

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

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. ED number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____		
WM5A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
WM6. End Date (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 MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. 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 → WM14

<p>WM11. WHAT IS THE HIGHEST LEVEL AND GRADE OF SCHOOL YOU ATTENDED?</p>	<p>LEVEL AND GRADE: 00 PRESCHOOL 01 1ST YEAR INFANTS 02 2ND YEAR INFANTS 11 STANDARD 1 12 STANDARD 2 13 STANDARD 3 14 STANDARD 4 15 STANDARD 5 16 STANDARD 6/7 21 FORM 1 22 FORM 2 23 FORM 3 24 FORM 4 25 FORM 5 26 LOWER 6 27 UPPER 6 31-36 UNIVERSITY Yr1-Yr6 41-46 POST GRADUATE Yr1-Yr6 51-56 TECHNICAL / VOCATIONAL Yr1-Yr6 98 DK</p>	
<p>WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.</p> <p><i>Show sentences to respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?</p> <p><i>Example sentences for literacy test:</i></p> <ol style="list-style-type: none"> 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> 	<p>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 <i>(specify language)</i> Blind/mute, visually/speech impaired.....5</p>	

***This module is to be administered to all women age 15-49.
All questions refer only to LIVE births.***

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE — EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes..... 1 No..... 2</p>	<p>2 → MARRIAGE/UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>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.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day 98 DK day..... 98</p> <p>Month..... DK month..... 98</p> <p>Year DK year..... 9998</p>	<p>→ CM3 ↓ CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth 98</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes..... 1 No..... 2</p>	<p>2 → CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home 98 Daughters at home 98</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes..... 1 No..... 2</p>	<p>2 → CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere 98 Daughters elsewhere..... 98</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes..... 1 No..... 2</p>	<p>2 → CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead..... 98 Girls dead 98</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum 98</p>	

<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. → Go to CM11</p> <p><input type="checkbox"/> No. → Check responses and make corrections before proceeding to CM11</p>		
<p>CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?</p> <p>If day is not known, enter '98' in space for day.</p>	<p>Date of last birth</p> <p>Day/Month/Year _ _ / _ _ / _ _ _ _</p>	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?</p> <p><i>If child has died, take special care when referring to this child by name in the following modules.</i></p> <p><input type="checkbox"/> No live birth in last 2 years. → Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. → Continue with CM13</p> <p><i>Name of child</i> _____</p>		
<p>CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more..... 3</p>	

TETANUS TOXOID (TT) MODULE

TT

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

<p>TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?</p> <p><i>If a card is presented, use it to assist with answers to the following questions.</i></p>	<p>Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8</p>	
<p>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)?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2 → TT5 8 → TT5</p>
<p>TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?</p>	<p>No. of times DK 98</p>	<p>98 → TT5</p>
<p>TT4. How many TT doses during last pregnancy were reported in TT3?</p> <p><input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module</p> <p><input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</p>		
<p>TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2 → NEXT MODULE 8 → NEXT MODULE</p>
<p>TT6. HOW MANY TIMES DID YOU RECEIVE IT?</p>	<p>No. of times DK 98</p>	
<p>TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?</p> <p><i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i></p>	<p>Month DK month 98 Year DK year 9998</p>	<p>→ NEXT MODULE ↓ TT8</p>
<p>TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?</p>	<p>Years ago DK 9998</p>	

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>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse/midwifeB</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	<p>Y → MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?</p> <p>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>MN3C. DID YOU GIVE A URINE SAMPLE?</p> <p>MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample</td> <td>1</td> <td>2</td> </tr> </tbody> </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															
Urine sample	1	2															
Blood sample	1	2															
<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</p> <p>No 2</p> <p>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</p> <p>No 2</p> <p>DK 8</p>	<p>2 → MN7</p> <p>8 → MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK 8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>DoctorA</p> <p>Nurse/midwifeB</p> <p>Auxiliary midwife C</p> <p>Other person</p> <p>Traditional birth attendantF</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>																

<p>MN8. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><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></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home Your home..... 11 Other home..... 12</p> <p>Public sector Govt. hospital..... 21 Govt. clinic/health center 22 Other public (<i>specify</i>)..... 26</p> <p>Private Medical Sector Private hospital 31 Private clinic..... 32 Private maternity home..... 33 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p>	
<p>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?</p>	<p>Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5</p> <p>DK..... 8</p>	
<p>MN10. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes..... 1 No..... 2</p> <p>DK..... 8</p>	<p>2 → MN12</p> <p>8 → MN12</p>
<p>MN11. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kilograms) __ . __ __</p> <p>From recall..... 2 (kilograms) __ . __ __</p> <p>DK..... 99998</p>	
<p>MN11A. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (pounds/ounces) __ / __</p> <p>From recall..... 2 (pounds/ounces) __ / __</p> <p>DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes..... 1 No..... 2</p>	<p>2 → NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately 000</p> <p>Hours..... 1 __ __ or Days..... 2 __ __</p> <p>Don't know/remember 998</p>	

