APPENDIX F. Questionnaires

See the Questionnaires in separate file

MICS

HOUSEHOLD QUESTIONNAIRE
VIET NAM

HOUSEHOLD INFORMATION PANEL	HH
HHA. Province/ City name and number: Name _____ ___ ___	HHB. District name and number: Name _____ ___ ___
HHC. Commune/ Ward name and number: _____ ___ ___	
HH1. EA name and number: Name _____ ___ __	HH2. Household number: ___ ___
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Team leader name and number: Name _____ ___ ___
HH5. Day / Month / Year of interview:	___ ___ / ___ ___ / ___ ___ ___ ___
HH6. Area: Urban.....1 Rural.....2	HH7. Region: Red River Delta ..... 1 Northern Midlands and Mountain area ..... 2 North Central and Central Coastal area ..... 3 Central Highlands ..... 4 South East ..... 5 Mekong River Delta 6

We are from General Statistics Office. We are working on a survey concerned with family health and education. I would like to talk to you about these subjects. The interview will take about 40 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 HH18 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete HH9. Discuss this result with your team leader.*

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household:	_____
HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07 Other (*specify*) _____ 96	HH10. Respondent to household questionnaire: Name:_____ Line Number: ___ ___ HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___
HH16. Field edited by (Name and number): Name	HH17. Data entry clerk (Name and number): Name

HH18.
Record the time.

Hour..... __ __

Minutes__ __

HOUSEHOLD LISTING FORM — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

								*For women age **15-49***	*For children age **5-17***	*For children under age **5***	*For all household members*	*For children age **0-17** years*			
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? 1 Male 2 Female		HL5. WHAT IS (*name*)'S DATE OF BIRTH? *Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.* 98 DK	9998 DK	HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	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↘ Next Line 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	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1	2	__ __	__ __ __ __	__ __	01	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
02		__ __	1	2	__ __	__ __ __ __	__ __	02	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
03		__ __	1	2	__ __	__ __ __ __	__ __	03	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
04		__ __	1	2	__ __	__ __ __ __	__ __	04	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
05		__ __	1	2	__ __	__ __ __ __	__ __	05	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
06		__ __	1	2	__ __	__ __ __ __	__ __	06	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
07		__ __	1	2	__ __	__ __ __ __	__ __	07	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
08		__ __	1	2	__ __	__ __ __ __	__ __	08	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

HH18.
Record the time.

Hour..... __ __

Minutes__ __

HOUSEHOLD LISTING FORM — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

								*For women age **15-49***	*For children age **5-17***	*For children under age **5***	*For all household members*	*For children age **0-17** years*			
HL1. *Line number*	HL2. *Name*	HL3. WHAT IS THE RELATIONSHIP OF (*name*) TO THE HEAD OF HOUSEHOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female		HL5. WHAT IS (*name*)'S DATE OF BIRTH? *Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.* 98 DK	9998 DK	HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	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↘ Next Line 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	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
09		___ ___	1	2	__ __	__ __ __ __	___ ___	09	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
10		___ ___	1	2	__ __	__ __ __ __	___ ___	10	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
11		___ ___	1	2	__ __	__ __ __ __	___ ___	11	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
12		___ ___	1	2	__ __	__ __ __ __	___ ___	12	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
13		___ ___	1	2	__ __	__ __ __ __	___ ___	13	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
14		___ ___	1	2	__ __	__ __ __ __	___ ___	14	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___
15		___ ___	1	2	__ __	__ __ __ __	___ ___	15	___ ___	___ ___	1 2	1 2 8	___ ___	1 2 8	___ ___

Tick here if additional questionnaire used ☐

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, adopted children) 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.

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

GRADE CONVERTION TABLE FOR UNIVERSALISED EDUCATION SYSTEMS

General education system for conversion		EQUIVALENT GENERAL EDUCATION LEVELS								
			From 1945 until 1954				Educational system in Northern Viet Nam			
		System under the French time	Free region		Temporarily occupied region	Complementary education (CE) system	Prior to 1981	From Quảng Bình northward		Current national education system
Level	Grade		1945-1950	1950-1954				1981-1986	1986-1989	
Primary School	1	Grade 5 (Cours enfantin)			Grade 5 primary school		Pre-school	Grade 1	Grade 1	Grade 1
	2	Grade 4 (Cours préparatoire)	Grade 4	Grade 1	Grade 4 primary school	Grade 1 CE	Grade 1	Grade 2	Grade 2	Grade 2
	3	Grade 3 (Cours elementaire)	Grade 3	Grade 2	Grade 3 primary school	Grade 2 CE	Grade 2	Grade 3	Grade 3	Grade 3
	4	Intermediate 1 (Moyen1) Intermediate 2 (Moyen2)	Grade 2	Grade 3	Grade 2 primary school	Grade 3 CE	Grade 3	Grade 4	Grade 4	Grade 4
	5	Upper intermediate (Supérieur) Certificate (Certificat)	Grade 1	Grade 4	Grade 1 primary school	Grade 4 CE	Grade 4	Grade 5	Grade 5	Grade 5
Lower Secondary School	6	First year (Première année)	First year		7th class Secondary school	Grade 5 CE			Grade 6	Grade 6
	7	Second year (Deuxième année)	Second year	Grade 5	6th class Secondary school	Grade 6 CE	Grade 5	Grade 6	Grade 7	Grade 7
	8	Third year (Troisième année)	Third year	Grade 6	5th class Secondary school	Grade 7 CE	Grade 6	Grade 7	Grade 8	Grade 8
Upper Secondary School	9	Fourth year - Diploma (Quatrième année - Diplôme)	Fourth year	Grade 7	4th class Secondary school	Grade 7B CE	Grade 7			Grade 9
	10	First year	First year Specialisation	Grade 8	3rd class	Grade 8 CE	Grade 8	Grade 10	Grade 10	Grade 10
	11	First part, secondary school degree (Baccalauréat première partie)	Second year Specialisation	Grade 9	2nd class Baccalaureate I	Grade 9 CE Grade 10A CE	Grade 9	Grade 11	Grade 11	Grade 11
	12	Second part, secondary school degree (Baccalauréat deuxième partie)	Third year Specialisation		1st class 2nd education degree	Grade 10B CE	Grade 10	Grade 12	Grade 12	Grade 12

EDUCATION — ED

For household members age **5 and above**

ED1. *Line number*

ED2. *Name and age*

Copy from Household Listing Form, HL2 and HL6

ED3. Has (*name*) ever attended school or pre-school?

1 Yes
2 No ↘ Next Line

ED4. What is the highest level of school (*name*) attended?

What is the highest grade (*name*) completed at this level?

Record response in 12 year system. Use conversion table if needed.

Level:
0 Preschool ↘ ED5
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School ↘ ED5
5 College/ University & above ↘ ED5
8 DK

Grade:
98 DK
If less than 1 full grade at this level, enter 00.

For household members age **5-24** *years*

ED5. During the (***2011***) school year, did (*name*) attend school or preschool at any time?

1 Yes
2 No ↘ ED7

ED6. During this school year, which level and grade is/was (*name*) attending?

Level:
0 Preschool ↘ ED7
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School ↘ ED7
5 College/ University & above ↘ ED7
8 DK

Grade:
98 DK

ED7. During the previous school year, that is (***2009-2010***), did (*name*) attend school or preschool at any time?

1 Yes
2 No ↘ Next Line
8 DK ↘ Next Line

ED8. During that previous school year, which level and grade did (*name*) attend?

Level:
0 Preschool ↘ Next person
1 Primary
2 Lower Secondary
3 Upper Secondary
4 Professional School ↘ Next person
5 College/University & above ↘ Next person
8 DK

Grade:
98 DK

Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
02		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
03		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
04		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
05		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
06		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
07		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
08		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
09		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
10		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
11		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
12		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
13		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
14		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___
15		___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	0 1 2 3 4 5 8	___ ___	1	2	8	0 1 2 3 4 5 8	___ ___

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 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 (*specify*) _____ 96	11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 21⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 71⇨WS3 81⇨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 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 (*specify*) _____ 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	
WS5. Who usually goes to this source to collect the water for your household? *Probe:* Is this person under age 15? What sex?	Adult woman (age 15+ years) ... 1 Adult man (age 15+ years) ... 2 Female child (under 15) ... 3 Male child (under 15) ... 4 DK ... 8	
WS6. Do you do anything to the water to make it safer to drink?	Yes ... 1 No 2 DK ... 8	2⇨WS8 8⇨WS8

WS7. What do you usually do to make the water safer to drink? *Probe:* Anything else? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	
WS8. What kind of toilet facility do members of your household usually use? *If "flush" or "pour flush", probe:* Where does it flush to? *If necessary, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 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 Hanging toilet, Hanging latrine ..... 51 No facility, Bush, Field ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. Do you share this facility with others who are not members of your household?	Yes ..... 1 No 2	2⇨Next Module
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?	Other households only (not public) ..... 1 Public facility 2	2⇨Next Module
WS11. How many households in total use this toilet facility, including your own household?	Number of households (if less than 10) ..... 0 __ Ten or more households ..... 10 DK 98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of the head of this household?	Buddhism 1 Muslim 2 Cao Dai 3 Hoa Hao 4 Christian Catholic 5 Christian Protestant 9 Other religion (*specify*) _____ 6 No religion 7	
HC1C. To what ethnic group does the head of this household belong?	Kinh 01 Tay 02 Thai 03 Muong 04 Khmer 05 Chinese 06 Nung 07 Hmong 08 Other (*specify*) _____ 96 Unspecified _____ 97	
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 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl sheets 32 Ceramic tiles 33 Cement/ concrete 34 Carpet 35 Enamelled tiles/ marble 36 Other (*specify*) _____ 96	
HC4. *Main material of the roof.* *Record observation.*	Natural roofing No Roof 11 Thatch / Palm leaf/ Straw 12 Rudimentary Roofing Bamboo/ tree-trunk 22 Wood planks/ shingles 23 Cardboard 24 Finished roofing Metal/ corrugated iron sheet 31 Calamine / Cement fibre 33 Ceramic tiles 34 Cement/ reinforced concrete 35 Stone slates 37 Asphalt sheets 38 Other (*specify*) _____ 96	

HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls No walls ..... 11 Bamboo/ Cane / Palm / Tree-Trunks ..... 12 Dirt ..... 13 Reed ..... 14 Rudimentary walls Bamboo with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused wood (packing wood) ..... 26 Finished walls Reinforced concrete ..... 31 Stone/ Laterite ..... 32 Bricks (covered or uncovered) ..... 33 Cement blocks/ coal residue bricks ..... 34 Covered adobe ..... 35 Wood planks / shingles ..... 36 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal/ Pit-coal/ light coal ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 No food cooked in household ..... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	

HC8. Does your household have:		Yes	No	
[A] Electricity?	Electricity	1	2	
[B] A radio?	Radio	1	2	
[C] A television?	Television	1	2	
[D] A non-mobile telephone?	Non-mobile telephone	1	2	
[E] A refrigerator?	Refrigerator	1	2	
[F] A bed?	Bed	1	2	
[G] A table and chairs set?	Table and chairs set	1	2	
[H] A sofa?	Sofa	1	2	
[I] A cupboard for cloth?	Cupboard	1	2	
[J] Kitchen cabinets?	Kitchen cabinets	1	2	
[K] A fan?	Fan	1	2	
[L] Cable/ digital TV?	Cable/ digital TV	1	2	
[M] A computer?	Computer	1	2	
[N] Air conditioner?	Air conditioner	1	2	

HC9. Does any member of your household own:		Yes	No	
[A] A wrist watch?	Wrist watch	1	2	
[B] A mobile telephone?	Mobile telephone	1	2	
[C] A bicycle?	Bicycle	1	2	
[D] A motorcycle or scooter?	Motorcycle / Scooter	1	2	
[E] A power-tiller or tractor?	Power-tiller / Tractor	1	2	
[F] A car or truck?	Car / Truck	1	2	
[G] A ship or boat with a motor?	Ship/ Boat with motor	1	2	

HC10. Do you or someone living in this household own this dwelling? *If "No", then ask:* Do you rent this dwelling from someone not living in this household? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own Rent Other (Not owned or rented)	1 2 6
HC11. Does any member of this household own or have user rights for any land that can be used for agriculture?	Yes No	1 2 ⇨ HC12A
HC12. How many square meters (m^2) of agricultural land do members of this household own or have user rights for? *If unknown, record '99998'.*	M^2 ___ ___ ___ ___ ___	
HC12A. Does any member of this household own or have user rights for any water surface area that can be used for aquaculture?	Yes No	1 2 ⇨ HC13
HC12B. How many square meters (m^2) of water surface area do members of this household own or have user rights for? *If unknown, record '99998'.*	M^2 ___ ___ ___ ___ ___	
HC13. Does this household own any livestock, herds, other farm animals, or poultry?	Yes No	1 2 ⇨ HC15

HC14. How many of the following animals does this household have?

