

QUESTIONNAIRE

District Based Multiple Indicators Cluster Survey Balochistan

Questionnaire No			District	

**MICS Secretariat
Planning & Development Department
Government of Balochistan**

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Ask questions HL6A and HL6B only from/for household members who are over 10 years of age

USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE HOUSEHOLD LISTING FORM HAVE BEEN USED.

HH18. Record the time: Hour Minutes	For women age 15-49	For children age 5-14	For children under age 5	For all household members	For children age 0-17 years
Literacy for HH members over 10 years (record only one response in case name read/write more than one language)					

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'s DATE OF BIRTH?	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A CAN (NAME) READ WITH UNDERSTANDING IN ANY ONE OF THE LANGUAGES? URDU.....01 ENGLISH.....02 PASHTU.....03 BALOCHI.....04 BRAHVI.....05 SINDHI.....10 CAN NOT READ.....11 OTHER (SPE.)66 DK.....88	HL6B CAN (NAME) WRITE WITH UNDERSTANDING IN ANY ONE OF THE LANGUAGES? URDU.....01 ENGLISH.....02 PASHTU.....03 BALOCHI.....04 BRAHVI.....05 SINDHI.....10 CAN NOT WRITE.....11 OTHER (SPE.)66 DK.....88	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (NAME)'S NATURAL MOTHER ALIVE? 1 YES 2 NO HL13 8 DK HL13	HL12 DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? RECORD LINE NUMBER OF MOTHER OR 00 FOR "NO"	HL13 IS (NAME)'S NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK NEXT LINE	HL14 DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? RECORD LINE NUMBER OF FATHER OR 00 FOR "NO"
Line	Name	Relation* M F	Month	Year	Age	Write code	Write code	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	--	9998 DK	--			01			1 2	1 2 8	--	1 2 8	--
02		--	--		--			02			1 2	1 2 8	--	1 2 8	--
03		--	--		--			03			1 2	1 2 8	--	1 2 8	--
04		--	--		--			04			1 2	1 2 8	--	1 2 8	--
05		--	--		--			05			1 2	1 2 8	--	1 2 8	--

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4 Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL6A CAN (NAME) READ WITH UNDERSTANDING IN LANGUAGES?	HL6B CAN (NAME) WRITE WITH UNDERSTANDING IN LANGUAGES?	HL7. Circle line number if woman is age 1 5- 49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. Is (NAME)'S NATURAL MOTHER ALIVE?	HL12 DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13 IS (NAME)'S NATURAL FATHER ALIVE?	HL14 DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?							
Line	Name	Relation*	M	F	Month	Year	Age	Write code	Mother	Mother	Y	N	DK	Y	N	DK	Mother	Y	N	DK		
06		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
07		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
08		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
09		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
10		--	1	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
11		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
12		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
13		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
14		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
15		--	1	2	--	--	--		--	--	1	2		1	2	8	--	--		1	2	8
Tick here if additional questionnaire used																	<input type="checkbox"/>					

Probe for additional household members.
 Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head 02 Wife / Husband	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 Not related 98 Don't know
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EDUCATION

ED

For household members age 5 and above

For household members age 5-24 years(Ask ED8A to ED8D only for level 0-3 and if answers to ED6 or ED8 for level 0-3 is YES)

ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2009- 2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOO L AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008- 2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		ED8A WHAT TYPE OF SCHOOL DID/DOES (NAME) ATTEND DURING 2009- 10, GOVERNMENT OR PRIVATE? 1 GOVERNMENT 2 PRIVATE 8 DK	ED8B WAS/IS IT A GIRLS, BOYS OR CO- EDUCATION SCHOOL?.	ED8C Did/Does (name) go to school on foot or by any other means?	ED8D How long did/does it take (name) to reach school? Number of Minutes --- --													
			Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, skip to ED5	Grade: 98 DK If less than 1 grade, enter 00	Yes	No	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, skip to ED7	Grade: 98 DK If less than 1 grade, enter 00.	Y	N	DK	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, go to next person					Grade: 98 DK If less than 1 GRADE, ENTER 00.	1	2	8	1	2	3	8	1	2			
01		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
02		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
03		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
04		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
05		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
06		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
07		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
08		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
09		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
10		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
11		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
12		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
13		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
14		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2
15		1 2	0 1 2 3 4 5 8	0 1 2 3 4 5 8	1	2	0 1 2 3 4 5 8	98 DK	1	2	8	0 1 2 3 4 5 8	98 DK	1	2	8	1	2	3	8	1	2	8	1	2	3	8	1	2