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING IN A COMMON-LAW UNION WITH A MALE?	Yes, currently married..... 1 Yes, common-law union 2 No, not in union 3 Yes, currently married and in a common-law union..... 4	3 → MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... _ _ DK..... 98	→ MA5 98 → MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED IN A COMMON-LAW UNION WITH A MALE?	Yes, formerly married..... 1 Yes, formerly in common-law union..... 2 No..... 3	3 → NEXT MODULE
MA4. WHAT IS YOUR STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MALE ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MALE AS IF MARRIED?	Month..... _ _ DK month..... 98 Year _ _ _ _ DK year..... 9998	
MA7. Check MA6: <input type="checkbox"/> <i>Both month and year of marriage/union known? ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Either month or year of marriage/union not known? ⇒ Continue with MA8</i>		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... _ _	

CONTRACEPTION AND UNMET NEED MODULE		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No.....2</p> <p>Unsure or DK.....8</p>	<p>1 → CP2</p> <p>1 → CP2</p>
<p>CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN?</p>	<p>Then 1</p> <p>Later2</p> <p>Not want more children.....3</p>	<p>1 → CP4B</p> <p>2 → CP4B</p> <p>3 → CP4B</p>
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No.....2</p>	<p>2 → CP4A</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization.....A</p> <p>Male sterilization.....B</p> <p>Pill.....C</p> <p>IUDD</p> <p>InjectionsE</p> <p>Implants.....F</p> <p>Condom.....G</p> <p>Female condom.....H</p> <p>DiaphragmI</p> <p>Foam/jellyJ</p> <p>Lactational amenorrhoea method (LAM)K</p> <p>Periodic abstinenceL</p> <p>Withdrawal.....M</p> <p>Other (<i>specify</i>) _____X</p>	
<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> 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?</p>	<p>Have (a/another) child 1</p> <p>No more/none.....2</p> <p>Says she cannot get pregnant..... 3</p> <p>Undecided/don't know 8</p>	<p>2 → CP4D</p> <p>3 → NEXT MODULE</p> <p>8 → CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months..... 1 ___</p> <p>Years 2 ___</p> <p>Soon/now..... 993</p> <p>Says she cannot get pregnant..... 994</p> <p>After marriage..... 995</p> <p>Other..... 996</p> <p>Don't Know 998</p>	<p>994 → NEXT MODULE</p>

CP4d. Check CP1:

Currently pregnant? → *Go to Next Module*

Not currently pregnant or unsure? → *Continue with CP4E*

CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....	1	
	No.....	2	
	DK.....	8	

ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE **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	
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling	1	2	8
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
DV1C. IF SHE ARGUES WITH HIM?	Argues	1	2	8
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....	1	2	8
DV1E. IF SHE BURNS THE FOOD?	Burns food	1	2	8

SEXUAL BEHAVIOUR MODULE
SB

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

SB0. Check WM9: Age of respondent is between 15 and 24?
 Age 25-49. ⇒ *Go to Next Module*
 Age 15-24. ⇒ *Continue with SB1*

<p>SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?</p>	<p>Never had intercourse 00</p> <p>Age in years..... _ _</p> <p>First time when started living with (first) husband/partner..... 95</p>	<p>00 → NEXT MODULE</p>
<p>SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>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.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago..... 2 _ _</p> <p>Months ago..... 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4 → NEXT MODULE</p>
<p>SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner..... 1</p> <p>Man is boyfriend / fiancée..... 2</p> <p>Other friend..... 3</p> <p>Casual acquaintance..... 4</p> <p>Other (<i>specify</i>) 6</p>	<p>1 → SB6</p>
<p>SB5. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK..... 98</p>	
<p>SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2 → NEXT MODULE</p>
<p>SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1. If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner..... 1</p> <p>Man is boyfriend / fiancée..... 2</p> <p>Other friend..... 3</p> <p>Casual acquaintance..... 4</p> <p>Other (<i>specify</i>) 6</p>	<p>1 → SB10</p>
<p>SB9. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _</p> <p>DK..... 98</p>	
<p>SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	<p>2 → NEXT MODULE</p>
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?</p>	<p>No. of partners..... _ _</p>	

