

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<p><i>This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p>		
<b>UF0A.</b> Province/ City's name and number: Name _____	<b>UF0B.</b> District's name and number: Name _____	
<b>UF0C.</b> Commune/ Ward name and number: _____		
<b>UF1.</b> Cluster's name and number: Name _____	<b>UF2.</b> Household number: _____	
<b>UF3.</b> Child's name: Name _____	<b>UF4.</b> Child's line number: _____	
<b>UF5.</b> Mother's / Caretaker's name: Name _____	<b>UF6.</b> Mother's / Caretaker's line number: _____	
<b>UF7.</b> Interviewer's name and number: Name _____	<b>UF8.</b> Day / Month / Year of interview: _____ / _____ / <b>201</b> _____	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>MY NAME IS [...]. WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT (<i>child's name from UF3</i>)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (<i>child's name from UF3</i>)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>40</b> MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to UF12 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in UF9. Discuss this result with your supervisor</p>	

<b>UF9.</b> Result of interview for children under 5  <i>Codes refer to mother/caretaker.</i>	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05  Other ( <i>specify</i> ) _____ 96
<b>UF10.</b> Field editor's name and number: Name _____	<b>UF11.</b> Main data entry clerk's name and number: Name _____

<b>UF12.</b> Record the time.	Hour and minutes ..... ____ : ____	
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<b>AGE</b>	<b>AG</b>
<p><b>AG1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR ACCORDING TO WESTERN CALENDAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS / HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p><i>Month and year must be recorded.</i></p>	<p>Date of birth</p> <p>Day ..... ____</p> <p>DK day ..... 98</p> <p>Month ..... ____</p> <p>Year ..... 20 ____</p>
<p><b>AG2.</b> HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i> HOW OLD WAS <i>(name)</i> AT HIS / HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p> <p><i>Record '0' if less than 1 year.</i></p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>Age (in completed years) ..... ____</p>

BIRTH REGISTRATION		BR
<b>BR1. DOES (name) HAVE A BIRTH CERTIFICATE?</b>  <i>If yes, ask:</i> MAY I SEE IT?	Yes, seen ..... 1	1⇒Next Module 2⇒Next Module
	Yes, not seen ..... 2	
	No ..... 3	
	DK ..... 8	
<b>BR2. HAS (name)'S BIRTH BEEN REGISTERED WITH THE PEOPLE COMMUNITY?</b>	Yes ..... 1	1⇒Next Module
	No ..... 2	
	DK ..... 8	
<b>BR3. DO YOU KNOW HOW TO REGISTER (name)'S BIRTH?</b>	Yes ..... 1	
	No ..... 2	

EARLY CHILDHOOD DEVELOPMENT		EC																
<p><b>EC1.</b> HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR <i>(name)</i>?</p>	<p>None ..... 00</p> <p>Number of children's books ..... 0 __</p> <p>Ten or more books ..... 10</p>																	
<p><b>EC2.</b> I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT <i>(name)</i> PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>DOES HE/SHE PLAY WITH:</p> <p>[A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>[B] TOYS FROM A SHOP OR MANUFACTURED TOYS?</p> <p>[C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Homemade toys .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Toys from a shop .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Household objects or outside objects .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Y	N	DK	Homemade toys .....	1	2	8	Toys from a shop .....	1	2	8	Household objects or outside objects .....	1	2	8	
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<p><b>EC3.</b> SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS <i>(name)</i>:</p> <p>[A] LEFT ALONE FOR MORE THAN AN HOUR?</p> <p>[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR?</p> <p><i>If 'none' enter '0'. If 'don't know' enter '8'</i></p>	<p>Number of days left alone for more than an hour .....</p> <p>Number of days left with other child for more than an hour .....</p>																	
<p><b>EC4.</b> Check AG2: Age of child</p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Go to Next Module</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Continue with EC5</p>																		
<p><b>EC5.</b> DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>																	