[A] Buffalo, milk cows, or bulls?

[B] Horses?

[C] Goats?

[D] Sheep?

[E] Chickens?

[F] Pigs?

[G] Ducks, geese, or swans?

If none, record '00'.
If 95 or more, record '95'.
If unknown, record '98'.

Buffalo, milk cows, or bulls ..... ___ ___

Horses ..... ___ ___

Goats ..... ___ ___

Sheep ..... ___ ___

Chickens ..... ___ ___

Pigs ..... ___ ___

Ducks, geese, swans ..... ___ ___

HC15. Does any member of this household have a bank account?

Not including Deposit Certificate.

Yes 1
No 2

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 6 nets, use additional questionnaire(s).*						
	1st Net	2nd Net	3rd Net	4th Net	5th Net	6th Net
TN4. *Mosquito net observed?*	Observed.......1 Not observed.......2	Observed.......1 Not observed.......2	Observed.......1 Not observed.......2	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.* *If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.*	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98	Long-lasting treated nets Global Fund.......11 Other (*specify*).......16 DK brand.......18 Pre-treated nets Global Fund.......21 Other (*specify*).......26 DK brand.......28 Other net (*specify*) ________31 DK brand / type.......98
TN6. How many months ago did your household get the mosquito net? *If less than one month, record "00"*	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	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*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*
TN8. When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	Yes.......1 No2 DK / Not sure.......8	Yes.......1 No2 DK / Not sure.......8	Yes.......1 No2 DK / Not sure.......8	Yes.......1 No2 DK / Not sure.......8	Yes.......1 No2 DK / Not sure.......8	Yes.......1 No2 DK / Not sure.......8

TN9. Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11	Yes .... 1 No2 ⇨TN11 DK / Not sure.......8 ⇨TN11
TN10. How many months ago was the net last soaked or dipped? *If less than one month, record "00"*	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	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
TN11. Did anyone sleep under this mosquito net last night?	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13	Yes ....1 No2 ⇨TN13 DK / Not sure.......8 ⇨TN13
TN12. Who slept under this mosquito net last night? *Record the person's line number from the household listing form* *If someone not in the household list slept under the mosquito net, record "00"*	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___	Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___ Name ________________ Line number ....___ ___
TN13.	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module*
						Tick here if additional questionnaire used ☐

INDOOR RESIDUAL SPRAYING		IR
IR1. At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	Yes..... 1 No 2 DK..... 8	

CHILD LABOUR — CL

To be administered for children in the household age **5-17** *years. For household members below age 5 or above age 17, leave rows blank.*

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

CL1. *Line number*	CL2. *Name and Age*	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.* 1 Yes 2 No ⇨ CL9	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?

Line	Name	Age	Yes Paid	Yes Unpaid	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	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	____ ____

CHILD DISCIPLINE — CD

Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions

- *List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.*
- *Record the line number, name, sex, and age for each child.*
- *Then record the total number of children aged 2-14 in the box provided (CD6).*

CD1. *Rank number*	CD2. *Line number from HL1*	CD3. *Name from HL2*	CD4. *Sex from HL4*		CD5. *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	___ ___

CD6. Total children age 2-14 years ___ ___

- *If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down'1' and continue with CD9*

Table 2: Selection of Random Child for Child Discipline Questions

- *Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.*
- *Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.*
- *Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.*
- *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.*

CD7.	**Total Number of Eligible Children in the Household (CD6)**							
Last digit of household number (HH2)	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. *Record the rank number of the selected child* .....___

CD9. *Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.*

Name _____

Line number ..... __ __

CD10. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with *(name)* in the past month.	
CD11. Took away privileges, forbade something *(name)* liked or did not allow him/her to leave house.	Yes..... 1 No 2
CD12. Explained why (*name*)'s behavior was wrong.	Yes..... 1 No 2
CD13. Shook him/her.	Yes..... 1 No 2
CD14. Shouted, yelled at or screamed at him/her.	Yes..... 1 No 2
CD15. Gave him/her something else to do.	Yes..... 1 No 2
CD16. Spanked, hit or slapped him/her on the bottom with bare hand.	Yes..... 1 No 2
CD17. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.	Yes..... 1 No 2
CD18. Called him/her dumb, lazy, or another name like that.	Yes..... 1 No 2
CD19. Hit or slapped him/her on the face, head or ears.	Yes..... 1 No 2
CD20. Hit or slapped him/her on the hand, arm, or leg.	Yes..... 1 No 2
CD21. Beat him/her up, that is hit him/her over and over as hard as one could.	Yes..... 1 No 2
CD22. 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 Don't know / No opinion..... 8

HANDWASHING — HW

	Observed 1	
HW1. Please show me where members of your household most often wash their hands.	Not observed	
	Not in dwelling / plot / yard 2	2 ⇨HW4
	No permission to see 3	3 ⇨HW4
	Other reason 6	6 ⇨HW4
HW2. *Observe presence of water at the specific place for handwashing.*		
Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	Water is available 1	
	Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for handwashing.*	Bar soap ..... A	
	Detergent (Powder / Liquid / Paste) ..... B	A⇨HH19
Circle all that apply.	Liquid soap C	B⇨HH19
Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.	Ash / Mud / Sand ..... D	C⇨HH19
	None ..... Y	D⇨HH19
HW4. Do you have any soap or detergent in your household for washing hands?	Yes 1	
	No 2	2⇨HH19
HW5. Can you please show it to me?	Bar soap ..... A	
Record observation. Circle all that apply.	Detergent (Powder / Liquid / Paste) ..... B	
	Liquid soap C	
	Ash / Mud / Sand ..... D	
	Not able / Does not want to show ..... Y	

HH19. *Record the time.*	Hour and minutes ..... __ __ : __ __	

SALT IODIZATION — SI

SI1. 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?	Not iodized 0 PPM 1
	More than 0 PPM & less than 15 PPM 2
	15 PPM or more 3
Once you have tested the salt, circle number that corresponds to test outcome.	No salt in the house 6
	Salt not tested 7

HH20. *Does any eligible woman age 15-49 reside in the household?*

Check Household Listing Form, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.

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

☐ *No ⇨ Continue.*

HH21. *Does any child under the age of 5 reside in the household?*

Check Household Listing Form, column HL9 for any eligible child under age 5.
You should have a questionnaire with the Information Panel filled in for each eligible child.

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

☐ *No ⇨ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.*

Interviewer's Observations

Field Editor's Observations

Team Leader's Observations

VIET NAM

WOMAN'S INFORMATION PANEL — WM

This questionnaire is to be administered to all women age 15 through 49 (see Household Listing Form, column HL7). A separate questionnaire should be used for each eligible woman.

WMA. Province/ City name and number:
Name ..... ___ ___

WMB. District name and number:
Name _____ ___ ___

WMC. Commune/ Ward name and number: _____ ___ ___

WM1. EA name and number:
Name ..... ___ ___ ___

WM2. Household number:
___ ___

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 GENERAL STATISTICS OFFICE. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, 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 team leader.*

WM7. Result of woman's interview

Completed	01
Not at home	02
Refused	03
Partly completed	04
Incapacitated	05
Other (*specify*) _____	96

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? *Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.*	Date of birth Month..... __ __ DK month..... 98 Year ..... __ __ __ __ DK year..... 9998	
WB2. How old are you? *Probe:* How old were you at your last birthday? *Compare and correct WB1 and/or WB2 if inconsistent*	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 Lower Secondary..... 2 Upper Secondary..... 3 Professional School..... 4 College/ University & above..... 5	0⇨WB7 4⇨Next module 5⇨Next module
WB5. What is the highest grade you completed at that level? *If less than 1 full grade at this level, enter "00"*	Grade..... __ __	
WB6. *Check WB4:* ☐ *Lower Secondary or higher. ⇨ Go to Next Module* ☐ *Primary ⇨ Continue with WB7*		
WB7. Now I would like you to read this sentence to me. *Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:* 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_____ 4 *(specify language)* Blind / mute, visually / speech impaired..... 5	

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, or whose father is not your current partner. *Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.*	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? *If none, record '00'.*	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? *If none, record '00'.*	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? *If "No" probe by asking:* I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes ..... 1 No 2	2⇨CM10
CM9. How many boys have died? How many girls have died? *If none, record '00'.*	Boys dead ..... __ __ Girls dead ..... __ __	
CM10. *Sum answers to CM5, CM7, and CM9.*	Sum ..... __ __	

CM11. Just to make sure that I have this right, you have had in total (*total number in CM10*) live births during your life. Is this correct?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module*

☐ *One or more live births ⇨ Continue with CM12*

☐ *No ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12*

CM12. Of these (*total number in CM10*) births you have had, when did you deliver the last one (even if he or she has died)? *Month and year must be recorded.*	Date of last birth Day ..... __ __ DK day ..... 98 Month ..... __ __ Year ..... __ __ __ __	

CM13. *Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in* ***2008/2009***

☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births in last 2 years. ⇨ Ask for the name of the child*

*Name of child*_____

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

Continue with the next module.

DESIRE FOR LAST BIRTH		**DB**
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.		
DB1. When you got pregnant with (*name*), did you want to get pregnant at that time?	Yes ..... 1 No 2	1⇨Next Module
DB2. Did you want to have a baby later on, or did you not want any (more) children?	Later ..... 1 No more 2	2⇨Next Module
DB3. How much longer did you want to wait?	Months ..... 1 __ __ Years ..... 2 __ __ DK 998	

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.

MN1. Did you see anyone for antenatal care during your pregnancy with (*name*)?
- Yes 1
- No ..... 2 ⇨ MN5

MN2. Whom did you see?

Probe: Anyone else?

Probe for the type of person seen and circle all answers given.
- Health professional:
  - Doctor ..... A
  - Nurse / Midwife ..... B
  - Elementary midwife/nurse C
- Other person
  - Traditional birth attendant ..... F
  - Village health worker ..... G
- Other (*specify*) _____ X

MN3. How many times did you receive antenatal care during this pregnancy?
- Number of times ..... __ __
- DK 98

MN4. As part of your antenatal care during this pregnancy, were any of the following done at least once:

		Yes	No
[A] Was your blood pressure measured?	Blood pressure	1	2
[B] Did you give a urine sample?	Urine sample	1	2
[C] Did you give a blood sample?	Blood sample	1	2

MN5. Do you have a card with your own immunizations listed?

May I see it please?

If a card is presented, use it to assist with answers to the following questions.
- Yes (card seen) 1
- Yes (card not seen) 2
- No 3
- DK 8

MN6. When you were pregnant with (*name*), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus toxoid, that is convulsions after birth?
- Yes 1
- No ..... 2 ⇨ MN9
- DK ..... 8 ⇨ MN9

MN7. How many times did you receive this tetanus injection during your pregnancy with (*name*)?

If 7 or more times, record '7'.
- Number of times ..... __
- DK ..... 8 ⇨ MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*

☐ *Two or more tetanus injections during last pregnancy.* ⇨ *Go to MN17*

☐ *One tetanus injection during last pregnancy.* ⇨ *Continue with MN9*

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 ⇨ MN17
- DK ..... 8 ⇨ MN17

MN10. How many times did you receive a tetanus injection before your pregnancy with (*name*)?

If 7 or more times, record '7'.
- Number of times ..... __
- DK ..... 8 ⇨ MN17

MN11. How many years ago did you receive the last tetanus injection before your pregnancy with (*name*)?
- Years ago ..... __ __

MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.*	Health professional: Doctor ..... A Nurse / Midwife ..... B Elementary midwife/ nurse ..... C Other person Traditional birth attendant ..... F Village health worker ..... G Relative / Friend ..... H Other (*specify*) _____ X No one ..... Y	
MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Commune health centre ..... 22 Policlinic ..... 25 Sectoral hospital (army, police) ..... 24 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternal hospital ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	11⇨MN20 12⇨MN20 96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? (THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?)	Yes ..... 1 No 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No 2 DK 8	2⇨MN23 8⇨MN23
MN22. HOW MUCH DID (*name*) WEIGH? *Record weight from immunization handbook or Certificate of Hospital Discharge after Delivery, if available.*	From handbook ..... 1 (kg) __ . __ __ __ From recall ..... 2 (kg) __ . __ __ __ DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes ..... 1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2⇨Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ Days ..... 2 __ __ Don't know / remember 998	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	2⇨Next Module

MN27. WHAT WAS (*name*) GIVEN TO DRINK?

Probe:
ANYTHING ELSE?

- Milk (other than breast milk) ..... A
- Plain water ..... B
- Sugar or glucose water C
- Gripe water ..... D
- Sugar-salt-water solution ..... E
- Fruit juice ..... F
- Infant formula ..... G
- Tea / Infusions ..... H
- Honey I
- Rice soup ..... J

Other (*specify*) _____ X

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 breathing ..... E
- Child has blood in stool ..... F
- Child is drinking poorly ..... G
- Child is vomiting ..... H
- Child choked I

Other (*specify*) _____ X

Other (*specify*) _____ Y

Other (*specify*) _____ Z

CONTRACEPTION		CP
CP1. I would like to talk with you about another subject – family planning. Are you pregnant now?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨Next Module
CP2. Couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No 2	2⇨Next Module
CP3. What are you doing to delay or avoid a pregnancy? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B IUD ..... C Injectables ..... D Implants ..... E PillF Male condom ..... G Female condom ..... H Diaphragm ..... I Foam / Jelly ..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence / Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

UNMET NEED		UN
UN1. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Continue with UN2* ☐ *No, unsure or DK ⇨ Go to UN5*		
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⇨UN4
UN3. Did you want to have a baby later on or did you not want any (more) children?	Later ..... 1 No more 2	
UN4. 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 / Don't know 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3. Currently using "Female sterilization"?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN6*		
UN6. 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 / Don't know 8	2⇨UN9 3⇨UN11 8⇨UN9

UN7. How long would you like to wait before the birth of (a/another) child?	Months ..... 1 __ __ Years ..... 2 __ __ Soon / Now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't know 998	994⇨UN11
UN8. *Check CP1. Currently pregnant?* ☐ *Yes, currently pregnant ⇨ Go to UN13* ☐ *No, unsure or DK ⇨ Continue with UN9*		
UN9. *Check CP2. Currently using a method?* ☐ *Yes ⇨ Go to UN13* ☐ *No ⇨ Continue with UN10*		
UN10. Do you think you are physically able to get pregnant at this time?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13
UN11. Why do you think you are not physically able to get pregnant? *Circle all the codes if more than one reason is given.*	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 Other (*specify*)_____ X Don't know ..... Z	
UN12. *Check UN11. "Never menstruated" mentioned?* ☐ *Mentioned ⇨ Go to Next Module* ☐ *Not mentioned ⇨ Continue with UN13*		
UN13. When did your last menstrual period start?	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __ In menopause / Has had hysterectomy ..... 994 Before last birth ..... 995 Never menstruated 996	

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:

		Yes	No	DK
[A]	If she goes out without telling him?	1	2	8
[B]	If she neglects the children?	1	2	8
[C]	If she argues with him?	1	2	8
[D]	If she refuses to have sex with him?	1	2	8
[E]	If she burns the food?	1	2	8

MARRIAGE/UNION — MA

MA1. Are you currently married or living together with a man as if married?	Yes, currently married ..... 1 Yes, living with a man ..... 2 No, not in union 3	3⇨MA5
MA2. How old is your husband/partner? *Probe*: How old was your husband/partner on his last birthday?	Age in years ..... __ __ DK 98	
MA3. Besides yourself, does your husband/partner have any other wives or partners or does he live with other women as if married?	Yes ..... 1 No 2	2⇨MA7
MA4. How many other wives or partners does he have?	Number ..... __ __ DK 98	⇨MA7 98⇨MA7
MA5. Have you ever been married or lived together with a man as if married?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	3 ⇨Next 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 or lived with a man only once or more than once?	Only once ..... 1 More than once 2	
MA8. In what month and year did you FIRST marry or start living with a man as if married?	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/partner?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00 Age in years ..... __ __ First time when started living with (first) husband/partner 95	00⇨Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.*	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __	4⇨SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend', then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'. If 'no', circle'3'.*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (*specify*)_____ 6	3⇨SB7 4⇨SB7 6⇨SB7
SB6. *Check MA1:* ☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8* ☐ *Not married / Not in union (MA1 = 3) ⇨ Continue with SB7*		
SB7. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend' then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'. If 'no', circle' 3'.*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (*specify*)_____ 6	3⇨SB12 4⇨SB12 6⇨SB12

SB11. *Check MA1 and MA7:*

☐ *Currently married or living with a man (MA1 = 1 or 2)*
AND
Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13

☐ *Else ⇨ Continue with SB12*

SB12. How old is this person? *If response is DK, probe:* About how old is this person?	Age of sexual partner ..... __ __ DK..... 98	
SB13. Other than these two persons, have you had sexual intercourse with any other person in the last 12 months?	Yes..... 1 No..... 2	2 ♦SB15
SB14. In total, with how many different people have you had sexual intercourse in the last 12 months?	Number of partners..... __ __	
SB15. In total, with how many different people have you had sexual intercourse in your lifetime? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners ..... __ __ DK..... 98	

HIV/AIDS — HA

HA1. Now I would like to talk with you about something else. Have you ever heard of an illness called HIV/AIDS?	Yes..... 1 No..... 2	2⇨WM11
HA2. Can people reduce their chance of getting the HIV/AIDS virus by having just one uninfected sex partner who has no other sex partners?	Yes..... 1 No..... 2 DK..... 8	
HA3. Can people get the HIV/AIDS virus because of witchcraft or other supernatural means?	Yes..... 1 No..... 2 DK..... 8	
HA4. Can people reduce their chance of getting the HIV/AIDS virus by using a condom every time they have sex?	Yes..... 1 No..... 2 DK..... 8	
HA5. Can people get the HIV/AIDS virus from mosquito bites?	Yes..... 1 No..... 2 DK..... 8	
HA6. Can people get the HIV/AIDS virus by sharing food with a person who has the AIDS virus?	Yes..... 1 No..... 2 DK..... 8	
HA7. Is it possible for a healthy-looking person to have the HIV/AIDS virus?	Yes..... 1 No..... 2 DK..... 8	

HA8. Can the virus that causes HIV/AIDS be transmitted from a mother to her baby:

	Yes	No	DK
[A] During pregnancy?	1	2	8
[B] During delivery?	1	2	8
[C] By breastfeeding?	1	2	8

HA9. In your opinion, if a female teacher has the HIV/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 HIV/AIDS virus?	Yes	1			
	No	2			
	DK / Not sure / Depends	8			
HA11. If a member of your family got infected with the HIV/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 HIV/AIDS, would you be willing to care for her or him in your own household?	Yes	1			
	No	2			
	DK / Not sure / Depends	8			

HA13. *Check CM13: Any live birth in last 2 years?*

☐ *No live birth in last 2 years ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *Did not receive antenatal care ⇨ Go to HA24*

		Y	N	DK	
HA15. During any of the antenatal visits for your pregnancy with (*name*), were you given any information about:					
[A] Babies getting the HIV/AIDS virus from their mother?	AIDS from mother	1	2	8	
[B] Things that you can do to prevent getting the HIV/AIDS virus?	Things to do	1	2	8	
[C] Getting tested for the HIV/AIDS virus?	Tested for AIDS	1	2	8	
were you: [D] offered a test for the HIV/AIDS virus?	Offered a test	1	2	8	

HA16. I don't want to know the results, but were you tested for the HIV/AIDS virus as part of your antenatal care?	Yes	1	
	No	2	2⇨HA19
	DK	8	8⇨HA19
HA17. I don't want to know the results, but did you get the results of the test?	Yes	1	
	No	2	2⇨HA22
	DK	8	8⇨HA22
HA18. Regardless of the result, all women who are tested are supposed to receive counseling after getting the result.	Yes	1	1⇨HA22
	No	2	2⇨HA22
After you were tested, did you receive counselling?	DK	8	8⇨HA22

HA19. *Check MN17: Birth delivered by health professional (A, B or C)?*

☐ *Yes, birth delivered by health professional ⇨ Continue with HA20*

☐ *No, birth not delivered by health professional ⇨ Go to HA24*

HA20. I don't want to know the results, but were you tested for the HIV/AIDS virus between the time you went for delivery but before the baby was born?	Yes	1	
	No	2	2⇨HA24
HA21. I don't want to know the results, but did you get the results of the test?	Yes	1	
	No	2	

HA22. HAVE YOU BEEN TESTED FOR THE HIV/AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No 2	1⇨HA25
HA23. When was the most recent time you were tested for the HIV/AIDS virus?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	1⇨WM11 2⇨WM11 3⇨WM11
HA24. I don't want to know the results, but have you ever been tested to see if you have the HIV/AIDS virus?	Yes ..... 1 No 2	2⇨HA27
HA25. When was the most recent time you were tested?	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⇨WM11 2⇨WM11 8⇨WM11
HA27. Do you know of a place where people can go to get tested for the HIV/AIDS virus?	Yes ..... 1 No 2	

WM11. *Record the time*. Hour and minutes ..... __ __ : __ __

WM12. *Check Household Listing Form, column HL9.*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her for her cooperation.*
Check for the presence of any other eligible woman or children under-5 in the household.

Interviewer's Observations

Field Editor's Observations

Team Leader's Observations

MICS QUESTIONNAIRE FOR CHILDREN UNDERFIVE VIET NAM

UNDER-FIVE CHILD INFORMATION PANEL	UF

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.

UFA. Province/ City name and number:

Name ..... ___ ___

UFB. District name and number:

Name ..... ___ ___

UFC. Commune/ Ward name and number: _____ ___ ___

UF1. EA name and number:

Name ..... ___ ___ ___

UF2. Household number: ___ ___

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 GENERAL STATISTICS OFFICE. WE ARE WORKING ON A SURVEY 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 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (***child's name from UF3***)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 30 MINUTES. AGAIN, 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 team leader.*

UF9. Result of interview for children under 5

Codes refer to mother/caretaker.

Completed	01
Not at home	02
Refused	03
Partly completed	04
Incapacitated	05
Other (*specify*)_____	96

UF10. Field edited by (Name and number):

Name ..... ___ ___

UF11. Data entry clerk (Name and number):

Name_____ ___ ___

UF12. *RECORD THE TIME* Hour and minutes __ __ : __ __

AGE — AG

AG1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF (*name*).

IN WHAT DAY, MONTH AND YEAR WAS (*name*) BORN?

Probe:
WHAT IS HIS / HER BIRTHDAY?

If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day

Month and year must be recorded.

Date of birth
Day ..... __ __
DK day 98
Month ..... __ __
Year ..... __ __ __ __

AG2. HOW OLD IS (*name*)?

Probe:
HOW OLD WAS (*name*) AT HIS / HER LAST BIRTHDAY?

Record age in completed years.

Record '0' if less than 1 year.

Compare and correct AG1 and/or AG2 if inconsistent.

Age (in completed years) ..... __

EARLY CHILDHOOD DEVELOPMENT — EC

EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?

None 00
Number of children's books ..... 0 __
Ten or more books 10

EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME.

DOES HE/SHE PLAY WITH:

[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?

[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?

[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?

If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response

	Y	N	DK
Homemade toys	1	2	8
Toys from a shop	1	2	8
Household objects or outside objects	1	2	8

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.

ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*):

[A] LEFT ALONE FOR MORE THAN AN HOUR?

[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?

If 'none' enter' 0'. If 'don't know' enter'8'

Number of days left alone for more than an hour ..... __
Number of days left with other child for more than an hour ..... __

EC4. *Check AG2: Age of child*

☐ *Child age 3 or 4 ⇨ Continue with EC5*

☐ *Child age 0, 1 or 2 ⇨ Go to Next Module*

EC5. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes ..... 1 No ..... 2 DK 8	 2⇨EC7 8⇨EC7
EC6. Within the last seven days, about how many hours did (*name*) attend?	Number of hours ..... __ __	

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 (*name*):

If yes, ask:
Who engaged in this activity with (*name*)?

Circle all that apply.

		Mother	Father	Other	No one
[A] Read books to or looked at picture books with (*name*)?	Read books	A	B	X	Y
[B] Told stories to (*name*)?	Told stories	A	B	X	Y
[C] Sang songs to (*name*) or with (*name*), including lullabies?	Sang songs	A	B	X	Y
[D] Took (*name*) outside the home, compound, yard or enclosure?	Took outside	A	B	X	Y
[E] Played with (*name*)?	Played with	A	B	X	Y
[F] Named, counted, or drew things to or with (*name*)?	Named/counted	A	B	X	Y

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.

Can (*name*) identify or name at least ten letters of the alphabet?	Yes ..... 1 No ..... 2 DK 8	
EC9. Can (*name*) read at least four simple, popular words?	Yes ..... 1 No ..... 2 DK 8	
EC10. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10?	Yes ..... 1 No ..... 2 DK 8	
EC11. Can (*name*) pick up a small object with two fingers, like a stick or a rock from the ground?	Yes ..... 1 No ..... 2 DK 8	
EC12. Is (*name*) sometimes too sick to play?	Yes ..... 1 No ..... 2 DK 8	

EC13. Does (*name*) follow simple directions on how to do something correctly?	Yes ..... 1 No ..... 2 DK 8	
EC14. When given something to do, is (*name*) able to do it independently?	Yes ..... 1 No ..... 2 DK 8	
EC15. Does (*name*) get along well with other children?	Yes ..... 1 No ..... 2 DK 8	
EC16. Does (*name*) kick, bite, or hit other children or adults?	Yes ..... 1 No ..... 2 DK 8	
EC17. Does (*name*) get distracted easily?	Yes ..... 1 No ..... 2 DK 8	

BREASTFEEDING		**BF**
BF1. Has (*name*) ever been breastfed?	Yes ..... 1 No ..... 2 DK 8	2⇨BF3 8⇨BF3
BF2. Is he/she still being breastfed?	Yes ..... 1 No ..... 2 DK 8	
BF3. I would like to ask you about liquids that (*name*) may have had yesterday during the day or the night. I am interested in whether (*name*) had the item even if it was combined with other foods. Did (*name*) drink plain water yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF4. Did (*name*) drink infant formula (Similac, Mama Sua non, Friso, Nestle, or other) yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	2⇨BF6 8⇨BF6
BF5. How many times did (*name*) drink infant formula?	Number of times ..... __ __	
BF6. Did (*name*) drink milk, such as condensed, 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 (*name*) drink condensed, powdered or fresh animal milk?	Number of times ..... __ __	
BF8. Did (*name*) drink juice or juice drinks yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	

BF9. Did (*name*) drink clear broth or herbal/ meat water yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF10. Did (*name*) drink or eat vitamin or mineral supplements or any medicines yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF11. Did (*name*) drink ORS (oral rehydration solution) yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF12. Did (*name*) drink any other liquids (tea, coffee, coke, or other) yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF13. Did (*name*) 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 (*name*) drink or eat yogurt yesterday, during the day or night?	Number of times ..... __ __	
BF15. Did (*name*) eat thin porridge (rice porridge) yesterday, during the day or night?	Yes ..... 1 No ..... 2 DK 8	
BF16. Did (*name*) 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 (*name*) 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 (*name*) 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 (*name*) had diarrhoea?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA7 8⇨CA7
CA2. I would like to know how much (*name*) was given to drink during the diarrhoea (including breastmilk). During the time (*name*) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual? *If less, probe*: 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 (*name*) 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 (*name*) 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 Oral Rehydration Solution (ORS)? [B] A pre-packaged ORS fluid for diarrhoea? [C] Water from rice porridge/ rice soup (with salt)? [D] Lemon-orange/ coconut drink? [E] Soup water from boiled vegetables/ meat? [F] Water from fried-and-boiled rice?	Y N DK Fluid from ORS packet ..... 1 2 8 Pre-packaged ORS fluid ..... 1 2 8 Water from rice porridge/ rice soup ..... 1 2 8 Lemon-orange/ coconut drink ..... 1 2 8 Soup water from boiled vegetables/ meat ..... 1 2 8 Water from fried-and-boiled rice 1 2 8	
CA5. Was anything (else) given to treat the diarrhoea?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA7 8⇨CA7

CA6. What (else) was given to treat the diarrhoea? *Probe*: Anything else? *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Name)	Pill or Syrup Antibiotic ..... A Antimotility ..... B Zinc ..... C Other (Not antibiotic, antimotility or zinc) ..... G Unknown pill or syrup ..... H Injection Antibiotic ..... L Non-antibiotic ..... M Unknown injection ..... N Intravenous ..... O Home remedy / Herbal medicine ..... Q Other (*specify*) _____ X	
CA7. At any time in the last two weeks, has (*name*) had an illness with a cough?	Yes ..... 1 No 2 DK 8	2⇨CA14 8⇨CA14
CA8. When (*name*) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes ..... 1 No ..... 2 DK 8	2⇨CA14 8⇨CA14
CA9. Was the fast or difficult breathing due to a problem in the chest or a blocked / runny nose?	Problem in chest only ..... 1 Blocked or runny nose only ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	2⇨CA14 6⇨CA14
CA10. Did you seek any advice or treatment for the illness from any source?	Yes ..... 1 No ..... 2 DK 8	2⇨CA12 8⇨CA12
CA11. From where did you seek advice or treatment? *Probe:* Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Govt. hospital ..... A Commune health centre ..... B Policlinic ..... C Village health worker ..... D Mobile clinic (health service) ..... E Sectoral hospital (army, police) ..... F Govt. pharmacy ..... G Other public (*specify*) _____ H Private medical sector Private hospital / clinic ..... I Private doctor ..... J Private pharmacy ..... K Other private medical (*specify*) _____ O Other source Relative / Friend ..... P Shop ..... Q Traditional healer ..... R Other (*specify*) _____ X	
CA12. Was (*name*) given any medicine to treat this illness?	Yes ..... 1 No ..... 2 DK 8	2⇨CA14 8⇨CA14

CA13. What medicine was (*name*) given? *Probe:* Any other medicine? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Antibiotic Pill / Syrup ..... A Injection ..... B Anti-malarials ..... M Paracetamol / Panadol / Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	
CA14. Check AG2: Child aged under 3? ☐ Yes ⇨ Continue with CA15 ☐ No ⇨ Go to Next Module		
CA15. The last time *(name)* passed stools, what was done to dispose of the stools?	Child used toilet / latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*)_____ 96 DK 98	

MALARIA		ML
ML1. In the last two weeks, has (*name*) 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 (*name*) 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 (*name*) taken to a health facility during this illness?	Yes ..... 1 No ..... 2 DK 8	2⇨ML8 8⇨ML8
ML5. Was (*name*) 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 (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? *Circle all medicines mentioned. Write brand name(s) of all medicines, if given.* _____ *(Name)*	Anti-malarials: Chloroquine (tab.) ..... B Quinine sulfate (tab.) ..... D Artemisinin based Combination Therapy (ACT) ..... E Quinine dihydrochlorate (inj.) ..... F Dihydroartemisinin-Piperaquine (tab.) ..... G Artesunate (inj.) ..... K Primaquine (tab.) ..... L Other anti-malarial (*specify*)_____ H Antibiotic drugs Pill / Syrup ..... I Injection ..... J Other medications: Paracetamol/ Panadol /Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z	CH QU AR QDI DPH ART PRI OA
ML7. WAS (*name*) 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 (*name*) GIVEN ANY MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK 8	 2⇨ML10 8⇨ML10

ML9. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE? *Circle all medicines mentioned. Write brand name(s) of all medicines, if given.* _____ *(Name)*	Anti-malarials: Chloroquine (tab.) ..... B Quinine sulfate (tab.) ..... D Artemisinin based Combination Therapy (ACT) ..... E Quinine dihydrochlorate (inj.) ..... F Dihydroartemisinin-Piperaquine (tab.) ..... G Artesunate (inj.) ..... K Primaquine (tab.) ..... L Other anti-malarial (*specify*)_____ H Antibiotic drugs Pill / Syrup ..... I Injection ..... J Other medications: Paracetamol/ Panadol/ Acetaminophen ..... P Aspirin ..... Q Ibuprofen ..... R Other (*specify*)_____ X DK ..... Z

ML10. *Check ML6 and ML9: Anti-malarial mentioned (codes B, D, E, F, G, K, L, H)?*

☐ *Yes ⇨ Continue with ML11*

☐ *No ⇨ Go to Next Module*

ML11. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from ML6 or ML9*)? *If multiple anti-malarials mentioned in ML6 or ML9, name all anti-malarial medicines mentioned.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8

IMMUNIZATION — IM

If an immunization card/ handbook is available, copy the dates in IM3 for each type of immunization recorded on the card/ handbook. IM6-IM16 are for registering vaccinations that are not recorded on the card/ handbook. IM6-IM16 will only be asked when a card/handbook is not available.

IM1. Do you have a card/ handbook where (*name*)'s vaccinations are written down?

(*If yes*) May I see it please?

Yes, seen	1	1⇨IM3
Yes, not seen	2	2⇨IM6
No card/ handbook	3	

IM2. Did you ever have a vaccination card/ handbook for (*name*)?

Yes	1	1⇨IM6
No	2	2⇨IM6

IM3.
(a) *Copy dates for each vaccination from the card/ handbook.*
(b) *Write '44' in day column if card/ handbook shows that vaccination was given but no date recorded.*

		Date of Immunization		
		Day	Month	Year
BCG	BCG			
Polio 1	OPV1			
Polio 2	OPV2			
Polio 3	OPV3			
Pentavalent1	DPT-VGB-HiB1			
Record this vaccine only from the new handbook (page 6).				
Pentavalent2	DPT-VGB-HiB2			
Record this vaccine only from the new handbook (page 6).				
Pentavalent3	DPT-VGB-HiB3			
Record this vaccine only from the new handbook (page 6).				
DPT1	DPT1			
DPT2	DPT2			
DPT3	DPT3			
HepB at birth	H0			
Available from the new handbook (page 5), or record from the card if HepB1 vaccine was administered on the date of birth.				
HepB1	H1			
HepB2	H2			
HepB3	H3			
Measles (or MMR)	Measles			
Vitamin A (most recent)	VitA			

DPT: Bach hau - Ho ga - UV
VGB: Viem phoi
HiB: Viem mang nao

IM4. *Check IM3. Are all vaccines (BCG to Measles) recorded?*

☐ *Yes ⇨ Go to IM18*

☐ *No ⇨ Continue with IM5*

IM5. In addition to what is recorded on this card/ handbook, did (*name*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? Record 'Yes' only if respondent mentions vaccines shown in the table above.	Yes ..... 1 (Probe for vaccinations and write '66' in the corresponding day column for each vaccine mentioned. Then skip to IM18) No ..... 2 DK 8	 2⇨IM18 8⇨IM18
IM6. Has (*name*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM18 8⇨IM18
IM7. Has (*name*) ever received a BCG vaccination against tuberculosis – that is, an injection in the upper arm that usually causes a scar?	Yes ..... 1 No ..... 12 DK 8	
IM8. Has (*name*) ever received any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM10A 8⇨IM10A
IM10. How many times was the polio vaccine received?	Number of times ..... __	
IM10A. Has (*name*) ever received a pentavalent (DPT-VGB-Hib) vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting DPT, Hepatitis B and Hib? *Probe by indicating that Pentavalent vaccine is sometimes called 5 in 1.*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM11 8⇨IM11
IM10B. How many times was a pentavalent (DPT-VGB-Hib) vaccine received?	Number of times ..... __	
IM11. Has (*name*) ever received a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, or diphtheria? *Probe by indicating that DPT vaccination is sometimes given at the same time as Polio.*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM13 8⇨IM13
IM12. How many times was a DPT vaccine received?	Number of times ..... __	
IM13. Has (*name*) ever been given a Hepatitis B vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis B? *Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines.*	Yes ..... 1 No ..... 2 DK 8	 2⇨IM16 8⇨IM16
IM14. Was the first Hepatitis B vaccine received within 24 hours after birth, or later?	Within 24 hours ..... 1 Later 2	
IM15. How many times was a Hepatitis B vaccine received?	Number of times ..... __	
IM16. Has (*name*) 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?	Yes ..... 1 No ..... 2 DK 8	

IM18. Has (*name*) received a Vitamin A dose like (this/any of these) within the last 6 months?

Show common types of ampules / capsules / syrups

Yes 1
No 2
DK 8

IM19. Please tell me if (*name*) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:

		Y	N	DK
[A] June 2010, Vitamin A campaign	June 2010, Vitamin A	1	2	8
[B] December 2010, Vitamin A campaign	December 2010, Vitamin A	1	2	8
[C] September-November 2010, Measles Vaccination campaign/ Measles supplementary immunization activity (SIA)	Sep-Nov 2010, Measles	1	2	8

UF13. *Record the time.* Hour and minutes ..... __ __ : __ __

UF14. *Is the respondent the mother or caretaker of another child age 0-4 living in this household?*

☐ *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*

☐ *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*

Check to see if there are other woman's or under-5 questionnaires to be administered in this household.

Move to another woman's or under-5 questionnaire, or start making arrangements for anthropometric measurements of all eligible children in the household.

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 ⇨ AN6
Child or caretaker refused ..... 3 ⇨ AN6
Other (*specify*)_____ 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:

☐ *Child under 2 years old. ⇨ Measure length (lying down).*

☐ *Child age 2 or more years. ⇨ Measure height (standing up).*

Length (cm)
Lying down ..... 1 __ __ __ . __
Height (cm)
Standing up ..... 2 __ __ __ . __
Length / Height not measured 9999.9

AN5. *Oedema*

Observe and record

Checked
- Oedema present 1
- Oedema not present 2
- Unsure 3

Not checked
- (*specify reason*) _____ 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

Team Leader's Observations