HIV/AIDS MODULE		HA																
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes.....1 No.....2	2 → NEXT MODULE																
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes.....1 No.....2 DK.....8																	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF OBEAH, WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No.....2 DK.....8																	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No.....2 DK.....8																	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No.....2 DK.....8																	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes.....1 No.....2 DK.....8																	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes.....1 No.....2 DK.....8																	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes.....1 No.....2 DK.....8																	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No.....2 DK.....8																	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8	
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During delivery.....	1	2	8															
By breastfeeding.....	1	2	8															
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1 No.....2 DK/not sure/depends.....8																	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes.....1 No.....2 DK/not sure/depends.....8																	

HA14. Check MN5: Tested for HIV during antenatal care? <input type="checkbox"/> Yes. → Go to HA18A <input type="checkbox"/> No. → Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No.....2	2 → HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No.....2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test..... 1 Offered and accepted2 Required.....3	1 → NEXT MODULE 2 → NEXT MODULE 3 → NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No.....2	

Follow instructions in your Interviewer's Manual.

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. ED number: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____		
UF7A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
UF8. End Date (Day/Month/Year) of interview: _____	_____ / _____ / _____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. 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 respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now. Now I want to ask you about (<i>name</i>). In what month and year was (<i>name</i>) born? <i>Probe:</i> What is his/her birthday? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day DK day 98 Month Year	
UF11. How old was (<i>name</i>) at his/her last birthday? Record age in completed years.	Age in completed years	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No..... 3 DK..... 8	1→BR5
BR2. HAS (<i>name's</i>) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes..... 1 No..... 2 DK..... 8	1→BR5 8→BR4
BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?	Must travel too far..... 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK..... 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes..... 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old?		
<input type="checkbox"/> Yes. → Continue with BR6 <input type="checkbox"/> No. → Go to BR8		
BR6. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes..... 1 No..... 2 DK..... 8	2→BR8 8→BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours..... _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (<i>name</i>): <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (<i>name</i>)?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO (<i>name</i>)?	Stories	A B X Y
BR8C. SING SONGS WITH (<i>name</i>)?	Songs	A B X Y
BR8D. TAKE (<i>name</i>) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (<i>name</i>)?	Play with	A B X Y
BR8F. SPEND TIME WITH (<i>name</i>) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

Question CE1 is to be administered only once to each caretaker

<p>CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS</p> <p>If 'none' enter 00</p>	<p>Number of non-children's books.....0 __</p> <p>Ten or more non-children's books.....10</p>	
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 00</p>	<p>Number of children's books.....0 __</p> <p>Ten or more books10</p>	
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH</p> <p>HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS?</p> <p>OBJECTS AND MATERIALS FOUND OUTSIDE</p> <p>THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES?</p> <p>HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME?</p> <p>TOYS THAT CAME FROM A STORE?</p> <p>If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response</p> <p>Code Y if child does not play with any of the items mentioned.</p>	<p>Household objects (bowls, plates, cups, pots)A</p> <p>Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves)B</p> <p>Homemade toys (dolls, cars and other toys made at home) C</p> <p>Toys that came from a store D</p> <p>No playthings mentionedY</p>	
<p>CE4. 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 WITH OTHERS. SINCE LAST (day of the week) HOW MANY TIMES WAS (name) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	
<p>CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (name) LEFT ALONE?</p> <p>If 'none' enter 00</p>	<p>Number of times __ __</p>	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes..... 1 No..... 2 DK..... 8	2 → BF3 8 → BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes..... 1 No..... 2 DK..... 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements..... 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice..... 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids..... 1 2 8 H. Solid or semi-solid food..... 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? <input type="checkbox"/> Yes. → Continue with BF5 <input type="checkbox"/> No or DK. → Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times Don't know..... 8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes..... 1 No..... 2 DK..... 8	2→CA5 8→CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE?</p> <p>CA2D. LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?</p>	<p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet/Gesol 1 2 8 C. Pre-packaged ORS fluid 1 2 8 D. Local homemade fluid..... 1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none 1 About the same (or somewhat less) 2 More 3 DK..... 8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If “less”, probe: MUCH LESS OR A LITTLE LESS?</p>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK..... 8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA12 8→CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA12 8→CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest..... 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	2→CA12 6→CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	Yes..... 1 No..... 2 DK..... 8	2→CA10 8→CA10

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>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.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Govt. hospital.....A</p> <p>Govt. health centreB</p> <p>Govt. health post.....C</p> <p>Village health workerD</p> <p>Mobile/outreach clinicE</p> <p>Other public (<i>specify</i>).....H</p> <p>Private medical sector</p> <p>Private hospital/clinicI</p> <p>Private physician.....J</p> <p>Private pharmacyK</p> <p>Mobile clinicL</p> <p>Other private</p> <p>_____</p> <p>medical (<i>specify</i>).....O</p> <p>Other source</p> <p>Relative or friend.....P</p> <p>ShopQ</p> <p>Traditional practitionerR</p> <p>Other (<i>specify</i>)</p> <p>X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK.....8</p>	<p>2→CA12</p> <p>8→CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Amoxil.....A</p> <p>CeclorB</p> <p>AugmentinC</p> <p>Curam.....D</p> <p>Tussadryl.....E</p> <p>Tylenol Cold.....F</p> <p>Robitussin.....G</p> <p>Buckleys Jack and Jill.....H</p> <p>Paracetamol/Panadol/AcetaminophenP</p> <p>Aspirin.....Q</p> <p>IbuprofenR</p> <p>Other (<i>specify</i>).....X</p> <p>DK.....Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. → Continue with CA13</p> <p><input type="checkbox"/> No. → Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, HOW WAS THE STOOL DISPOSED?</p>	<p>Child used toilet/latrine01</p> <p>Put/rinsed into toilet or latrine02</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open.....06</p> <p>Other (<i>specify</i>).....96</p> <p>DK.....98</p>	

<p>Ask the following question (CA14) only once for each mother/caretaker.</p> <p>CA14. 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?</p> <p>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.</p>	<p>Child not able to drink or breastfeed..... A</p> <p>Child becomes sicker B</p> <p>Child develops a fever C</p> <p>Child has fast breathing..... D</p> <p>Child has difficulty breathing..... E</p> <p>Child has blood in stool F</p> <p>Child is drinking poorly G</p> <p>Other (<i>specify</i>) _____ X</p> <p>Other (<i>specify</i>) _____ Y</p> <p>Other (<i>specify</i>) _____ Z</p>	
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IMMUNIZATION MODULE

IM

If an immunization card is available, copy the dates in IM3B-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen.....1 Yes, not seen.....2 No.....3	2 → IM10 3 → IM10
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.	Date of Immunization	
	DAY	MONTH
		YEAR
IM3B. POLIO 1 OPV1		
IM3C. POLIO 2 OPV2		
IM3D. POLIO 3 OPV3		
IM4A. DPT1 DPT1		
IM4B. DPT2 DPT2		
IM4C. DPT3 DPT3		
IM4D. HiB1 HiB1		
IM4E. HiB2 HiB2		
IM4F. HiB3 HiB3		
IM4G. HEPB1 HEPB1		
IM4H. HEPB2 HEPB2		
IM4I. HEPB3 HEPB3		
IM5A. DPTHEPBHiB1 DPTHEPBHiB1		
IM5B. DPTHEPBHiB2 DPTHEPBHiB2		
IM5C. DPTHEPBHiB3 DPTHEPBHiB3		
IM6. MEASLES MUMPS AND RUBELLA MMR		
IM7. YELLOW FEVER YF		

<p>IM9. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record ‘Yes’ only if respondent mentions OPV 1-3, DPT 1-3, HepB 1-3, HiB 1-3, DPTHePBHiB 1-3, MMR, or Yellow Fever vaccine(s).</p>	<p>Yes.....1 (Probe for vaccinations and write ‘66’ in the corresponding day column on IM2 to IM8B.) No.....2 DK.....8</p>	<p>1→IM20 2→IM20 8→IM20</p>
<p>IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM20 8→IM20</p>
<p>IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM14A 8→IM14A</p>
<p>IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?</p>	<p>Just after birth (within two weeks).....1 Later.....2</p>	
<p>IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?</p>	<p>No. of times.....__ __</p>	
<p>IM14A. HAS (<i>name</i>) EVER BEEN GIVEN “DPTHEPBHiB VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING DIPHTHERIA, WHOOPING COUGH, TETANUS, HEPATITIS B AND INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM15 8→IM15</p>
<p>IM14B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	
<p>IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM16A 8→IM16A</p>
<p>IM16. HOW MANY TIMES?</p>	<p>No. of times.....__ __</p>	
<p>IM16A. HAS (<i>name</i>) EVER BEEN GIVEN “HiB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING INFLUENZA TYPE B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM16C 8→IM16C</p>
<p>IM16B. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....__ __</p>	

<p>IM16C. Has (<i>name</i>) EVER BEEN GIVEN “HEPB ONLY VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING HEPATITIS B? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>2→IM17 8→IM17</p>
<p>IM16D. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THIS VACCINATION?</p>	<p>No. of times.....</p>	
<p>IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES MUMPS AND RUBELLA VACCINATION INJECTIONS (MMR)” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES MUMPS AND RUBELLA?</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM18. HAS (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 12MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MMR)</p>	<p>Yes.....1 No.....2 DK.....8</p>	
<p>IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. → <i>End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</i></p> <p><input type="checkbox"/> No. → <i>End the interview with this respondent by thanking him/her for his/her cooperation.</i></p>		