster Survey Punjab, 2017



| 5-17 CHILD INFORMATION PANEL | | FS |
|---|--|----------------------------------|
| FS1. Cluster number: _____ | FS2. Household number: _____ | |
| FS3. Child's name and line number: NAME _____ | FS4. Mother's / Caretaker's name and line number: NAME _____ | |
| FS5. Interviewer's name and number: NAME _____ | FS6. Supervisor's name and number: NAME _____ | |
| FS7. Day / Month / Year of interview: _____ / _____ / <u>20</u> <u>1</u> ____ | FS8. Record the time: | HOURS : MINUTES _____ : _____ |

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in FS17. The respondent must be at least 15 years old. In the very few cases where a child age 15-17 has no mother or caretaker identified in the household (HL20=90), the respondent will be the child him/herself.

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| FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW2 | 1 ⇨ FS10B 2 ⇨ FS10A |
| FS10A. Assalam O Alaikum, my name is (<i>your name</i>). We are from Bureau of Statistics, Planning & Development Department, Government of the Punjab, Lahore. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being. This interview will take about 20 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | FS10B. Now I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | |
| YES1 NO / NOT ASKED2 | 1 ⇨ CHILD'S BACKGROUND Module 2 ⇨ FS17 | |

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| FS17. Result of interview for child age 5-17 years <i>Codes refer to the respondent.</i> <i>Discuss any result not completed with Supervisor.</i> | COMPLETED..... 01 NOT AT HOME 02 REFUSED..... 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (<i>specify</i>) _____ 96 |
|--|--|

| CHILD'S BACKGROUND | | CB |
|---|--|----------|
| CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): | FS4=HH471 FS4#HH472 | 1 ⇒CB11 |
| CB2. In what month and year was (<i>name</i>) born? <i>Month and year <u>must</u> be recorded.</i> | DATE OF BIRTH MONTH.....__ __ YEAR.....__ __ __ | |
| CB3. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? <i>Record age in completed years.</i> <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i> | AGE (IN COMPLETED YEARS).....__ __ | |
| CB4. Has (<i>name</i>) ever attended school or any PreSchool/ Katchi/ Early Childhood Education programme? | YES1 NO2 | 2 ⇒CB11 |
| CB5. What is the highest level and grade or class of school (<i>name</i>) has ever attended? | PRESCHOOL/KATCHI /ECE.....000 PRIMARY.....1 __ __ LOWER SECONDARY2 __ __ UPPER SECONDARY3 __ __ HIGHER.....4 __ __ | 000 ⇒CB7 |
| CB6. Did (he/she) ever complete that (grade/class)? | YES1 NO2 | |
| CB7. At any time during the current school year (2017-18) did (<i>name</i>) attend school or any early childhood education programme? | YES1 NO2 | 2 ⇒CB9 |
| CB8. During this current school year (2017-18), which level and grade or class is (<i>name</i>) attending? | EARLY CHILDHOOD EDUCATION.....000 PRIMARY.....1 __ __ LOWER SECONDARY2 __ __ UPPER SECONDARY3 __ __ HIGHER.....4 __ __ | |
| CB9. At any time during the previous school year (2016-17) did (<i>name</i>) attend school or any early childhood education programme? | YES1 NO2 | 2 ⇒CB11 |
| CB10. During that previous school year (2016-17), which level and grade or class did (<i>name</i>) attend? | EARLY CHILDHOOD EDUCATION.....000 PRIMARY.....1 __ __ LOWER SECONDARY2 __ __ UPPER SECONDARY3 __ __ HIGHER.....4 __ __ | |
| CB11. Is (<i>name</i>) covered by any health insurance? | YES1 NO2 | 2 ⇒End |

| | | |
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| <p>CB12. What type of health insurance is (<i>name</i>) covered by?</p> <p><i>Record all mentioned.</i></p> | <p>PUBLIC HEALTH INSURANCEA</p> <p>HEALTH INSURANCE THROUGH EMPLOYER.....B</p> <p>SOCIAL SECURITYC</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCED</p> <p>OTHER (<i>specify</i>)X</p> | |
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| CHILD LABOUR | | CL |
|---|---|----------------|
| <p>CL1. Now I would like to ask about any work (<i>name</i>) may do.</p> <p>Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following activities, even for only one hour?</p> <p>[A] Did (<i>name</i>) do any work or help on (his/her) own or the household's plot, farm, food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?</p> <p>[B] Did (<i>name</i>) help in a family business or a relative's business with or without pay, or run (his/her) own business?</p> <p>[C] Did (<i>name</i>) produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p> | <p>YES NO</p> <p>WORKED ON PLOT/ FIELD, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS. 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS.....1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS1 2</p> <p>ANY OTHER ACTIVITY.....1 2</p> | |
| <p>CL2. Check CL1, [A]-[X]:</p> | <p>AT LEAST ONE 'YES'1</p> <p>ALL ANSWERS ARE 'NO'2</p> | <p>2 ⇒ CL7</p> |
| <p>CL3. Since last (<i>day of the week</i>) about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'.</i></p> | <p>NUMBER OF HOURS..... _ _</p> | |
| <p>CL4. (Does the activity/Do these activities) require carrying heavy loads?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | |
| <p>CL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | |

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| <p>CL6. How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) health or safety?</p> | <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> | |
| <p>CL7. Since last (<i>day of the week</i>), did (<i>name</i>) fetch water for household use?</p> | <p>YES..... 1 NO..... 2</p> | 2 ⇒ CL9 |
| <p>CL8. In total, how many hours did (<i>name</i>) spend on fetching water for household use, since last (<i>day of the week</i>)? <i>If less than one hour, record '00'.</i></p> | NUMBER OF HOURS..... _ _ | |
| <p>CL9. Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p> | <p>YES..... 1 NO..... 2</p> | 2 ⇒ CL11 |
| <p>CL10. In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)? <i>If less than one hour, record '00'.</i></p> | NUMBER OF HOURS..... _ _ | |
| <p>CL11. Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing/ironing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p> | <p style="text-align: right;">YES NO</p> <p>SHOPPING FOR HOUSEHOLD..... 1 2</p> <p>COOKING..... 1 2</p> <p>WASHING DISHES / CLEANING HOUSE..... 1 2</p> <p>WASHING/ IRONING CLOTHES 1 2</p> <p>CARING FOR CHILDREN 1 2</p> <p>CARING FOR OLD / SICK 1 2</p> <p>OTHER HOUSEHOLD TASKS 1 2</p> | |
| <p>CL12. <i>Check CL11, [A]-[X]:</i></p> | <p>AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2</p> | 2 ⇒ End |
| <p>CL13. Since last (<i>day of the week</i>), about how many hours did (<i>name</i>) engage in (this activity/these activities), in total? <i>If less than one hour, record '00'</i></p> | NUMBER OF HOURS..... _ _ | |

MICS6.FS.5

| CHILD DISCIPLINE | | FCD |
|--|--|----------|
| FCD1. Check CB3: Child's age? | AGE 5-14 YEARS 1 AGE 15-17 YEARS 2 | 2 ⇒ End |
| FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <i>(name)</i> in the past month. | | |
| | YES NO | |
| [A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house. | TOOK AWAY PRIVILEGES..... 1 2 | |
| [B] Explained why <i>(name)</i> 's behaviour was wrong. | EXPLAINED WRONG BEHAVIOR 1 2 | |
| [C] Shook (him/her). | SHOOK HIM/HER 1 2 | |
| [D] Shouted, yelled at or screamed at (him/her). | SHOUTED, YELLED, SCREAMED 1 2 | |
| [E] Gave (him/her) something else to do. | GAVE SOMETHING ELSE TO DO 1 2 | |
| [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. | SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2 | |
| [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. | HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2 | |
| [H] Called (him/her) dumb, lazy or another name like that. | CALLED DUMB, LAZY OR ANOTHER NAME 1 2 | |
| [I] Hit or slapped (him/her) on the face, head or ears. | HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2 | |
| [J] Hit or slapped (him/her) on the hand, arm, or leg. | HIT / SLAPPED ON HAND, ARM OR LEG 1 2 | |
| [K] Beat (him/her) up, that is hit him/her over and over as hard as one could. | BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2 | |
| FCD3. Check FS4: Is this respondent the mother or caretaker of any other children under age 5? | YES1 NO2 | 2 ⇒ FCD5 |
| FCD4. Check FS4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child? | YES1 NO2 | 1 ⇒ End |
| FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | YES 1 NO 2 DK / NO OPINION..... 8 | |

MICS6.FS.6

| CHILD FUNCTIONING | | FCF |
|--|--|---------------------------------|
| <p>FCF1. I would like to ask you some questions about difficulties (<i>name</i>) may have.</p> <p>Does (<i>name</i>) wear glasses or contact lenses?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>FCF2. Does (<i>name</i>) use a hearing aid?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>FCF3. Does (<i>name</i>) use any equipment or receive assistance for walking?</p> | <p>YES 1</p> <p>NO 2</p> | |
| <p>FCF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all.</p> <p><i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i></p> <p>Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?</p> | | |
| <p>FCF5. Check FCF1: Child wears glasses or contact lenses?</p> | <p>YES, FCF1=1 1</p> <p>NO, FCF1=2 2</p> | <p>1 ⇒FCF6A</p> <p>2 ⇒FCF6B</p> |
| <p>FCF6A. When wearing (his/her) glasses or contact lenses, does (<i>name</i>) have difficulty seeing?</p> <p>FCF6B. Does (<i>name</i>) have difficulty seeing?</p> | <p>NO DIFFICULTY 1</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT SEE AT ALL 4</p> | |
| <p>FCF7. Check FCF2: Child uses a hearing aid?</p> | <p>YES, FCF2=1 1</p> <p>NO, FCF2=2 2</p> | <p>1 ⇒FCF8A</p> <p>2 ⇒FCF8B</p> |
| <p>FCF8A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p>FCF8B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> | <p>NO DIFFICULTY 1</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT HEAR AT ALL 4</p> | |
| <p>FCF9. Check FCF3: Child uses equipment or receives assistance for walking?</p> | <p>YES, FCF3=1 1</p> <p>NO, FCF3=2 2</p> | <p>2 ⇒FCF14</p> |
| <p>FCF10. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p> | <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT WALK 100 M AT ALL 4</p> | <p>3 ⇒FCF12</p> <p>4 ⇒FCF12</p> |