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Filter Plant 15 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 } WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Filter Plant 15 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank / drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... _ _ _ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15) 4 DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A Add bleach / chlorine..... B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection..... E Let it stand and settle F Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>WS8. 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 necessary, 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 somewhere else..... 14 Flush to unknown place / Not sure / DK where..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Public/communal latrine 52 No facility, Bush, Field..... 95 Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next Module</p>
<p>WS10. 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>Other households only (not public)..... 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __ Ten or more households 10 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS

HC

HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?

Number of rooms _ _

HC3. Main material of the dwelling floor.

Record observation.

Natural floor
 Earth / Sand 11
 Dung 12
 Rudimentary floor (katcha) 21

Finished floor (Pacca)
 Bricked 36
 Cemented with marble chips 37
 Ceramic tiles 33
 Cement 34
 Carpet 35

Other (*specify*) 96

HC4. Main material of the roof.

Record observation.

Natural roofing
 No Roof 11
 Thatch / Palm leaf 12
 Sod 13

Rudimentary Roofing
 Rustic mat 21
 Palm / Bamboo beams 22
 Wood planks 23
 Cardboard 24

Finished roofing
 Tin with iron girders 31
 Wood 32

Ceramic tiles 34
 Cement concrete 35
 Roofing shingles 36

Other (*specify*) 96

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane / Palm / Trunks..... 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls (Katcha)</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood..... 24</p> <p>Cardboard 25</p> <p>Reused wood..... 26</p> <p>Finished walls (Pacca)</p> <p>Cement..... 31</p> <p>Stone with lime / cement..... 32</p> <p>Bricks..... 33</p> <p>Cement blocks 34</p> <p>Covered adobe 35</p> <p>Wood planks / shingles 36</p> <p>Other (<i>specify</i>)..... 96</p>																						
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquefied Petroleum Gas (LPG)..... 02</p> <p>Natural gas 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal..... 06</p> <p>Charcoal 07</p> <p>Wood..... 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Animal dung..... 10</p> <p>Agricultural crop residue..... 11</p> <p>No food cooked in household..... 95</p> <p>Other (<i>specify</i>)..... 96</p>	<p>95⇒HC8</p>																					
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen..... 1</p> <p>Elsewhere in the house..... 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																						
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[I] GAS</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Gas.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Gas.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	
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<p>[G] A COMPUTER</p> <p>[H] A SEWING/EMBROIDERY MACHINE</p>	<p>Computer 1 2</p> <p>Sewing/embroidery machine 1 2</p>																									
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[H] A TRACTOR</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tractor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Tractor.....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "3".</i></p>	<p>Own 1</p> <p>Rent..... 2</p> <p>Other (Not owned or rented) 6</p>																									
<p>HC11. 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⇒HC13																								
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00".</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Acres..... __ __</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module																								
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, CAMELS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p><i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls..... __ __</p> <p>Horses, donkeys, camel or mules __ __</p> <p>Goats..... __ __ __</p> <p>Sheep..... __ __ __</p> <p>Chickens..... __ __ __</p>																									

INSECTICIDE TREATED NETS

TN

TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</i>	Long-lasting treated nets YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8	Long-lasting treated nets YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8	Long-lasting treated nets YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago ____ More than 36 mo. ago 95 DK / Not sure 98	Months ago ____ More than 36 mo. ago 95 DK / Not sure 98	Months ago ____ More than 36 mo. ago 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98

<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the household listing form</i></p> <p><i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p>	<p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p>	<p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p> <p>Name _____ Line number ____</p>
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>

Tick here if additional questionnaire used

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

Now I would like to ask about any work children in this household may do.

