

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Province _____
 District _____
 Village _____

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. Cluster number: ____ _	WM2. Household number: ____ _	
WM3. Woman's Name: _____	WM4. Woman's Line Number: ____ _	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____ / ____ / _____	
WM7. Result of women's interview	Completed..... 1 Not at home 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (specify) _____ 6	

Repeat greeting if not already read to this woman:

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

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

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

WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No.....2	2⇒WM1 4
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, LOWER SECONDARY, UPPER SECONDARY?	Primary1 Lower secondary2 Upper secondary3 Non-standard curriculum6	
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....__ __	
WM13. <i>Check WM11:</i>		
<input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i>		
<input type="checkbox"/> <i>Primary or non-standard curriculum. ⇒ Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME?</i> <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all1 Able to read only parts of sentence.....2 Able to read whole sentence3 No sentence in required language _____4 <i>(specify language)</i> Blind/mute, visually/speech impaired5	

WOMAN PREGNANCY		WP
I would like to ask about your pregnancy		
WP1. Are you pregnant now ?	Yes1 No2 Does not know/uncertain.....8	
WP2. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? <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>	Yes1 No.....2	

WP3. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?	Date of last birth Day/Month/Year..... ___/___/_____	
If day is not known, enter '98' in space for day.		
WP4. Check WP3: Did the woman's last birth occur within the last 2 years, that is, since March 2004? If unknown month of delivery then record 98 in the month blank.		
<ul style="list-style-type: none"> - Yes, live birth in the last 2 y ⇒ Go to tetanus toxoid vaccination module (TT) - No liv birth in the last 2 y ⇒ -Go to woman violence module (DV) 		

TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen)1 Yes (card not seen)2 No3 If a card is presented, use it to assist with answers to the following questions. DK.....8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes.....1 No2 DK.....8	2⇒TT5 8⇒TT5
TT3. If yes: HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times DK.....98	98⇒TT5
TT4. How many TT doses during last pregnancy were reported in TT3?		
<input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module		
<input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times DK.....98	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month..... DK month.....98 Year DK year.....9998	⇒NEXT MODULE ↓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago DK.....9998	

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

<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF NAME], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes.....1 No2 DK.....8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p>If yes: WHOM DID YOU SEE? 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 Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H</p> <p>Other (specify) X No one Y</p>	<p>Y⇒MN6A</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No															
Weight	1	2															
Blood pressure	1	2															
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<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes.....1 No2 DK.....8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒MN6A 8⇒MN6A</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes.....1 No2 DK.....8</p>																
<p>MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒MN7 8⇒MN7</p>															
<p>MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP/Fansidar A Chloroquine B</p> <p>Other (specify) X DK..... Z</p>																
<p>MN6c. Check MN6B for medicine taken: <input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D <input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN7</p>																	

MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>or name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor A Nurse/midwife B Auxiliary midwife C Other person Traditional birth attendant F Community health worker G Relative/friend H Other (<i>specify</i>) X No one Y	
MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)? <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ (Name of place)	Home Your home 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic/health center 22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No 2 DK 8	2 ⇒ MN12 8 ⇒ MN12
MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card 1 (kilograms) _ . _ _ _ From recall 2 (kilograms) _ . _ _ _ DK 99998	
MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2 ⇒ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST?	Immediately 000 Hours 1 _ _	

<i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	or Days2 ___ Don't know/remember998	
MN14. DID YOU RESTRICT THE INTAKE OF ANY FOODS IN THE PERIOD IMMEDIATELY FOLLOWING THE DELIVERY OF YOUR LAST CHILD?	Yes.....1 No.....2 DK.....8	2⇒MN17 8⇒MN17
MN15. WHICH FOOD DID YOU RESTRICT THE INTAKE OF?	Meat.....1 Fish.....2 Eggs.....3 Other (Specify.....).....6	
MN16. HOW MANY MONTHS AFTER DELIVERY DID YOU RETURN TO YOUR NORMAL DIET?	<1 Month.....1 1-2 Months.....2 3-4 Months.....3 >4 Months.....4	
MN17. DID YOU CONSUME ANY SPECIAL HERBAL DRINKS OR OTHER TRADITIONAL MEDICINES IN THE 3 MONTHS FOLLOWING YOUR LAST DELIVERY?	Yes.....1 No.....2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:			
		Yes	No
		DK	
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling	1	2
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2
DV1C. IF SHE ARGUES WITH HIM?	Argues	1	2
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex	1	2
DV1E. IF SHE BURNS THE FOOD?	Burns food	1	2
		8	8

ANTHROPOMETRY MODULE FOR WOMEN		ANW
<p>After questionnaires for all women are complete, check a barcode label on the cover page <input type="checkbox"/> Yes. ⇒ Go to ANTHROPOMETRY MODULE FOR INDIVIDUAL WOMEN <input type="checkbox"/> No. ⇒ Next eligible woman. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each woman. Check the woman's name and line number on the household listing before recording measurements.</p>		
ANW1. Woman's weight.	Kilograms (kg) _ _ _ . _	
ANW2. Woman's height.	Height (cm) _ _ _ . _	
ANW3. Measurer's identification code.	Measurer code..... _ _	
ANW4. Result of measurement.	Measured.....1 Not present.....2 Refused3 Other (<i>specify</i>) _____ 6	
RECORD IF WOMEN ARE UNABLE TO TAKE OFF REMOVE ALL THEIR BELONGINGS BEFORE WEIGHING:		

SPECIMEN COLLECTION MODULE DO NOT TAKE URINE OR BLOOD SAMPLES FROM PREGNANT WOMEN		
SW1. WAS A URINE SAMPLE COLLECTED FROM THIS WOMAN?	Collected.....1 Did not present herself for testing.....2 Refused3 Other (<i>specify</i>).....6	
SW2. WE WOULD LIKE TO TAKE A LITTLE BLOOD FROM YOUR FINGER, FOR TESTING. WAS A FINGERSTICK BLOOD SAMPLE TAKEN FROM THIS WOMAN?	Yes.....1 Did not present herself for testing.....2 Refused3 Other (<i>specify</i>).....6	
SW3. WRITE DOWN THE HAEMOGLOBIN LEVEL (If the Hb is 7 or less then record it on the cluster Hb referral form and give to the team supervisor)	Hb (g/dl) _ _ . _	
SW4. APPROXIMATELY HOW MANY MICROLITRES OF FINGER STICK BLOOD WERE COLLECTED FROM THIS WOMAN?	Blood (microl) _ _ _	
SW5. WAS THE BLOOD LYSED AFTER SPINNING IN THE CENTRIFUGE?	Yes.....1 No.....2 Insufficient blood to take plasma sample.....3	