<p><b>EC7.</b> IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH <i>(name)</i>?</i></p> <p><i>Circle all that apply.</i></p> <p>[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH <i>(name)</i>?</p> <p>[B] TOLD STORIES TO <i>(name)</i>?</p> <p>[C] SANG SONGS TO <i>(name)</i> OR WITH <i>(name)</i>, INCLUDING LULLABIES?</p> <p>[D] TOOK <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?</p> <p>[E] PLAYED WITH <i>(name)</i>?</p> <p>[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Read books</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Told stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Sang songs</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Took outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Played with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Named/counted</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Read books	A	B	X	Y	Told stories	A	B	X	Y	Sang songs	A	B	X	Y	Took outside	A	B	X	Y	Played with	A	B	X	Y	Named/counted	A	B	X	Y	
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<p><b>EC8.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF <i>(name)</i>. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF <i>(name)</i>'S DEVELOPMENT.</p> <p>CAN <i>(name)</i> IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC9.</b> CAN <i>(name)</i> READ AT LEAST FOUR SIMPLE, POPULAR WORDS?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC10.</b> DOES <i>(name)</i> KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC11.</b> CAN <i>(name)</i> PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A ROCK FROM THE GROUND?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC12.</b> IS <i>(name)</i> SOMETIMES TOO SICK TO PLAY?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC13.</b> DOES <i>(name)</i> FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				
<p><b>EC14.</b> WHEN GIVEN SOMETHING TO DO, IS <i>(name)</i> ABLE TO DO IT INDEPENDENTLY?</p>	<p>Yes..... 1 No ..... 2 DK..... 8</p>																																				

<b>EC15.</b> DOES ( <i>name</i> ) GET ALONG WELL WITH OTHER CHILDREN?	Yes..... 1 No ..... 2  DK..... 8	
<b>EC16.</b> DOES ( <i>name</i> ) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes..... 1 No ..... 2  DK..... 8	
<b>EC17.</b> DOES ( <i>name</i> ) GET DISTRACTED EASILY?	Yes..... 1 No ..... 2  DK..... 8	

BREASTFEEDING AND DIETARY INTAKE		BD
<b>BD1. Check AG2: Age of child</b> <input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with BD2 <input type="checkbox"/> Child age 3 or 4 ⇒ Go to CARE OF ILLNESS Module		
<b>BD2. HAS (name) EVER BEEN BREASTFED?</b>	Yes..... 1 No ..... 2 DK..... 8	2⇒BD4 8⇒BD4
<b>BD3. IS (name) STILL BEING BREASTFED?</b>	Yes..... 1 No ..... 2 DK..... 8	
<b>BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (name) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?</b>	Yes..... 1 No ..... 2 DK..... 8	
<b>BD5. DID (name) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes..... 1 No ..... 2 DK..... 8	
<b>BD6. DID (name) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?</b>	Yes..... 1 No ..... 2 DK..... 8	
<b>BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (name) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (name) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</b>  PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME.  DID (name) DRINK (Name of item) YESTERDAY DURING THE DAY OR THE NIGHT:	Yes No DK	
[A] PLAIN WATER?	Plain water	1 2 8
[B1] JUICE FROM RIPENING FRUITS WITH YELLOW/ORANGE INSIDE, SUCH AS: MANGO, PAPAYA, STRAWBERRY, WATER MELLON?	Juice with yellow or orange inside	1 2 8
[B2] OTHER FRUIT JUICE?	Other fruit juice	
[C] RICE SOUP/BOILED WATER OR CLEAR BROTH FROM VEGETABLE OR MEAT WITHOUT PIECES AND GRAINS FIBERS?	Rice soup or clear broth without pieces and fibers	1 2 8
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	Milk	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK MILK? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank milk .....	__
[E] INFANT FORMULA?	Infant formula	1 2 8
<i>If yes: HOW MANY TIMES DID (name) DRINK INFANT FORMULA? If 7 or more times, record '7'. If unknown, record '8'.</i>	Number of times drank infant formula .....	__
[F] ANY OTHER LIQUIDS?	Other liquid <i>Specify</i> _____	1 2 8

<p><b>BD8.</b> NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (<i>name</i>) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.</p> <p>DID (<i>name</i>) EAT (<i>Name of food</i>) YESTERDAY DURING THE DAY OR THE NIGHT:</p>					
			Yes	No	DK
[A] YOGURT?	Yogurt		1	2	8
<p><i>If yes: HOW MANY TIMES DID (<i>name</i>) DRINK OR EAT YOGURT? If 7 or more times, record '7'. If unknown, record '8'.</i></p>		Number of times drank/ate yogurt.....			
[B] ANY KIND OF POWDER, CAKE, SUPPLEMENTATION FOOD SUCH AS CERELAC, DIELAC, HIPPI, NIN, ALPHA, NESLE?	XO, Hipp, Gain...		1	2	8
[C] BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS, INCLUDING RICE SOUP OR MIXED SOUP?	Foods made from grains		1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	Pumpkin, carrots, squash, etc.		1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	White potatoes, white yams, manioc, cassava, etc.		1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES?	Dark green, leafy vegetables		1	2	8
[G] RIPE MANGOES OR PAPAYAS?	Papayas		1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables		1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	Liver, kidney, heart or other organ meats		1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	Meat, such as beef, pork, lamb, goat, etc.		1	2	8
[K] EGGS?	Eggs		1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	Fresh or dried fish		1	2	8
[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	Foods made from beans, peas, etc.		1	2	8
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	Cheese or other food made from milk		1	2	8
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	Other solid, semi-solid, or soft food		1	2	8
	Specify.....				
<p><b>BD9.</b> Check BD8 (Categories "A" through "O")</p> <p><input type="checkbox"/> At least one "Yes" or all "DK" ⇒ Go to BD11</p> <p><input type="checkbox"/> Else ⇒ Continue with BD10</p>					
<p><b>BD10.</b> Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night</p> <p><input type="checkbox"/> The child did not eat or the respondent does not know ⇒ Go to Next Module</p> <p><input type="checkbox"/> The child ate at least one solid, semi-solid or soft food item mentioned by the respondent ⇒ Go back to BD8 and record food eaten yesterday [A to O]. When finished, continue with BD11</p>					
<b>BD11.</b> HOW MANY TIMES DID ( <i>name</i> ) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT?	Number of times.....				
<i>If 7 or more times, record '7'.</i>	DK.....				8



IMMUNIZATION							IM		
<p>If an immunization (<b>child health</b>) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM17 are for registering vaccinations that are not recorded on the card. IM6-IM17 will only be asked when a card is not available.</p>									
<b>IM1.</b> DO YOU HAVE A CARD WHERE ( <i>name</i> )'S VACCINATIONS ARE WRITTEN DOWN?  <i>If yes: MAY I SEE IT PLEASE?</i>			Yes, seen ..... 1 Yes, not seen ..... 2 No card..... 3				1⇒IM3 2⇒IM6		
<b>IM1A.</b> IF NO, WHETHER VACCINATION CARD IS KEPT AT HEALTH CENTER?			Yes ..... 1 No ..... 2						
<b>IM2.</b> DID YOU EVER HAVE A VACCINATION ( <b>child health</b> ) CARD FOR ( <i>name</i> )?			Yes ..... 1 No ..... 2				1⇒IM6 2⇒IM6		
<b>IM3.</b> (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.			Date of Immunization						
			Day		Month		Year		
BCG	BCG								
POLIO 1	OPV1								
POLIO 2	OPV2								
POLIO 3	OPV3								
PENTAVALENT 1	DPT-HEP-HIB 1								
PENTAVALENT 2	DPT-HEP-HIB 2								
PENTAVALENT 3	DPT-HEP-HIB 3								
DPT 1	DPT1								
DPT 2	DPT2								
DPT 3	DPT3								
HEPB AT BIRTH	HEP0								
HEPB 1	HEP1								
HEPB 2	HEP2								
HEPB 3	HEP3								
HIB 1	HIB1								
HIB 2	HIB2								
HIB 3	HIB3								
MEASLES (OR MMR OR MR)	MEASLES								
VITAMIN A (FIRST DOSE)	VITA1								
VITAMIN A (SECOND DOSE)	VITA2								

<b>IM4. Check IM3. Are all vaccines (BCG to Measles) recorded?</b> <input type="checkbox"/> Yes ⇒ Go to IM19 <input type="checkbox"/> No ⇒ Continue with IM5		
<b>IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (name) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?</b> <input type="checkbox"/> Yes ⇒ Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, skip to IM19 <input type="checkbox"/> No/DK ⇒ Go to IM19		
<b>IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?</b>	Yes .....1 No .....2 DK .....8	2⇒IM19 8⇒IM19
<b>IM7. HAS (name) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?</b>	Yes .....1 No .....2 DK .....8	
<b>IM8. HAS (name) EVER RECEIVED ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM POLIO?</b>	Yes .....1 No .....2 DK .....8	2⇒IM10A 8⇒IM10A
<b>IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED?</b>	Number of times .....	
<b>IM10A. HAS (name) EVER RECEIVED A PENTAVALENT VACCINATION – THAT IS, AN INJECTION IN THE THIGH – TO PREVENT HIM/HER FROM GETTING DPT, HEP B AND HIB B?</b>  <i>Probe by indicating that this vaccination is sometimes called as 5 in 1</i>	Yes .....1 No .....2 DK .....8	2⇒IM11 8⇒IM11
<b>IM10B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED?</b>	Number of times .....	
<b>IM11. HAS (name) EVER RECEIVED A DPT VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, OR DIPHTHERIA?</b>  <i>Probe by indicating that DPT vaccination is sometimes called as 3 in 1 and given at the same time as Polio</i>	Yes .....1 No .....2 DK .....8	2⇒IM13 8⇒IM13
<b>IM12. HOW MANY TIMES WAS THE DPT VACCINE RECEIVED?</b>	Number of times .....	
<b>IM13. HAS (name) EVER RECEIVED A HEPATITIS B VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HEPATITIS B?</b>  <i>Probe by indicating that the Hepatitis B vaccine is sometimes given at the same time as Polio and DPT vaccines</i>	Yes .....1 No .....2 DK .....8	2⇒IM15A 8⇒IM15A
<b>IM14. WAS THE FIRST HEPATITIS B VACCINE RECEIVED WITHIN 24 HOURS AFTER BIRTH?</b>	Yes .....1 No .....2 DK .....8	
<b>IM15. HOW MANY TIMES WAS THE HEPATITIS B RECEIVED?</b>	Number of times .....	

<p><b>IM15A.</b> HAS (<i>name</i>) EVER RECEIVED A HIB VACCINATION – THAT IS, AN INJECTION IN THE THIGH TO PREVENT HIM/HER FROM GETTING HAEMOPHILUS INFLUENZAE TYPE B?</p> <p><i>Probe by indicating that the Hib vaccine is sometimes given at the same time as Polio and DPT vaccines</i></p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒IM16</p> <p>8⇒IM16</p>
<p><b>IM15B.</b> HOW MANY TIMES WAS THE HIB VACCINE RECEIVED?</p>	<p>Number of times ..... _</p>	
<p><b>IM16.</b> HAS (<i>name</i>) EVER RECEIVED A MEASLES INJECTION (OR AN MMR OR MR) – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	
<p><b>IM19.</b> PLEASE TELL ME IF (NAME) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:</p> <p>[A] <b>June 2013 Vitamin A campaign</b></p> <p>[B] <b>December 2012/2013 Vitamin A campaign</b></p>	<p style="text-align: right;">Y N DK</p> <p>Jun 2013, A.....1 2 8</p> <p>Dec 2012/13, A.....1 2 8</p>	

CARE OF ILLNESS		CA
<p><b>CA1.</b> IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD DIARRHOEA?</p>	Yes..... 1 No ..... 2 DK..... 8	2⇒CA7 8⇒CA7
<p><b>CA2.</b> I WOULD LIKE TO KNOW HOW MUCH (<i>name</i>) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK).</p> <p>DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL?</p> <p><i>If 'less', probe:</i>            WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Nothing to drink..... 5 DK..... 8	
<p><b>CA3.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT?</p> <p><i>If 'less', probe:</i>            WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	Much less..... 1 Somewhat less..... 2 About the same..... 3 More..... 4 Stopped food..... 5 Never gave food..... 6 DK..... 8	
<p><b>CA3A.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?</p>	Yes..... 1 No ..... 2 DK..... 8	2⇒CA4 8⇒CA4
<p><b>CA3B.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?</p> <p><i>Probe:</i>            ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Probe to identify each type of source.</i></p> <p><i>If unable to determine if public or private sector, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	Public sector Government hospital .....A Government health centre .....B Government health post.....C Village health worker .....D Mobile / Outreach clinic .....E Sectoral hospital (army, police) .....F Govt. pharmacy.....G Other public ( <i>specify</i> ) _____H Private medical sector Private hospital / clinic.....I Private physician .....J Private pharmacy .....K Other private medical ( <i>specify</i> ) _____O Other source Relative / Friend .....P Shop .....Q Traditional practitioner .....R Other ( <i>specify</i> ) _____X	

<p><b>CA4.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] A FLUID MADE FROM A SPECIAL PACKET CALLED ORAL REHYDRATION SOLUTION (ORS)</p> <p>[B] A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Y N DK</p> <p>Fluid from ORS packet..... 1 2 8</p> <p>Pre-packaged ORS fluid ..... 1 2 8</p>	
<p><b>CA4A.</b> Check CA4: ORS</p> <p><input type="checkbox"/> Child was given ORS ('Yes' circled in 'A' or 'B' in CA4) ⇒ Continue with CA4B</p> <p><input type="checkbox"/> Child was not given ORS ⇒ Go to CA4C</p>		

<p><b>CA4B. WHERE DID YOU GET THE ORS?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>Sectoral hospital (army, police) ..... 17</p> <p>Govt. pharmacy ..... 18</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA4C. DURING THE TIME (name) HAD DIARRHOEA, WAS (name) GIVEN:</b></p> <p>[A] ZINC TABLETS?</p> <p>[B] ZINC SYRUP?</p>	<p style="text-align: right;">Y N DK</p> <p>Zinc tablets ..... 1 2 8</p> <p>Zinc syrup ..... 1 2 8</p>	
<p><b>CA4D. Check CA4C: Any zinc?</b></p> <p><input type="checkbox"/> Child was given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇒ Continue with CA4E</p> <p><input type="checkbox"/> Child was not given any zinc ⇒ Go to CA4F</p>		
<p><b>CA4E. WHERE DID YOU GET THE ZINC?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>Sectoral hospital (army, police) ..... 17</p> <p>Govt. pharmacy ..... 18</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) ..... 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	

<p><b>CA4F.</b> DURING THE TIME (<i>name</i>) HAD DIARRHOEA, WAS (<i>name</i>) GIVEN TO DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>[A] WATER FROM RICE PORRIDGE/ RICE SOUP (WITH SALT)?</p> <p>[B] LEMON ORANGE/ COCONUT DRINK?</p> <p>[C] SOUP WATER FROM BOILED VEGETABLES/ MEAT?</p> <p>[D] WATER FROM FRIED AND BOILED RICE?</p>	<p style="text-align: right;">Y N DK</p> <p>Water from rice porridge/ rice soup.. 1 2 8</p> <p>Lem-orange/ coconut drink..... 1 2 8</p> <p>Soup from boiled veg/ meat ..... 1 2 8</p> <p>Water from fried and boiled rice ..... 1 2 8</p>	
<p><b>CA5.</b> WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA7</p> <p>8⇒CA7</p>
<p><b>CA6.</b> WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given. Write brand name(s) of all medicines mentioned.</i></p> <p>_____</p> <p style="text-align: center;">(<i>Name</i>)</p>	<p>Pill or Syrup</p> <p>Antibiotic..... A</p> <p>Antimotility..... B</p> <p>Other pill or syrup (Not antibiotic, antimotility or zinc) ..... G</p> <p>Unknown pill or syrup ..... H</p> <p>Injection</p> <p>Antibiotic..... L</p> <p>Non-antibiotic ..... M</p> <p>Unknown injection ..... N</p> <p>Intravenous ..... O</p> <p>Home remedy / Herbal medicine ..... Q</p> <p>Other (<i>specify</i>) _____ X</p>	
<p><b>CA7.</b> AT ANY TIME IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p><b>CA8.</b> WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>
<p><b>CA9.</b> WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?</p>	<p>Problem in chest only..... 1</p> <p>Blocked or runny nose only ..... 2</p> <p>Both ..... 3</p> <p>Other (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	

<b>CA10.</b> DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA12  8⇒CA12
<b>CA11.</b> FROM WHERE DID YOU SEEK ADVICE OR TREATMENT?  <i>Probe:</i> ANYWHERE ELSE?  <i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i>  <i>Probe to identify each type of source.</i>  <i>If unable to determine if public or private sector, write the name of the place.</i>  _____ <i>(Name of place)</i>	Public sector Government hospital ..... A Government health centre ..... B Government health post ..... C Village health worker ..... D Mobile / Outreach clinic ..... E Sectoral hospital (army, police) ..... F Govt. pharmacy ..... G Other public ( <i>specify</i> ) _____ H  Private medical sector Private hospital / clinic ..... I Private physician ..... J Private pharmacy ..... K  Other private medical ( <i>specify</i> ) _____ O  Other source Relative / Friend ..... P Shop ..... Q Traditional practitioner ..... R Other ( <i>specify</i> ) _____ X	
<b>CA12.</b> AT ANY TIME DURING THE ILLNESS, WAS ( <i>name</i> ) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes..... 1 No ..... 2  DK..... 8	2⇒CA14  8⇒CA14
<b>CA13.</b> WHAT MEDICINE WAS ( <i>name</i> ) GIVEN?  <i>Probe:</i> ANY OTHER MEDICINE?  <i>Circle all medicines given. Write brand name(s) of all medicines mentioned.</i>  _____ <i>(Names of medicines)</i>	Antibiotics: Pill / Syrup ..... I Injection ..... J  Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin ..... Q Ibuprofen ..... R  Other ( <i>specify</i> ) _____ X DK..... Z	

**CA13A.** Check CA13: Antibiotic mentioned (codes I or J)?

Yes ⇒ Continue with CA13B

No ⇒ Go to CA14



<p><b>CA13B. WHERE DID YOU GET THE ANTIBIOTICS?</b></p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Public sector</p> <p>Government hospital ..... 11</p> <p>Government health centre ..... 12</p> <p>Government health post ..... 13</p> <p>Village health worker ..... 14</p> <p>Mobile / Outreach clinic ..... 15</p> <p>Sectoral hospital (army, police) ..... 17</p> <p>Govt. pharmacy ..... 18</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital / clinic ..... 21</p> <p>Private physician ..... 22</p> <p>Private pharmacy ..... 23</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative / Friend ..... 31</p> <p>Shop ..... 32</p> <p>Traditional practitioner ..... 33</p> <p>Already had at home ..... 40</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p><b>CA14. Check AG2: Age of child</b></p> <p><input type="checkbox"/> Child age 0, 1 or 2 ⇒ Continue with CA15</p> <p><input type="checkbox"/> Child age 3 or 4 ⇒ Go to UF13</p>		
<p><b>CA15. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</b></p>	<p>Child used toilet / latrine ..... 01</p> <p>Put / Rinsed into toilet or latrine ..... 02</p> <p>Put / Rinsed into drain or ditch ..... 03</p> <p>Thrown into garbage (solid waste) ..... 04</p> <p>Buried ..... 05</p> <p>Left in the open ..... 06</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK..... 98</p>	

<b>UF13.</b> Record the time.	Hour and minutes..... ____ : ____	
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**UF14.** Check List of Household Members, columns HL7B and HL15.  
 Is the respondent the mother or caretaker of another child age 0-4 living in this household?

Yes ⇒ 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 her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household

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

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: \_\_\_\_\_

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>HF</b>
<p><i>This questionnaire form is to be used at commune health centers to record information on the vaccinations and Vitamin A supplementation for children age 0-2 years. A separate questionnaire form should be used for each eligible child.</i></p> <p><i>The QUESTIONNAIRE FOR CHILDREN UNDER FIVE must be completed for the child prior to completing this form. This panel should be completed before visiting the health facility.</i></p> <p><i>This questionnaire form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child.</i></p>		
<b>HF0A.</b> Province/ City's name and number: Name _____	<b>HF0B.</b> District's name and number: Name _____	
<b>HF0C.</b> Commune/ Ward name and number: _____		
<b>HF1.</b> EA's name and number: Name _____	<b>HF2.</b> Household number: _____	
<b>HF3.</b> Child's name: Name _____	<b>HF4.</b> Child's line number: _____	
<b>HF5.</b> Mother's / Caretaker's name: Name _____	<b>HF6.</b> Mother's / Caretaker's line number: _____	
<b>HF7.</b> Interviewer's name and number: Name _____	<b>HF8.</b> Day / Month / Year of facility visit: _____ / _____ / 2 0 1 ____	
<b>HF9.</b> Day, month and year of birth <i>(From AG1 in Questionnaire for Children Under-5)</i>  _____ / _____ / 2 0 1 ____	<b>HF10.</b> Tel. no. of com. health center: _____  <b>HF10A.</b> Name of health staff: _____  <b>HF10B.</b> Tel. no. of health staff: _____	
<b>HF11.</b> Result of health facility visit	Vaccination record seen ..... 1 Vaccination record not seen..... 2 Could not meet with health staff ..... 3 Refused to provide information..... 4  Other ( <i>specify</i> ) _____ 6	
<b>HF11A.</b> Field editor's name and number: Name _____	<b>HF11B.</b> Main data entry clerk's name and number: Name _____	

IMMUNIZATION										HI
HF12. Record day, month and year of birth as written on vaccination record		___ / ___ / 201 ___								
HF13. (a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization								
		Day		Month		Year				
BCG	BCG									
POLIO AT BIRTH	OPV0									
POLIO 1	OPV1									
POLIO 2	OPV2									
POLIO 3	OPV3									
PENTAVALENT 1	DPT-HEP-HIB1									
PENTAVALENT 2	DPT-HEP-HIB 2									
PENTAVALENT 3	DPT-HEP-HIB 3									
DPT 1	DPT1									
DPT 2	DPT2									
DPT 3	DPT3									
HEPB AT BIRTH	HEP0									
HEPB 1	HEP1									
HEPB 2	HEP2									
HEPB 3	HEP3									
HIB 1	HIB1									
HIB 2	HIB2									
HIB 3	HIB3									
MEASLES (OR MMR OR MR)	MEASLES									
VITAMIN A (FIRST DOSE)	VIT A1									
VITAMIN A (SECOND DOSE)	VIT A2									

Observations: .....

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15 YEARS OLD AND OVER HOUSEHOLD MEMBERS INFORMATION PANEL		HF
<i>This questionnaire form must be completed after the completion of the Household Characteristic Module</i>		
<i>This questionnaire form must be appended to the HOUSEHOLD QUESTIONNAIRE</i>		
<b>MP0A.</b> Province/ City's name and number: Name _____	<b>MP0B.</b> District's name and number: Name _____	
<b>MP0C.</b> Commune/ Ward name and number: Name _____		
<b>MP1.</b> Cluster's name and number: Name _____	<b>MP2.</b> Household number: _____	

*List of Provinces*

Order	Code	Name	Order	Code	Name
<b>I</b>	<b>1</b>	<b>Red River Delta</b>	33	49	Quảng Nam
1	01	Hà Nội	34	51	Quảng Ngãi
2	26	Vĩnh Phúc	35	52	Bình Định
3	27	Bắc Ninh	36	54	Phú Yên
4	22	Quảng Ninh	37	56	Khánh Hòa
5	30	Hải Dương	38	58	Ninh Thuận
6	31	Hải Phòng	39	60	Bình Thuận
7	33	Hưng Yên	<b>IV</b>	<b>4</b>	<b>Central Highland</b>
8	34	Thái Bình	40	62	Kon Tum
9	35	Hà Nam	41	64	Gia Lai
10	36	Nam Định	42	66	Đắk Lắk
11	37	Ninh Bình	43	67	Đắk Nông
<b>II</b>	<b>2</b>	<b>Northern Midlands and Mountains</b>	44	68	Lâm Đồng
12	02	Hà Giang	<b>V</b>	<b>5</b>	<b>Southeast</b>
13	04	Cao Bằng	45	70	Bình Phước
14	06	Bắc Kạn	46	72	Tây Ninh
15	08	Tuyên Quang	47	74	Bình Dương
16	10	Lào Cai	48	75	Đồng Nai
17	15	Yên Bái	49	77	Bà Rịa - Vũng Tàu
18	19	Thái Nguyên	50	79	Thành phố Hồ Chí Minh
19	20	Lạng Sơn	<b>VI</b>	<b>6</b>	<b>Mekong River Delta</b>
20	24	Bắc Giang	51	80	Long An
21	25	Phú Thọ	52	82	Tiền Giang
22	11	Điện Biên	53	83	Bến Tre
23	12	Lai Châu	54	84	Trà Vinh
24	14	Sơn La	55	86	Vĩnh Long
25	17	Hòa Bình	56	87	Đồng Tháp
<b>III</b>	<b>3</b>	<b>North and South Central Coast</b>	57	89	An Giang
26	38	Thanh Hóa	58	91	Kiên Giang
27	40	Nghệ An	59	92	Cần Thơ
28	42	Hà Tĩnh	60	93	Hậu Giang
29	44	Quảng Bình	61	94	Sóc Trăng
30	45	Quảng Trị	62	95	Bạc Liêu
31	46	Thừa Thiên - Huế	63	96	Cà Mau
32	48	Đà Nẵng		999	Nước ngoài

MDCP				MP	
<p><i>In MP3 copy each line number (HL1) of persons 15 years old and older (refer to HL6)  Next, in MP4, copy names from HL2 corresponding to these line numbers.  Ask questions starting with MP5 for each person at a time.</i></p>					
MP3. Line No.	MP4. Name.  Copy from HL2.	MP5. IN WHICH PROVINCE HAS (name) REGISTERED FOR RESIDENCY?		MP6. IN THE LAST 12 MONTHS HAS (name) WORKED FOR INCOME Probe: WORKED FOR WAGE/SALARY, HOUSEHOLD PRODUCTION OR SERVICE IN PLANTING, BREEDING, FORESTRY, OR AQUACULTURE, OR TRADING/BUSINESS FOR HOUSEHOLD?	MP7. WHAT IS THE MAIN REASON (name) HAS NOT WORKED IN THE LAST 12 MONTHS?
		98 DK		1 Yes ⇒ Next Line 2 No 8 DK ⇒ Next Line	11 Chronically ill 12 Disabled 13 Do housework 14 Studying 15 Old/retired 16 Could not find the job 96 Other reason (specify) 98 DK
Line	Name	Province	Code	Working status	Reason
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