CL1. Line number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6	CL3. During the past week, did (name) do any kind of work for someone who is not a member of this household? If yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5		CL4. Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household? If more than one job, include all hours at all jobs.		CL5. During the past week, did (name) fetch water or collect firewood for household use? 1 Yes 2 No ⇒ CL7		CL6. Since last (day of the week), about how many hours did he/she fetch water or collect firewood for household use?		CL7. During the past week, did (name) do any paid or unpaid work on a family farm or in a family business or selling goods in the street? Include work for a business run by the child, alone or with one or more partners.		CL8. Since last (day of the week), about how many hours did he/she do this work for his/her family or himself/herself?		CL9. During the past week, did (name) help with household chores such as shopping, cleaning, washing clothes, cooking; or caring for children, old or sick people? 1 Yes 2 No ⇒ Next Line		CL10. Since last (day of the week), about how many hours did he/she spend doing these chores?		
		Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Number of hours		
01		1	2	3			1	2			1	2			1	2		
02		1	2	3			1	2			1	2			1	2		
03		1	2	3			1	2			1	2			1	2		
04		1	2	3			1	2			1	2			1	2		
05		1	2	3			1	2			1	2			1	2		
06		1	2	3			1	2			1	2			1	2		
07		1	2	3			1	2			1	2			1	2		
08		1	2	3			1	2			1	2			1	2		
09		1	2	3			1	2			1	2			1	2		
10		1	2	3			1	2			1	2			1	2		
11		1	2	3			1	2			1	2			1	2		
12		1	2	3			1	2			1	2			1	2		
13		1	2	3			1	2			1	2			1	2		
14		1	2	3			1	2			1	2			1	2		
15		1	2	3			1	2			1	2			1	2		

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason 6</p>	<p>2 ⇒ HW4</p> <p>3 ⇒ HW4</p> <p>6 ⇒ HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for handwashing</i></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 available 2</p>	
<p>HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Ash / Mud / Sand D</p> <p>None Y</p>	<p>} HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT (<i>or other locally used cleansing agent</i>) IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Ash / Mud / Sand D</p> <p>Not able / Does not want to show Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes _ _ : _ _	
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SALT IODIZATION		SI
<p>SII. 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>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house 6</p> <p>Salt not tested 7</p>	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information on the cover page.</i></p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations



B INDIVIDUAL WOMEN QUESTIONNAIRE

WOMAN'S INFORMATION PANEL		WM
<p><i>This questionnaire is to be administered to all women age 15 through 49 (see column HL7 of Household Listing Form). Fill in one form for each eligible woman</i></p>		
WM1. Cluster number: _____	WM2. Household number: _____	
WM1A. Name of District _____ District Code ____	WM1B. Area Code Urban..... 1, Rural.....2	
WM3. Woman's name: Name _____	WM4. Woman's line number: _____	
WM5. Interviewer name and number: Name _____	WM6. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this woman:

WE ARE FROM (**Planning and Development department, Government of Balochistan**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview	Completed.....1 Not at home2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (<i>specify</i>).....6
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WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
---	--

WM10. Record the time.	Hour and minutes _ _ : _ _	
------------------------	----------------------------------	--

WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month..... _ _ DK month 98 Year _ _ _ _ DK year..... 9998	
WB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) _ _	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Primary..... 1 Middle..... 2 Matric 3 Higher 4 Madrassa 5 DK..... 8	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade..... _ _	
WB6. Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3 No sentence in required language Urdu..... 4 Blind / mute, visually / speech impaired..... 5	

MARRIAGE		MA
MA1. ARE YOU CURRENTLY MARRIED?	Yes, currently married 1 No..... 3	1⇒MA7 3⇒MA5
MA5. HAVE YOU EVER BEEN MARRIED?	Yes, formerly married 1 No..... 3	⇒Domestic violence Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Date of first marriage Month.....__ __ DK month..... 98 Year.....__ __ __ __ DK year 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND?	Age in years.....__ __	

CHILD MORTALITY

CM

All questions refer only to LIVE births.

CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes 1 No 2	2⇒CM8
CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING. <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i>	Date of first birth Day __ __ DK day 98 Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒CM4
CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2⇒CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home __ __ Daughters at home __ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2⇒CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere __ __ Daughters elsewhere __ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes 1 No 2	2⇒CM10
CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead __ __ Girls dead __ __	
	Sum __ __	

<p>CM10. Sum answers to CM5, CM7, and CM9.</p>		
<p>CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. Check below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> No births ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module</p> <p style="padding-left: 40px;"><input type="checkbox"/> One or more births ⇒ Continue with CM12</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		
<p>CM12. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>Month and year must be recorded.</p>	<p>Date of last birth</p> <p>Day..... _ _</p> <p>DK day..... 98</p> <p>Month..... _ _</p> <p>Year _ _ _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2007</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to <i>ILLNESS SYMPTOMS</i> Module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Ask for the name of the child</p> <p style="text-align: center;">Name of child _____</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p>Continue with the next module.</p>		

MATERNAL AND NEWBORN HEALTH

MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.

<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1 No 2</p>	<p>2⇒MN5</p>												
<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse / Midwife B Lady health visitor C Lady health worker D Other person Traditional birth attendant F Relative/friend G Other (specify) X</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times _ _ DK 98</p>													
<p>MN4. 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>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample	1	2												
Blood sample.....	1	2												
<p>MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p>MAY I SEE IT PLEASE?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8</p>													
<p>MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒MN9 8⇒MN9</p>												
<p>MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times _ DK 8</p>	<p>8⇒MN9</p>												
<p>MN8. How many tetanus injections during last pregnancy were reported in MN7?</p> <p><input type="checkbox"/> At least two tetanus injections during last pregnancy. ⇒ Go to MN12</p> <p><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</p>														

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes 1 No 2 DK 8	2⇒MN12 8⇒MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>If 7 or more times, record '7'.</i>	Number of times..... __ DK 8	8⇒MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago __ __	
MN12. Check MN1 for presence of antenatal care during this pregnancy:		
<input type="checkbox"/> Yes, antenatal care received. ⇒ Continue with MN13 <input type="checkbox"/> No antenatal care received ⇒ Go to MN17		
MN13. DURING ANY OF THESE ANTENATAL VISITS FOR THE PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?	Yes 1 No 2 DK..... 8	2⇒MN17 8⇒MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA? <i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i>	SP / Fansidar A Chloroquine..... B Other (specify) _____ X DK.....Z	
MN15. Check MN14 for medicine taken:		
<input type="checkbox"/> SP / Fansidar taken. ⇒ Continue with MN16 <input type="checkbox"/> SP / Fansidar not taken. ⇒ Go to MN17		
MN16. DURING THIS PREGNANCY, HOW MANY TIMES DID YOU TAKE SP/ FANSIDAR?	Number of times..... __ __ DK..... 98	
MN17. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i> <i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i>	Health professional: Doctor A Nurse / Midwife B Lady health visitor C Lady health worker F Other person Traditional birth attendant..... G Relative / Friend..... H Other (specify) _____ X No one..... Y	

<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic / health 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>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>
<p>MN20. 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>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN23</p> <p>8⇒MN23</p>
<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kg) __ . __ __</p> <p>From recall 2 (kg) __ . __ __</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒Next Module</p>

<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p>	<p>Milk (other than breast milk)..... A Plain water B Sugar or glucose water C Gripe water..... D Sugar-salt-water solution.....E Fruit juiceF Infant formula G Tea / Infusions.....H Honey..... I</p> <p>Other (<i>specify</i>) _____ X</p>	

ILLNESS SYMPTOMS

IS

IS1. *Check Household Listing, column HL9*

Is the respondent the mother or caretaker of any child under age 5?

Yes. ⇒ Continue with IS2.

No. ⇒ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?

Probe:

ANY OTHER SYMPTOMS?

Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.