MICS6.FS.7

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| <p>FCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p> | <p>SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p> | |
| <p>FCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 100 M AT ALL 4</p> | <p>3 ⇒FCF16 4 ⇒FCF16</p> |
| <p>FCF13. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p> | <p>1 ⇒FCF16</p> |
| <p>FCF14. Compared with children of the same age, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 100 M AT ALL 4</p> | <p>3 ⇒FCF16 4 ⇒FCF16</p> |
| <p>FCF15. Compared with children of the same age, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p> | |
| <p>FCF16. Does (<i>name</i>) have difficulty with self-care such as feeding or dressing (himself/herself)?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4</p> | |
| <p>FCF17. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people inside of this household?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p> | |
| <p>FCF18. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people outside of this household?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p> | |

| | | |
|---|---|--|
| <p>FCF19. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL 4</p> | |
| <p>FCF20. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER THINGS AT ALL 4</p> | |
| <p>FCF21. Does (<i>name</i>) have difficulty concentrating on an activity that (he/she) enjoys doing?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONCENTRATE AT ALL 4</p> | |
| <p>FCF22. Does (<i>name</i>) have difficulty accepting changes in (his/her) routine?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT ACCEPT CHANGES AT ALL 4</p> | |
| <p>FCF23. Compared with children of the same age, does (<i>name</i>) have difficulty controlling (his/her) behaviour?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONTROL BEHAVIOUR AT ALL 4</p> | |
| <p>FCF24. Does (<i>name</i>) have difficulty making friends?</p> | <p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT MAKE FRIENDS AT ALL 4</p> | |
| <p>FCF25. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>I would like to know how often (<i>name</i>) seems very anxious, nervous or worried.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p> | <p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5</p> | |
| <p>FCF26. I would also like to know how often (<i>name</i>) seems very sad or depressed.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p> | <p>DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5</p> | |

| PARENTAL INVOLVEMENT | | PR |
|--|--|--------------------|
| PR1. Check CB3: Child's age? | AGE 5-6 YEARS 1 AGE 7-14 YEARS..... 2 AGE 15-17 YEARS..... 3 | 1 ⇨End 3 ⇨End |
| PR2. At the end of this interview I will ask you if I can talk to <i>(name)</i> . If (he/she) is close, can you please ask (him/her) to stay here. If <i>(name)</i> is not with you at the moment could I ask that you now arrange for (him/her) to return? If that is not possible, we will later discuss a convenient time for me to call back. | | |
| PR3. Excluding school text books and holy books, how many books do you have for <i>(name)</i> to read at home? | NONE..... 00 NUMBER OF BOOKS..... <u>0</u> .. TEN OR MORE BOOKS 10 | |
| PR4. Check CB7: During the current school year did the child attend school or preschool at any time? | YES, CB7=1 1 NO, CB7=2 OR BLANK..... 2 | 2 ⇨End |
| PR5. Does <i>(name)</i> ever have homework? | YES 1 NO 2 DK 8 | 2 ⇨PR7 8 ⇨PR7 |
| PR6. Does anyone help <i>(name)</i> with homework? | YES 1 NO 2 DK 8 | |
| PR7. Does <i>(name)</i> 's school have a school governing body in which parents can participate (such as parent teacher association, school management committee, or School Council)? | YES 1 NO 2 DK 8 | 2 ⇨PR10 8 ⇨PR10 |
| PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body? | YES 1 NO 2 DK 8 | 2 ⇨PR10 8 ⇨PR10 |
| PR9. During any of these meetings, was any of the following discussed: | YES NO DK | |
| [A] A plan for addressing key education issues faced by <i>(name)</i> 's school? | PLAN FOR ADDRESSING SCHOOL'S ISSUES 1 2 8 | |
| [B] School budget or use of funds received by <i>(name)</i> 's school? | SCHOOL BUDGET 1 2 8 | |
| PR10. In the last 12 months, have you or any other adult from your household received a student progress report or result card for <i>(name)</i> ? | YES 1 NO 2 DK 8 | |