Circle all symptoms mentioned, but do NOT prompt with any suggestions

- Child not able to drink or breastfeed A
- Child becomes sicker B
- Child develops a fever..... C
- Child has fast breathing..... D
- Child has difficult breathingE
- Child has blood in stool.....F
- Child is drinking poorly G
- Other (*specify*) _____ X
- Other (*specify*) _____ Y
- Other (*specify*) _____ Z

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant 1</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	1⇒Next Module
<p>CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p>Do not prompt.</p> <p>If more than one method is mentioned, circle each one.</p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>IUD C</p> <p>Injectables D</p> <p>Implants E</p> <p>Pill..... F</p> <p>Male condom G</p> <p>Female condom..... H</p> <p>Diaphragm I</p> <p>Foam / Jelly..... J</p> <p>Lactational amenorrhoea method (LAM)..... K</p> <p>Periodic abstinence/Rhythm..... L</p> <p>Withdrawal..... M</p> <p>Other (<i>specify</i>)..... X</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

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:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

	Yes	No	DK
Goes out without telling	1	2	8
Neglects children.....	1	2	8
Argues.....	1	2	8
Refuses sex.....	1	2	8
Burns food.....	1	2	8

HIV/AIDS		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	2⇒WM11																
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8																	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK..... 8																	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <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															
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK / Not sure / Depends 8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8																	

WM11. <i>Record the time.</i>	Hour and minutes __ : __	
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<p>WM12. <i>Is the respondent the mother or caretaker of any child age 0-4 living in this household?</i> <i>Check household listing, column HL8.</i></p> <p><input type="checkbox"/> <i>Yes.</i> ⇒ <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No.</i> ⇒ <i>End the interview with this respondent by thanking her for her cooperation.</i> <i>Check for the presence of any other eligible woman or children under-5 in the household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is under the age of 5 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
UF1. Cluster number: _____	UF2. Household number: _____	
WM1A. Name of District _____ District Code ____ _	WM1B. Area Code Urban..... 1, Rural.....2	
UF3. Child's name: Name _____	UF4. Child's line number: _____	
UF5. Mother's / Caretaker's name: Name _____	UF6. Mother's / Caretaker's line number: _____	
UF7. Interviewer name and number: Name _____	UF8. Day / Month / Year of interview: ____ / ____ / _____	

Repeat greeting if not already read to this respondent:

WE ARE FROM PLANNING & DEVELOPMENT DEPARTMENT, GOVERNMENT OF BALOHCISTAN. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT (*number*) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete UF9. Discuss this result with your supervisor

UF9. Result of interview for children under 5 <i>Codes refer to mother/caretaker.</i>	Completed.....1 Not at home2 Refused.....3 Partly completed.....4 Incapacitated.....5 Other (<i>specify</i>)..... 6
UF10. Field edited by (Name and number): Name _____	UF11. Data entry clerk (Name and number): Name _____

UF12. <i>Record the time.</i>	Hour and minutes : ..	
-------------------------------	-----------------------------	--

AGE		AG
<p>AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (<i>name</i>).</p> <p>IN WHAT MONTH AND YEAR WAS (<i>name</i>) BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</p> <p>Month and year must be recorded.</p>	<p>Date of birth</p> <p>Day _ _</p> <p>DK day..... 98</p> <p>Month..... _ _</p> <p>Year _ _ _ _</p>	
<p>AG2. HOW OLD IS (<i>name</i>)?</p> <p><i>Probe:</i> HOW OLD WAS (<i>name</i>) AT HIS / HER LAST BIRTHDAY?</p> <p>Record age in completed years.</p> <p>Record '0' if less than 1 year.</p> <p>Compare and correct AG1 and/or AG2 if inconsistent.</p>	<p>Age (in completed years) _</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 Yes, not seen 2 No..... 3 DK..... 8	1⇒Next Module 2⇒ Next Module
BR2. HAS <i>(name)</i> 'S BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No..... 2 DK..... 8	1⇒Next Module
BR3. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	2⇒Next Module
BR4. WHY IS <i>(name)</i> 'S BIRTH NOT REGISTERED?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (specify)_____ 6 DK..... 8	

EARLY CHILDHOOD DEVELOPMENT

EC

<p>EC1. HOW MANY CHILDREN’S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None 00</p> <p>Number of children’s books 0 __</p> <p>Ten or more books 10</p>	
<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>If the respondent says “YES” to the categories above, then probe to learn specifically what the child plays with to ascertain the response</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>If ‘none’ enter’ 00’. If ‘don’t know’ enter’ 98’</p>	<p>Number of days left alone for more than an hour..... __ __</p> <p>Number of days left with other child for more than an hour __ __</p>	
<p>EC4. Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p>		
<p>EC5. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒EC7</p> <p>8⇒EC7</p>
<p>EC6. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?</p>	<p>Number of hours..... __ __</p>	

<p>EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE 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>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (<i>name</i>)?</p> <p>[B] TOLD STORIES TO (<i>name</i>)?</p> <p>[C] SANG SONGS TO (<i>name</i>) OR WITH (<i>name</i>), INCLUDING LULLABYS?</p> <p>[D] TOOK (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH (<i>name</i>)?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO 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/counted</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/counted	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/counted	A	B	X	Y																																	
<p>EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. 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 YOUR CHILD'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>EC9. 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>EC10. 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>EC11. 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>																																				
<p>EC12. IS (<i>name</i>) SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK..... 8</p>																																				

EC13. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes 1 No..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (<i>name</i>) ABLE TO DO IT INDEPENDENTLY?	Yes 1 No..... 2 DK..... 8	
EC15. DOES (<i>name</i>) GET ALONG WELL WITH OTHER CHILDREN?	Yes 1 No..... 2 DK..... 8	
EC16. DOES (<i>name</i>) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes 1 No..... 2 DK..... 8	
EC17. DOES (<i>name</i>) GET DISTRACTED EASILY?	Yes 1 No..... 2 DK..... 8	

BREASTFEEDING		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS. DID (<i>name</i>) DRINK PLAIN WATER YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF4. DID (<i>name</i>) DRINK INFANT FORMULA YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF6 8⇒BF6
BF5. HOW MANY TIMES DID (<i>name</i>) DRINK INFANT FORMULA?	Number of times..... _ _	
BF6. DID (<i>name</i>) DRINK MILK, SUCH AS TINNED, POWDERED OR FRESH ANIMAL MILK YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF8 8⇒BF8
BF7. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times..... _ _	
BF8. DID (<i>name</i>) DRINK JUICE OR JUICE DRINKS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF9. DID (<i>name</i>) DRINK SOUP YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF10. 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	

BF11. DID (<i>name</i>) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF12. DID (<i>name</i>) DRINK ANY OTHER LIQUIDS YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF13. DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF15 8⇒BF15
BF14. HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF15. DID (NAME) EAT THIN PORRIDGE YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	
BF16. DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Yes 1 No 2 DK..... 8	2⇒BF18 8⇒BF18
BF17. HOW MANY TIMES DID (<i>name</i>) EAT SOLID OR SEMI-SOLID (SOFT, MUSHY) FOOD YESTERDAY, DURING THE DAY OR NIGHT?	Number of times..... _ _	
BF18. YESTERDAY, DURING THE DAY OR NIGHT, DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes 1 No 2 DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7
CA2. I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). 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	
CA3. 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? If “less”, probe: 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 6 DK..... 8	
CA4. DURING THE EPISODE OF DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. [A] A FLUID MADE FROM A SPECIAL PACKET CALLED NIMKOL? [B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA? [C] (<i>Government-recommended homemade fluid name will be added here</i>)?	Y N DK Fluid from NIMKOL packet 1 2 8 Pre-packaged ORS fluid 1 2 8 <i>Govt. recommended homemade fluid</i> 1 2 8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes 1 No 2 DK..... 8	2⇒CA7 8⇒CA7