| | | |
|---|--|----------------|
| <p>PR11. In the last 12 months, have you or any adult from your household gone to <i>(name)</i>'s school for any of the following reasons?</p> <p>[A] A school celebration or a sport event?</p> <p>[B] To discuss <i>(name)</i>'s progress with (his/her) teachers?</p> | <p style="text-align: right;">YES NO DK</p> <p>CELEBRATION OR SPORT EVENT.....1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS1 2 8</p> | |
| <p>PR12. In the last 12 months, has <i>(name)</i>'s school been closed on a school day due to any of the following reasons:</p> <p>[A] Natural disasters, such as flood, cyclone, epidemics or similar?</p> <p>[B] Man-made disasters, such as fire, building collapse, riots or similar?</p> <p>[C] Teacher strike?</p> <p>[X] Other?</p> | <p style="text-align: right;">YES NO DK</p> <p>NATURAL DISASTERS..... 1 2 8</p> <p>MAN-MADE DISASTERS 1 2 8</p> <p>TEACHER STRIKE..... 1 2 8</p> <p>OTHER..... 1 2 8</p> | |
| <p>PR13. In the last 12 months, was <i>(name)</i> unable to attend class due to (his/her) teacher being absent?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | |
| <p>PR14. Check PR12[C] and PR13: Any 'Yes' recorded?</p> | <p>YES, PR12[C]=1 OR PR13=1..... 1</p> <p>NO..... 2</p> | <p>2 ⇒ End</p> |
| <p>PR15. When <i>(teacher strike / teacher absence)</i> happened did you or any other adult member of your household contact any school officials or school governing body representatives?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK 8</p> | |

| FOUNDATIONAL LEARNING SKILLS | | FL |
|--|--|-------------------|
| FL0. Check CB3: Child's age? | AGE 5-6 YEARS 1 AGE 7-14 YEARS..... 2 AGE 15-17 YEARS..... 3 | 1 ⇨End 3 ⇨End |
| <p>FL1. Now I would like to talk to (<i>name</i>). I will ask (him/her) a few questions about (himself/herself) and about reading, and then ask (him/her) to complete a few reading and number activities.</p> <p>These are not school tests and the results will not be shared with anyone, including other parents or the school.</p> <p>You will not benefit directly from participating and I am not trained to tell you how well (<i>name</i>) has performed.</p> <p>The activities are to help us find out how well children in this country are learning to read and to use numbers so that improvements can be made.</p> <p>This will take about 10 minutes. Again, all the information we obtain will remain strictly confidential and anonymous.</p> | | |
| May I talk to (<i>name</i>)? | YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2 | 2 ⇨FL28 |
| FL2. Record the time. | HOURS AND MINUTES..... : ____ | |
| <p>FL3. My name is (<i>your name</i>). I would like to tell you a bit about myself.</p> <p>Could you tell me a little bit about yourself?</p> <p><i>When the child is comfortable, continue with the verbal consent:</i></p> <p>Let me tell you why I am here today. I am from Bureau of Statistics, Planning and Development Department, Punjab. I am part of a team trying to find out how children are learning to read and to use numbers. We are also talking to some of the children about this and asking them to do some reading and number activities. (Your mother/<i>Name of caretaker</i>) has said that you can decide if you want to help us. If you wish to help us, I will ask you some questions and give you some activities to do. I will explain each activity, and you can ask me questions any time. You do not have to do anything that you do not want to do. After we begin, if you do not want to answer a question or you do not want to continue that is alright.</p> | | |
| Are you ready to get started? | YES 1 NO / NOT ASKED 2 | 1 ⇨FL4 2 ⇨FL28 |
| <p>FL4. Before you start with the reading and number activities, tick each box to show that:</p> <p><input type="checkbox"/> You are not alone with the child unless they are at least visible to an adult known to the child.</p> <p><input type="checkbox"/> You have engaged the child in conversation and built rapport, e.g. using an Icebreaker.</p> <p><input type="checkbox"/> The child is sat comfortably, able to use the Reading & Numbers Book without difficulty while you can see which page is open.</p> | | |
| FL5. Remember you can ask me a question at any time if there is something you do not understand. You can ask me to stop at any time. | | |
| FL6. First we are going to talk about reading. | YES NO | |
| [A] Do you read books at home? | READS BOOKS AT HOME 1 2 | |
| [B] Does someone read to you at home? | READ TO AT HOME 1 2 | |
| FL7. Which language do you speak most of the time at home? | ENGLISH 1 URDU 2 | |
| <i>Probe if necessary and read the listed languages.</i> | OTHER (<i>specify</i>)..... 6 DK 8 | |

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| <p>FL8. Check CB7: During the current school year did the child attend school or preschool at any time?</p> <p>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.</p> | <p>YES, CB7/ED9=1 1</p> <p>NO, CB7/ED9=2 OR BLANK..... 2</p> | <p>1 ⇨FL9</p> |
| <p>FL8A. Check FL7: Is READING & NUMBER BOOK available in the language spoken at home?</p> | <p>YES, FL7=1, 2 OR 3..... 1</p> <p>NO, FL7=6 OR 8 2</p> | <p>1 ⇨FL10B</p> <p>2 ⇨FL23</p> |
| <p>FL9. What language do your teachers use most of the time when teaching you in class?</p> <p>Probe if necessary and name the listed languages.</p> | <p>URDU 1</p> <p>ENGLISH 2</p> <p>OTHER (specify)..... 6</p> <p>DK 8</p> | <p>1 ⇨FL10A</p> <p>2 ⇨FL10A</p> <p>6 ⇨FL23</p> <p>8 ⇨FL23</p> |
| <p>FL10A. Now I am going to give you a short story to read in (<i>Language recorded in FL9</i>). Would you like to start reading the story?</p> <p>FL10B. Now I am going to give you a short story to read in (<i>Language recorded in FL7</i>). Would you like to start reading the story?</p> | <p>YES 1</p> <p>NO 2</p> | <p>2 ⇨FL23</p> |
| <p>FL11. Check CB3: Child's age?</p> | <p>AGE 7-9 YEARS..... 1</p> <p>AGE 10-14 YEARS..... 2</p> | <p>1 ⇨FL13</p> |
| <p>FL12. Check CB7: During the current school year did the child attend school or preschool at any time?</p> <p>Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.</p> | <p>YES, CB7/ED9=1 1</p> <p>NO, CB7/ED9=2 OR BLANK 2</p> | <p>1 ⇨FL19</p> |
| <p>FL13. Give the child the READING & NUMBER BOOK.</p> <p>Open the page showing the reading practice item and say:</p> <p>Now we are going to do some reading. <i>Point to the sentence.</i> I would like you to read this aloud. Then I may ask you a question.</p> <p><i>Mano is a cat. Motie is a dog. Mano is 5. Motie is 6.</i></p> | | |
| <p>FL14. Did the child read every word in the practice correctly?</p> | <p>YES 1</p> <p>NO..... 2</p> | <p>2 ⇨FL23</p> |
| <p>FL15. Once the reading is done, ask: How old is Mano?</p> | <p>MANO IS 5 YEARS OLD..... 1</p> <p>OTHER ANSWERS 2</p> <p>NO ANSWER AFTER 5 SECONDS 3</p> | <p>1 ⇨FL17</p> |
| <p>FL16. Say: Mano is 5 years old. <i>and go to FL23.</i></p> | | <p>⇨FL23</p> |
| <p>FL17. Here is another question: Who is older: Mano or Motie?</p> | <p>MOTIE IS OLDER (THAN MANO) 1</p> <p>OTHER ANSWERS 2</p> <p>NO ANSWER AFTER 5 SECONDS 3</p> | <p>1 ⇨FL19</p> |
| <p>FL18. Say: Motie is older than Mano. Motie is 6 and Mano is 5. <i>and go to FL23.</i></p> | | <p>⇨FL23</p> |

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|---|---|---------|--------|----------|----------|---------|---------|
| <p>FL19. Turn the page to reveal the reading passage.</p> <p>Thank you. Now I want you to try this.</p> <p>Here is a story. I want you to read it aloud as carefully as you can.</p> <p>You will start here (<i>point to the first word on the first line</i>) and you will read line by line (<i>point to the direction for reading each line</i>).</p> <p>When you finish I will ask you some questions about what you have read.</p> <p>If you come to a word you do not know, go onto the next word.</p> <p>Put your finger on the first word. Ready? Begin.</p> | AMJAD | is | in | class | two. | One | day, |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Amjad | was | going | home | from | school. | He |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | saw | some | red | flowers | on | the | way. |
| | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | The | flowers | were | near | a | tomato | farm. |
| | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | Amjad | wanted | to | get | some | flowers | for |
| | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| | his | mother. | Amjad | ran | fast | across | the |
| | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| | farm | to | get | the | flowers. | He | fell |
| | 43 | 44 | 45 | 46 | 47 | 48 | 49 |
| | down | near | a | banana | tree. | Amjad | started |
| | 50 | 51 | 52 | 53 | 54 | 55 | 56 |
| | crying. | The | farmer | saw | him | and | came. |
| 57 | 58 | 59 | 60 | 61 | 62 | 63 | |
| He | gave | Amjad | many | flowers. | Amjad | was | |
| 64 | 65 | 66 | 67 | 68 | 69 | 70 | |
| very | happy. | | | | | | |
| 71 | 72 | | | | | | |
| FL20. Results of the child's reading. | LAST WORD ATTEMPTED.....NUMBER ___ | | | | | | |
| | TOTAL NUMBER OF WORDS INCORRECT OR MISSED.....NUMBER ___ | | | | | | |
| FL21. How well did the child read the story? | THE CHILD READ AT LEAST ONE WORD CORRECT1 | | | | | | |
| | THE CHILD DID NOT READ ANY WORD CORRECTLY.....2 | | | | | | 2 ⇒FL23 |
| | THE CHILD DID NOT TRY TO READ THE STORY.....3 | | | | | | 3 ⇒FL23 |

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| <p>FL22. Now I am going to ask you a few questions about what you have read.</p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark 'No response' and say: Thank you. That is ok. We will move on.</i></p> <p><i>Make sure the child can still see the passage and ask:</i></p> <p>[A] What class is Amjad in?</p> <p>[B] What did Amjad see on the way home?</p> <p>[C] Why did Amjad start crying?</p> <p>[D] Where did Amjad fall (down)?</p> <p>[E] Why was Amjad happy?</p> | <p>CORRECT ((AMJAD IS) IN CLASS TWO)..... 1 INCORRECT..... 2 NO RESPONSE / SAYS 'I DON'T KNOW'..... 3</p> <p>CORRECT (HE SAW SOME FLOWERS) 1 INCORRECT..... 2 NO RESPONSE / SAYS 'I DON'T KNOW'..... 3</p> <p>CORRECT (BECAUSE HE FELL)..... 1 INCORRECT..... 2 NO RESPONSE / SAYS 'I DON'T KNOW'..... 3</p> <p>CORRECT ((AMJAD FELL DOWN) NEAR A BANANA TREE)..... 1 INCORRECT..... 2 NO RESPONSE / SAYS 'I DON'T KNOW'..... 3</p> <p>CORRECT (BECAUSE THE FARMER GAVE HIM MANY FLOWERS. / BECAUSE HE HAD FLOWERS TO GIVE TO HIS MOTHER)..... 1 INCORRECT..... 2 NO RESPONSE / SAYS 'I DON'T KNOW'..... 3</p> | |
| <p>FL23. Turn the page in the Reading & Numbers Book so the child is looking at the list of numbers. Make sure the child is looking at this page.</p> <p>Now here are some numbers. I want you to point to each number and tell me what the number is.</p> <p><i>Point to the first number and say:</i></p> <p>Start here.</p> <p><i>If the child stops on a number for a while, tell the child what the number is, mark the number as 'No Attempt', point to the next number and say:</i></p> <p>What is this number?</p> <p>STOP RULE <i>If the child does not attempt to read 2 consecutive numbers, say:</i></p> <p>Thank you. That is ok. We will go to the next activity.</p> | <p>9 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>12 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>30 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>48 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>74 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> <p>731 CORRECT 1 INCORRECT 2 NO ATTEMPT 3</p> | |

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| <p>FL23A. Check FL23: Did the child correctly identify two of the first three numbers (9, 12 and 30)?</p> | <p>YES, AT LEAST TWO CORRECT 1 NO, AT LEAST 2 INCORRECT OR WITH NO ATTEMPT 2</p> | <p>2 ⇒ FL28</p> |
| <p>FL24. Turn the page so the child is looking at the first pair of numbers. Make sure the child is looking at this page. Say:</p> <p>Look at these numbers. Tell me which one is bigger.</p> <p>Record the child's answer before turning the page in the book and repeating the question for the next pair of numbers.</p> <p>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next pair of numbers.</p> <p>If the child does not attempt 2 consecutive pairs, say:</p> <p>Thank you. That is ok. We will go to the next activity.</p> | <p>7 5 ____</p> <p>11 24 ____</p> <p>58 49 ____</p> <p>65 67 ____</p> <p>146 154 ____</p> | |
| <p>FL25. Give the child a pencil and paper. Turn the page so the child is looking at the first addition. Make sure the child is looking at this page. Say:</p> <p>Look at this sum. How much is (number plus number)? Tell me the answer. You can use the pencil and paper if it helps you.</p> <p>Record the child's answer before turning the page in the book and repeating the question for the next sum.</p> <p>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next addition.</p> <p>If the child does not attempt 2 consecutive pairs, say:</p> <p>Thank you. That is ok. We will go to the next activity.</p> | <p>3 + 2 = ____</p> <p>8 + 6 = ____</p> <p>7 + 3 = ____</p> <p>13 + 6 = ____</p> <p>12 + 24 = ____</p> | |

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|---|---|-------|-------|---|-------|----|----|-------|----|----|-------|----|----|---|---|---|-------|---|---|----|--|--|
| <p>FL26. Turn the page to the practice sheet for missing numbers. Say:</p> <p>Here are some numbers. 1, 2, and 4. What number goes here?</p> <p>If the child answers <u>correctly</u> say:</p> <p>That's correct, 3. Let's do another one.</p> <p>If the child answers <u>incorrectly</u>, do not explain the child how to get the correct answer. Just say:</p> <p>The number 3 goes here. Say the numbers with me. (Point to each number) 1, 2, 3, 4. 3 goes here. Let's do another one.</p> <p>Now turn the page to the next practice sheet. Say:</p> <p>Here are some more numbers. 5, 10, 15 and _____. What number goes here?</p> <p>If the child answers <u>correctly</u> say:</p> <p>That's correct, 20. Now I want you to try this on your own</p> <p>If the child answers <u>incorrectly</u> say:</p> <p>The number 20 goes here. Say the numbers with me. (Point to each number) 5, 10, 15, 20. 20 goes here. Now I want you to try this on your own.</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>FL27. Now turn the page in the Reading & Numbers Book with the first missing number activity. Say:</p> <p>Here are some more numbers. Tell me what number goes here (pointing to the missing number).</p> <p>Record the child's answer before turning the page in the book and repeating the question.</p> <p>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire.</p> <p>If the child does not attempt 2 consecutive activities, say:</p> <p>Thank you. That is ok.</p> | <table> <tr> <td>5</td> <td>6</td> <td>7</td> <td>_____</td> </tr> <tr> <td>14</td> <td>15</td> <td>_____</td> <td>17</td> </tr> <tr> <td>20</td> <td>_____</td> <td>40</td> <td>50</td> </tr> <tr> <td>2</td> <td>4</td> <td>6</td> <td>_____</td> </tr> <tr> <td>5</td> <td>8</td> <td>11</td> <td></td> </tr> </table> | 5 | 6 | 7 | _____ | 14 | 15 | _____ | 17 | 20 | _____ | 40 | 50 | 2 | 4 | 6 | _____ | 5 | 8 | 11 | | |
| 5 | 6 | 7 | _____ | | | | | | | | | | | | | | | | | | | |
| 14 | 15 | _____ | 17 | | | | | | | | | | | | | | | | | | | |
| 20 | _____ | 40 | 50 | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | 6 | _____ | | | | | | | | | | | | | | | | | | | |
| 5 | 8 | 11 | | | | | | | | | | | | | | | | | | | | |

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| <p>FL28. Result of interview with child.</p> <p>Discuss any result not completed with Supervisor.</p> | COMPLETED.....01 | |
| | NOT AT HOME02 | |
| | MOTHER / CARETAKER REFUSED03 | |
| | CHILD REFUSED.....04 | |
| | PARTLY COMPLETED05 | |
| | INCAPACITATED.....06 | |
| | OTHER (specify).....96 | |

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| FS11. Record the time. | HOURS AND MINUTES : | |
| FS12. Language of the Questionnaire. | ENGLISH..... 1 URDU..... 2 | |
| FS13. Language of the Interview. | ENGLISH..... 1 URDU..... 2 PUNJABI/ POTOHARI 3 SARAIKI..... 4 OTHER LANGUAGE (specify) 6 | |
| FS14. Native language of the Respondent. | URDU..... 2 PUNJABI/ POTOHARI 3 SARAIKI..... 4 OTHER LANGUAGE (specify) 6 | |
| FS15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3 | |
| <p>FS16. Thank the respondent and the child for her/his cooperation.</p> <p><i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p> | | |

| INTERVIEWER'S OBSERVATIONS |
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| SUPERVISOR'S OBSERVATIONS |
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E.6 WATER QUALITY TESTING QUESTIONNAIRE



WATER QUALITY TESTING QUESTIONNAIRE
Multiple Indicator Cluster Survey (MICS) Punjab, 2017



| WATER QUALITY TESTING INFORMATION PANEL | | WQ |
|--|---|----|
| WQ1. Cluster number: _____ | WQ2. Household number: _____ | |
| WQ3. Measurer's name and number: NAME _____ | WQ4. Interviewer's name and number: NAME _____ | |
| WQ5. Day / Month / Year: _____ / _____ / <u>2 0 1</u> _____ | | |
| WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing? | YES 1 NO 2 | |
| WQ7. Name of the respondent to Water Quality Testing Questionnaire: NAME _____ | | |
| WQ8. Check HH44. Is permission given to test water? | YES, PERMISSION IS GIVEN 1 1 ⇒ WQ9 NO, PERMISSION IS NOT GIVEN 2 2 ⇒ WQ31 | |
| WQ31. Result of Water Quality Testing Questionnaire. Discuss any result not completed with Supervisor. | COMPLETED 01 PERMISSION NOT GIVEN 02 GLASS OF WATER NOT GIVEN 03 PARTLY COMPLETED 04 OTHER (specify) 96 | |