<p>CA6. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p>(Name)</p>	<p>Pill or Syrup</p> <p>Antibiotic A</p> <p>Antimotility..... B</p> <p>Zinc C</p> <p>Other (Not antibiotic, antimotility or zinc) G</p> <p>Unknown pill or syrup H</p> <p>Injection</p> <p>AntibioticL</p> <p>Non-antibioticM</p> <p>Unknown injection..... N</p> <p>Intravenous..... O</p> <p>Home remedy / Herbal medicine..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest..... 1</p> <p>Blocked or runny nose..... 2</p> <p>Both..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>6⇒CA14</p>
<p>CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p>	<p>Public sector</p> <p>Govt. hospital..... A</p> <p>Dispensary.....E</p> <p>Basic health centreF</p> <p>Rural health post G</p> <p>Other public (<i>specify</i>)..... H</p> <p>Private medical sector</p> <p>Private hospital / clinic.....I</p> <p>Private physician.....J</p> <p>Private pharmacy K</p> <p>...Dispenser/compounder.....M</p> <p>Other private medical (<i>specify</i>) _____ O</p> <p>Other source</p> <p>Relative / Friend.....P</p>	

<p>Probe to identify each type of source.</p> <p>If unable to determine if public or private sector, write the name of the place.</p> <p>_____</p> <p>(Name of place)</p>	<p>Homeopath S</p> <p>Traditional practitioner (Hakeem)..... T</p> <p>Other (<i>specify</i>) _____ X</p>	
<p>CA12. WAS (<i>name</i>) GIVEN ANY MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA13. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p>Circle all medicines given. Write brand name(s) of all medicines mentioned.</p> <p>_____</p> <p>(Names of medicines)</p>	<p>Antibiotic Pill / Syrup A Injection B</p> <p>Anti-malarials..... M</p> <p>Paracetamol / Panadol / Acetaminophen P Aspirin Q Ibuprofen..... R</p> <p>Other (<i>specify</i>) _____ X DK..... Z</p>	
<p>CA14. Check AG2: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA15</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>Child used toilet / latrine 01</p> <p>Put / Rinsed into toilet or latrine..... 02</p> <p>Put / Rinsed into drain or ditch..... 03</p> <p>Thrown into garbage (solid waste) 04</p> <p>Buried..... 05</p> <p>Left in the open 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, HAS (<i>name</i>) BEEN ILL WITH A FEVER AT ANY TIME?	Yes 1 No 2 DK..... 8	2⇒Next Module 8⇒Next Module
ML2. 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	
ML3. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML4. WAS (<i>NAME</i>) TAKEN TO A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8
ML5. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2⇒ML7 8⇒ML7
ML6. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Probe:</i> ANY OTHER MEDICINE? <i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i> _____ (Name)	Anti-malarials: SP / Fansidar A Chloroquine B Amodiaquine..... C Quinine D Combination with Artemisinin.....E Country-specific CBD anti-malarial.....F Other anti-malarial (<i>specify</i>) _____ H Antibiotic drugs Pill / Syrup I Injection J Other medications: Paracetamol/ Panadol /Acetaminophen P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) _____ X DK..... Z	
ML7. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	1⇒ML9 2⇒ML10 8⇒ML10
ML8. WAS (<i>name</i>) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML10 8⇒ML10

<p>ML9. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANY OTHER MEDICINE?</p> <p><i>Circle all medicines mentioned. Write brand name(s) of all medicines, if given.</i></p> <p>_____</p> <p>(Name)</p>	<p>Anti-malarials:</p> <p>SP / Fansidar A</p> <p>Chloroquine B</p> <p>Amodiaquine..... C</p> <p>Quinine D</p> <p>Combination with Artemisinin.....E</p> <p>Country-specific CBD anti-malarial.....F</p> <p>Other anti-malarial (<i>specify</i>) _____ H</p> <p>Antibiotic drugs</p> <p>Pill / Syrup I</p> <p>Injection J</p> <p>Other medications:</p> <p>Paracetamol/ Panadol/ Acetaminophen P</p> <p>Aspirin Q</p> <p>Ibuprofen..... R</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p>	
<p>ML10. Check ML6 and ML9: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML11</p> <p><input type="checkbox"/> No. ⇒ Go to Next Module</p>		
<p>ML11. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML6 or ML9</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.</i></p> <p><i>Record how long after the fever started the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK..... 8</p>	

IMMUNIZATION

IM

If an immunization card is available, copy the dates in IM3 for each type of immunization recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.