MICS6.WQ.1

| WATER QUALITY TESTING | | |
|--|--|--------------------------------------|
| WQ9. Record the time: | HOURS: ____ ____ MINUTES: ____ ____ | |
| WQ10. Could you please provide me with a glass of the water that members of your household usually drink? | YES..... 1 NO..... 2 | 1 ⇒ WQ12 2 ⇒ WQ31 and record '03' |
| WQ12. Observe and record whether the water was collected directly from the source or from a separate storage container. | DIRECT FROM SOURCE..... 1 COVERED CONTAINER..... 2 UNCOVERED CONTAINER..... 3 UNABLE TO OBSERVE..... 8 | |
| WQ13. Label sample H-XXXX-YY, where XXXX is the cluster number (WQ1) and YY is the household number (WQ2). | | |
| WQ14. Have you or any other member of this household done anything to this water to make it safer to drink? | YES..... 1 NO..... 2 DK..... 8 | 2 ⇒ WQ16 8 ⇒ WQ16 |
| WQ15. What has been done to the water to make it safer to drink? <i>Probe:</i> Anything else? <i>Record all items mentioned.</i> | BOILED IT A ADDED BLEACH/CHLORINE B STRAINED IT THROUGH A CLOTH C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D SOLAR DISINFECTION E LEFT IT STAND AND SETTLE..... F OTHER (<i>specify</i>) X DK..... Z | |
| WQ16. Is this water from the main source of drinking water used by members of your household? | YES..... 1 NO..... 2 | 1 ⇒ WQ18 |

MICS6.WQ.2

| | | |
|--|--|---|
| <p>WQ17. What source was this water collected from?</p> | <p>PIPED WATER PIPED INTO DWELLING 11 PIPED TO COMPOUND/ YARD / PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC TAP / STANDPIPE 14</p> <p>BOREHOLE TUBE WELL 21 MOTORIZED PUMP 22 HAND PUMP (MECHANICAL) 23</p> <p>DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32</p> <p>SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42</p> <p>RAINWATER (POND) 51 TANKER-TRUCK 61 CART WITH SMALL TANK /DRUM/CANE... 71 WATER KIOSK 72 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER BOTTLED WATER 91</p> <p>OTHER (<i>specify</i>) 96</p> | |
| <p>WQ18. Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?</p> <p><i>If 'No' probe to find out why this is not possible?</i></p> | <p>YES, SHOWN 1</p> <p>NO WATER SOURCE WAS NOT FUNCTIONAL 2 WATER SOURCE TOO FAR 3 UNABLE TO ACCESS SOURCE 4 DO NOT KNOW WHERE SOURCE IS LOCATED 5 OTHER REASON (<i>specify</i>) 6</p> | <p>2 ⇒ WQ20 3 ⇒ WQ20 4 ⇒ WQ20 5 ⇒ WQ20 6 ⇒ WQ20</p> |
| <p>WQ19. Record whether source water sample collected.</p> <p><i>Label sample S-XXXX-YY, where XXXX is the cluster number (WQ1) and YY is the household number (WQ2).</i></p> | <p>SOURCE WATER COLLECTED 1</p> <p>SOURCE WATER NOT COLLECTED (<i>specify</i>) 2</p> | |
| <p>WQ20. Check WQ6: Is the household selected for blank testing?</p> | <p>YES 1 NO 2</p> | <p>2 ⇒ WQ22</p> |

MICS6.WQ.3

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| <p>WQ21. Take out the sample of sterile/mineral water that you got from your supervisor.</p> <p>Label B-XXX-YY, where XXX is the cluster number (WQ1) and YY is the household number (WQ2).</p> <p>Record whether the sample is available.</p> | <p>BLANK WATER SAMPLE AVAILABLE 1</p> <p>BLANK WATER SAMPLE NOT AVAILABLE (specify) _____ 2</p> | |
| <p>WQ22. Record the time.</p> | <p>HOURS AND MINUTES..... : ____</p> | |
| <p>WQ23. Conduct all the water quality tests within 30 minutes and then record the results following 24-48 hours of incubation</p> | | |

| WATER QUALITY TESTING RESULTS | | |
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| <i>Following 24-48 hours of incubation the results from the water quality tests should be recorded.</i> | | |
| WQ24. Day / Month / Year of recording test results: | _____ / _____ / <u>2 0 1</u> _____ | |
| WQ25. Record the time: | HOUR AND MINUTES _____ : _____ | |
| <i>In the boxes below:</i> <ul style="list-style-type: none"> • Record 3-digit count of colonies. • If 101 or more colonies are counted, record '101' • If it is not possible to read results / results are lost, record '998' | | |
| WQ26. <u>Household</u> water test (100ml): | NUMBER OF BLUE COLONIES _____ | |
| WQ26A. Check WQ19: Was a source water sample collected? | YES, WQ19=1 1 NO, WQ19=2 OR BLANK 2 | 2 ⇒ WQ28 |
| WQ27. <u>Source</u> water test (100ml): | NUMBER OF BLUE COLONIES _____ | |
| WQ28. Check WQ21: Was a blank water sample available? | YES, WQ21=1 1 NO, WQ21=2 OR BLANK 2 | 2 ⇒ WQ31 |
| WQ29. <u>Blank</u> water test (100ml): | NUMBER OF BLUE COLONIES _____ | ⇒ WQ31 |

| MEASURER'S OBSERVATIONS |
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| SUPERVISOR'S OBSERVATIONS |
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MICS6.WQ.6