IM1. DO YOU HAVE A CARD WHERE <i>(name)</i> 'S VACCINATIONS ARE WRITTEN DOWN? (If yes) MAY I SEE IT PLEASE?	Yes, seen 1 Yes, not seen 2 No card..... 3	1⇒IM3 2⇒IM6		
IM2. DID YOU EVER HAVE A VACCINATION CARD FOR <i>(name)</i> ?	Yes 1 No 2	1⇒IM6 2⇒IM6		
IM3. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization			
	Day	Month	Year	
BCG	BCG			
POLIO AT BIRTH	OPV0			
POLIO 1	OPV1			
POLIO 2	OPV2			
POLIO 3	OPV3			
DPT1	DPT1			
DPT2	DPT2			
DPT3	DPT3			
HEPB AT BIRTH	H0			
HEPB1	H1			
HEPB2	H2			
HEPB3	H3			
MEASLES (OR MMR)	MEASLES			
INFLUENZA				
IM4. Check IM3. Are all vaccines (BCG to Yellow Fever) recorded?				
<input type="checkbox"/> Yes ⇒ Continue with IM18				
<input type="checkbox"/> No ⇒ Continue with IM5				

<p>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?</p> <p>Record ‘Yes’ only if respondent mentions vaccines shown in the table above.</p>	<p>Yes 1 (Probe for vaccinations and write ‘66’ in the corresponding day column for each vaccine mentioned. Then skip to IM18)</p> <p>No 2 DK..... 8</p>	<p>2⇒UF13 8⇒UF13</p>
<p>IM6. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒UF13 8⇒UF13</p>
<p>IM7. 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?</p>	<p>Yes 1 No 2 DK..... 8</p>	
<p>IM8. HAS (<i>name</i>) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM11 8⇒IM11</p>
<p>IM9. WAS THE FIRST POLIO VACCINE RECEIVED IN THE FIRST TWO WEEKS AFTER BIRTH OR LATER?</p>	<p>First two weeks 1 Later 2</p>	
<p>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM11. HAS (<i>name</i>) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?</p> <p><i>Probe by indicating that DPT vaccination is sometimes given at the same time as Polio</i></p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM13 8⇒IM13</p>
<p>IM12. HOW MANY TIMES WAS A DPT VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	
<p>IM13. HAS (<i>name</i>) EVER BEEN GIVEN A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</p> <p><i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒IM16 8⇒IM16</p>
<p>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH, OR LATER?</p>	<p>Within 24 hours..... 1 Later 2</p>	
<p>IM15. HOW MANY TIMES WAS A HEPATITIS B VACCINE RECEIVED?</p>	<p>Number of times..... _</p>	

<p>IM16. HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION OR AN MMR INJECTION – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes 1 No 2 DK..... 8</p>	
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<p>UF13. <i>Record the time.</i></p>	<p>Hour and minutes __ __ : __ __</p>	
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<p>UF14. <i>Is the respondent the mother or caretaker of another child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation and tell her/him that you will need to measure the weight and height of the child.</i></p> <p><i>Check to see if there are other woman’s or under-5 questionnaires to be administered in this household.</i></p> <p><i>Move to another woman’s or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.</i></p>

ANTHROPOMETRY

AN

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.

AN1. Measurer's name and number:	Name _____	
AN2. Result of height / length and weight measurement	Either or both measured 1 Child not present 2 Child or caretaker refused 3 Other (<i>specify</i>) 6	2⇒AN6 3⇒AN6 6⇒AN6
AN3. Child's weight	Kilograms (kg) Weight not measured..... 99.9	
AN4. Child's length or height Check age of child in AG2: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down 1 _____ Height (cm) Standing up 2 _____ Length / Height not measured 9999.9	
AN5. Oedema Observe and record	Checked Oedema present 1 Oedema not present 2 Unsure 3 Not checked _____ (<i>specify reason</i>) _____ 7	

AN6. Is there another child in the household who is eligible for measurement?

Yes. ⇒ Record measurements for next child.

No. ⇒ End the interview with this household by thanking all participants for their cooperation.

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations