

**END-DECADE
MULTIPLE INDICATOR CLUSTER SURVEY**

UNITED NATIONS CHILDREN'S FUND

NOVEMBER 1999

END-DECADE MULTIPLE INDICATOR CLUSTER SURVEY MODEL QUESTIONNAIRE

FLOW OF MODULES

Note:

'Age' refers to 'age at last birthday' and a dash (-) denotes 'up to and including age X'.

The survey's questionnaire consists of three questionnaires, each of which contains a number of modules

Household questionnaire

Household information panel

Household listing form (all residents) and orphanhood questions (birth to 14)

Education module: educational attainment (age 5 or over), school attendance (age 5-17)

Child labour module (age 5-14*)

Water and sanitation module (all households)

Salt iodization module (all households)

* Upper limit beyond age 14 may be set by individual country

Questionnaire for individual women (women of reproductive age, 15-49)

Women's information panel (all eligible women, 15-49)

Child mortality module (all eligible women)

Tetanus toxoid module (all mothers with last birth within last year)

Maternal and newborn health module (all mothers with last birth within last year)

Contraceptive use module (currently married women, 15-49)

HIV/AIDS module (all women, 15-49)

Questionnaire for children under five

Birth registration and early learning module

Vitamin A module

Breastfeeding module

Care of illness module

Malaria module (for high-risk areas)

Immunization module

Anthropometry module

DESIGN FEATURES

Changes in font are used to indicate the various components of the questionnaire. General instructions to the interviewer are provided in simple font. Arrows point out to movements to the specific location specified after the arrow in question.

Interviewer must form a clear idea about the economic and social status of the household before the visits so that she/he can deal with the household in an appropriate manner.

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE CENTRAL STATISTICAL ORGANISATION. 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 ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

DO YOU ALLOW US NOW TO CONDUCT THE INTERVIEW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL **	
1. Cluster number: _____	2. Household number in cluster: _____
1.1 Names of Interviewing Team:	
1. _____	2. _____
3. Day/Month/Year of interview: _____/_____/_____	4. Number of Interviewing team: _____
5. Name of head of household: _____	
6. Area: Urban1 Rural2	7. Address:** Governorate Qada'a Nahiyah..... Mahala (or District) Street (or Zukak/alley) (or Village) Number of Dwelling in the Census
8A. Type of dwelling: House(Villa).....1 Flat (Apartment)2 Hut or Mud Hut3 Tent or Hair House4 Caravan.....5 Other(specify)5 Not Applicable.....8	8B. Material used in the construction of the dwelling's walls Brick.....1 Stone.....2 Block.....3 Prefab.....4 Mud or Mud with Straw5 Other(specify)6 Not Applicable.....8
	9. Number of rooms in dwelling:** _____
10. Result of HH interview: Completed1 Refused.....2 Not at home.....3 HH not found/destroyed4 Other (specify)5	
11. No. of women eligible for interview: _____	12. No. of women interviews completed: _____
13. No. of children under age 5: _____	14. No. of child interviews completed: _____

— —	— —
15. Data entry clerk:	
<i>Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>	

**** This section to be adapted for country-specific use.**

Cluster no. _____ Household no. _____

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH
 (Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.
 Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

Eligible for:

				WOMEN'S MODULES	CHILD LABOUR MODULE	CHILD HEALTH MODULES	For persons age 15 or over ask Qs. 8 and 9				For children under age 15 years ask Qs. 10-13			
1. Line no.	2. Name	3. IS (name) MALE OR FEMALE ?	4. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 99=DK*	5. Circle Line no. if woman is age 15-49	6. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	7. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (name)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK	11. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO	12. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK	13. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE- HOLD? 1 YES 2 NO		
LINE	NAME	M F	AGE	15-49	MOTHER	MOTHER	E D N DK	M W D S N	Y N DK	Y N	Y N DK	Y N		
01		1 2	___	01	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
02		1 2	___	02	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
03		1 2	___	03	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
04		1 2	___	04	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
05		1 2	___	05	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
06		1 2	___	06	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		
07		1 2	___	07	___	___	1 2 3 9	1 2 3 4 5	1 2 9	1 2	1 2 9	1 2		

ARE THERE ANY OTHER CHILDREN LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?

INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

EDUCATION MODULE

If interview takes place between two school years, use alternative wording found in Appendix 1.

For persons **age 5 or over** ask Qs. 15 and 16

For children **age 5 through 17 years**, continue on, asking Qs. 18-22 (Note: Kindly omit Qs. 17 & 19)

Q.5

14. Line no.	15. HAS (name) EVER ATTENDED SCHOOL? 1 YES → Q.16 2 NO ↘ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 1 PRIMARY 2 SECONDARY 3 HIGHER 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK <i>If less than 1 grade, enter 00.</i>	17. Is (name) CURRENTLY ATTENDING SCHOOL? 1 YES → Q.19 2 NO	18. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL AT ANY TIME? 1 YES 2 NO → Q.21	19. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	20. WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK	21. DID (name) ATTEND SCHOOL LAST YEAR? 1 YES 2 NO ↘ NEXT LINE 9 DK ↘ NEXT LINE	22. WHICH LEVEL AND GRADE DID (name) ATTEND LAST YEAR? LEVEL: 1 PRESCHOOL 2 PRIMARY 3 SECONDARY 4 NON-STANDARD CURRICULUM 9 DK GRADE: 99 DK
LINE	Y NO	LEVEL GRADE	YES NO	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE
01	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
02	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
03	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
04	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
05	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
06	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____
07	1 2 → NEXT LINE	1 2 3 4 9 _____	1 2	1 2	_____	1 2 3 4 9 _____	1 2 9	1 2 3 4 9 _____

Now for each woman age 15-49 years, write her name and line number at the top of each page in the 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 at the top of each page in the Children's Questionnaire.

You should now have a separate questionnaire for each eligible woman and child in the household.

WATER AND SANITATION MODULE		
<p><i>This module is to be administered once for each household visited. Record only one response for each question. If more than one response is given, record the most usual source or facility.</i></p>		
<p>1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD ?</p>	<p>Piped into dwelling01 Piped into yard or plot02 Public tap.....03 Tubewell/borehole with pump04 Protected dug well05 Protected spring06 Rainwater collection07 Bottled water08 Unprotected dug well.....09 Unprotected spring.....10 Pond, river or stream11 Tanker-truck, vendor12 Other (<i>specify</i>)13 No answer or DK99</p>	
<p>2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _____ Water on premises888 DK999</p>	
<p>3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?</p>	<p>Flush to sewage system or septic tank 1 Pour flush latrine (water seal type) 2 Improved pit latrine (e.g., VIP) 3 Traditional pit latrine 4 Open pit..... 5 Bucket..... 6 Other (<i>specify</i>) 7 No facilities or bush or field 8</p>	<p>8⇒Q.5</p>
<p>4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND? **</p>	<p>Yes, in dwelling/yard/compound..... 1 No, outside dwelling/yard/compound 2 DK 9</p>	
<p>5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine 1 Thrown into toilet or latrine 2 Thrown outside the yard..... 3 Buried in the yard..... 4 Not disposed of or left on the ground 5 Other (<i>specify</i>) 6 No young children in household 8</p>	
<p>5A. WHAT IS THE SEWAGE DISPOSAL FACILITY USED BY THE HOUSEHOLD?</p>	<p>Household sewage network connected to a public sewage network and treatment plant.....1 Domestic network but with unhygienic sewage disposal to open areas or stormsewers.....2 Domestic network connected connected to</p>	<p>3⇒Q.5B</p>

	septic tank.....3 Pit latrine. Wash water disposed of to open areas or to storm sewers.....4	
5B. STATUS OF DOMESTIC NETWORK CONNECTED TO SEPTICTANK.	Working properly. Septic tank emptied in due time.....1 Non-functional. Sewage is disposed of to streets and open areas.....2 Non-functional. Sewage is disposed of to storm sewers.....3	

GO TO NEXT MODULE ⇨

Cluster no. ___ ___ Household no. ___ ___

SALT IODIZATION MODULE											
<p>1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p>Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Not iodized 0 PPM (no colour)</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Less than 15 PPM (weak colour)</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">15 PPM or more (strong colour).....</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">No salt in home</td> <td style="text-align: right; padding: 2px;">8</td> </tr> <tr> <td style="padding: 2px;">Salt not tested</td> <td style="text-align: right; padding: 2px;">9</td> </tr> </table>	Not iodized 0 PPM (no colour)	1	Less than 15 PPM (weak colour)	2	15 PPM or more (strong colour).....	3	No salt in home	8	Salt not tested	9
Not iodized 0 PPM (no colour)	1										
Less than 15 PPM (weak colour)	2										
15 PPM or more (strong colour).....	3										
No salt in home	8										
Salt not tested	9										

GO TO WOMEN'S QUESTIONNAIRE ⇨

Cluster no. ___ ___ Household no. ___ ___ Woman line no. ___

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL		
<i>This module is to be administered to all women age 15 through 49 (see column 5 of HH listing). Fill in one form for each eligible woman.</i>		
1. Woman's line number (from HH listing).	Line number.....__ __	
2. Woman's name.	Name _____	
3A. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month/Year__ __ / ____ __	
	DK date of birth999999	DK⇒ 3B
<i>Or:</i>	<i>Or:</i>	
3B. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)__ __	

GO TO NEXT MODULE ⇒

Cluster no. ___ Household no. ___ Woman line no. ___

CHILD BIRTH MODULE		
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>		
<p>1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE . HAVE YOU EVER GIVEN BIRTH?</p> <p>MAKE SURE TO REMIND THE WOMAN THAT YOU 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?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒ CONTRA- CEPTIVE USE MODULE</p>
<p>2A. 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 IS THE CHILD OF A MAN OTHER THAN YOUR CURRENT PARTNER</p> <p><i>Or:</i> 2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Date of first birth Day/Month/Year__ / __ / ____</p> <p>DK date of first birth99999999</p> <p><i>Or:</i> Completed years since first birth__</p>	<p>DK⇒2B</p>
<p>3A. WHAT IS THE NUMBER OF LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE ? (I.E CHILDREN WHO ARE STILL ALIVE OR WHO HAVE DECEASED)</p>	<p>Number of Males ___ ___ Number of Females ___ ___ Total ___ ___</p>	
<p>11. 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>Date of last birth Day/Month/Year__ / __ / ____</p>	
<p><i>Did the woman's last birth occur within the last year, that is, since (insert date)?</i></p> <p><input type="checkbox"/> Yes, live birth in last year. ⇒ GO TO TETANUS TOXOID MODULE</p> <p><input type="checkbox"/> No live birth in last year. ⇒ GO TO CONTRACEPTIVE USE MODULE</p>		

Cluster no. ___ Household no. ___ Woman line no. ___

TETANUS TOXOID (TT) MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No..... 3 DK 9	
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. <i>If yes:</i> HOW MANY DOSES OF TETANUS TOXOID (ANTI-TETANUS INJECTIONS) DID YOU RECEIVE DURING YOUR LAST PREGNANCY?	No. of doses ___ DK 99	
<i>How many TT doses were reported during last pregnancy in Q.3?</i>		
<input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ GO TO MATERNAL AND NEWBORN HEALTH MODULE</i>		
<input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ CONTINUE WITH Q.4</i>		
4. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION (<i>additional probes</i>) AT ANY TIME BEFORE YOUR LAST PREGNANCY, INCLUDING DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
5. <i>If yes:</i> HOW MANY DOSES DID YOU RECEIVE?	No. of doses ___	
6A. WHEN WAS THE LAST DOSE RECEIVED?	Date of last dose Month/Year ___ / _____ DK date 999999	DK⇒6B
<i>Or:</i> 6B. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST DOSE?	Years ago..... ___	
7. <i>Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime.</i>	Total no. of doses ___	

GO TO MATERNAL AND NEWBORN HEALTH MODULE⇒

Cluster no. _____ Household no. _____ Woman line no. _____

MATERNAL AND NEWBORN HEALTH MODULE		
<i>This module is to be administered to all women with a live birth in the year preceding date of interview.</i>		
Use Q.7 and Q.8 only in countries where a local term for night blindness exists.		
1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH, DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? <i>Show 200,000 IU capsule or dispenser.</i>	Yes 1 No..... 2 DK 9	
2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY ? <i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i> <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor 1 Government doctor in a health centre...11 Private doctor.....12 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Other (<i>specify</i>) 6 No one 0	No of visits ⇒ Q.B2 ⇒ Q.A2
2A. IF THE ANSWER IS NO, I.E. DID NOT SEE ANYONE WHAT ARE THE REASONS FOR NOT SEEING ANYONE (MORE THAN ONE ANSWER CAN BE GIVEN)	Did not feel the need to see anyone.....1 Not convinced by the assistance.....2 Financially not capable to see anyone.....3 Difficulty in getting to the health care center.....4 Non-availability of medicaments.....5 DK.....9	⇒ Q.3
2B IN WHICH MONTH DURING YOUR LAST PREGNANCY, DID THE FIRST VISIT TO A HEALTH CARE CENTRE, OR ANY OTHER PUBLIC/GOVERNMENTAL HEALTH INSTITUTION TAKE PLACE ?	In month..... DK.....9	
2C IN WHICH MONTH DURING YOUR LAST PREGNANCY DID THE LAST VISIT TO A HEALTH CARE CENTRE, OR ANY OTHER PUBLIC/GOVERNMENTAL HEALTH INSTITUTION TAKE PLACE ?	In month..... DK.....9	
3. 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 1 Nurse/midwife 2 Auxiliary midwife 3 Other person Traditional birth attendant 4 Relative/friend 5 Other (<i>specify</i>) 6 No one 0	
3A WHERE DID THE DELIVERY TAKE PLACE ?	In hospital.....1 At home.....2 At midwife's house.....3 Other.....4	
4. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE,	Very large..... 1 Larger than average 2	

AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Average 3 Smaller than average..... 4 Very small 5 DK 9	
5. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 9	2⇒Q.7 9⇒Q.7
6. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card.....1 (grams) __ , __ __ __ From recall2 (grams) __ , __ __ __ DK99999	
7. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU HAVE DIFFICULTY WITH YOUR VISION DURING THE DAYLIGHT ?	Yes 1 No..... 2 DK 9	
8. DURING THAT PREGNANCY, DID YOU SUFFER FROM NIGHT BLINDNESS (<i>insert local term</i>)?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

CONTRACEPTIVE USE MODULE		
<p><i>Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.</i> <i>Questions on pregnancy and contraception are to be asked only of women who are currently married or in union.</i></p>		
<p>1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN?</p>	<p>Yes 1</p> <p>No, widowed, divorced, separated 2</p> <p>No, never married..... 3</p>	<p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>2. NOW I AM GOING TO CHANGE TOPICS.</p> <p>I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>I KNOW THIS IS A DIFFICULT SUBJECT TO TALK ABOUT, BUT IT IS IMPORTANT THAT WE OBTAIN THIS INFORMATION.</p> <p>OF COURSE, ALL THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. YOU WILL NEVER BE IDENTIFIED WITH THE ANSWERS TO THESE QUESTIONS.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No..... 2</p> <p>Unsure or DK 3</p>	<p>1⇒NEXT MODULE</p>
<p>3. SOME 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?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>1⇒Q.4</p>
<p>A3. IF THE ANSWER IS NO, WHAT IS THE REASON? (MORE THAN ONE ANSWER CAN BE GIVEN/MARKED)</p>	<p>Desire to have children.....1</p> <p>Health reasons.....2</p> <p>Religious causes/reasons.....3</p> <p>Husband not convinced.....4</p> <p>Wife not convinced.....5</p> <p>High price of contraceptives.....6</p> <p>Other.....7</p> <p>DK.....9</p>	<p>⇒ NEXT MODULE AFTER FINISHING THIS Q.</p>
<p>4. 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 sterilization01</p> <p>Male sterilization02</p> <p>Pill03</p> <p>IUD.....04</p> <p>Injections.....05</p> <p>Implants06</p> <p>Condom07</p> <p>Female condom08</p> <p>Diaphragm.....09</p> <p>Foam/jelly.....10</p> <p>Lactational amenorrhoea method (LAM)11</p> <p>Periodic abstinence12</p> <p>Withdrawal13</p> <p>Other (<i>specify</i>)14</p>	



GO TO NEXT MODULE , I.E. HIV MODULE ⇒

HIV/AIDS MODULE		
<p><i>This module is to be administered to all women age 15-49. See Instructions for Interviewers for further discussion of these questions.</i></p>		
<p>1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT WHAT YOU KNOW ABOUT SERIOUS ILLNESS , IN PARTICULAR, ABOUT HIV AND AIDS.</p> <p>HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒Q.18</p>
<p>2. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING HIV, THE VIRUS THAT CAUSES AIDS?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>2⇒Q.8</p> <p>9⇒Q.8</p>
<p>2A. HOW DOES THE INFECTION TAKE PLACE?</p> <p>(MORE THAN ONE ANSWER CAN BE GIVEN/MARKED)</p>	<p>Sexual relation.....1</p> <p>Transfer of infected blood.....2</p> <p>From mother to child during pregnancy.....3</p> <p>From mother to child through breastfeeding.4</p> <p>Mosquito bites.....5</p> <p>Exposed to Infected medical equipment.....6</p> <p>DK.....9</p>	

<p>18. Is the woman a caretaker of any children under five years of age?</p> <p><input type="checkbox"/> Yes. ⇒ GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.</p> <p><input type="checkbox"/> No. ⇒ CONTINUE WITH Q.19</p>
<p>19. Does another eligible woman reside in the household?</p> <p><input type="checkbox"/> Yes. ⇒ End the current interview by thanking the woman for her cooperation and GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the next eligible woman.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>

PS: USE THE LETTERS Y OR N WHEN ANSWERING YES OR NO

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them and is under the age of 5 years (see Q.4 of the HH listing).

A separate form should be used for each eligible child.

Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing).

Fill in the line number of each child, the line number of the child's mother or caretaker, and the household and cluster numbers in the space at the top of each page.

BIRTH REGISTRATION AND EARLY LEARNING MODULE		
1. Child's name.	Name _____	
2. Child's age (copy from Q.4 of HH listing).	Age (in completed years)__ __	
3. 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 (name). IN WHAT MONTH AND YEAR WAS (name) BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? <i>If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.</i>	Date of birth Day/Month/Year__ __/ __ __/ __ __ __ __	
4. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? <i>If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.). Correct stated age, if necessary.</i>	Yes, seen..... 1 Yes, not seen 2 No..... 3 DK 9	1⇒Q.8
5. <i>If no birth certificate is shown, ask:</i> HAS (name's) BIRTH BEEN REGISTERED?	Yes 1 No..... 2 DK 9	1⇒Q.8 9⇒Q.7
6. WHY IS (name's) BIRTH NOT REGISTERED?	Costs too much** 1 Must travel too far..... 2 Did not know it should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Other (specify) 6 DK 9	
7. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2 No answer 8	

<p>8. Check age. If child is 3 years old or more, ask: 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 No..... 2 DK 9</p>	<p>2⇒NEXT MODULE 9⇒NEXT MODULE</p>
<p>9. WITHIN THE LAST SEVENDAYS, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?</p>	<p>Number of hours _ _</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

VITAMIN A MODULE		
Further optional questions are found in Appendix Two.		
1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE ? <i>Show capsule or dispenser.</i>	Yes	1
	No.....	2
	DK	9
		2⇒NEXT MODULE
		9⇒NEXT MODULE
2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago	__ __
	DK	99
3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health centre.....	1
	Sick child visit to health centre	2
	National Immunization Day campaign.....	3
	Other (<i>specify</i>)	4
	DK	9

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

BREASTFEEDING MODULE		
1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
A1. AFTER HOW MANY HOURS AFTER BIRTH DID BREASTFEEDING START?	No. of hours..... DK.....99	
B1. DID (<i>NAME</i>) TAKE COLUSTROM?	Yes 1 No..... 2 DK 9	
C1. TO WHAT AGE (IN MONTHS) WAS EXCLUSIVE BREASTFEEDING MAINTAINED/USED?	Age (in months).....	
2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No..... 2 DK 9	2⇒Q.4 9⇒Q.4
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING : <i>Read each item aloud and record response before proceeding to the next item.</i>		
		Y N DK
3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE ?	A. Vitamin supplements.....	1 2 9
3B. PLAIN WATER?	B. Plain water	1 2 9
3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice	1 2 9
3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS.....	1 2 9
3E. TINNED, POWDERED OR FRESH MILK OR INFANT FORMULA ?	E. Milk.....	1 2 9
3F. ANY OTHER LIQUIDS?	F. Other liquids (<i>specify</i>)	1 2 9
3G. SOLID OR SEMI-SOLID (MUSHY) FOOD?	G. Mushy food	1 2 9
4. SINCE THIS TIME YESTERDAY , HAS (<i>name</i>) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT?	Yes 1 No..... 2 DK 9	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

CARE OF ILLNESS MODULE		
<p>1. 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><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.3</p>
<p>2. IN THE LAST TWO WEEKS, HAS (<i>name</i>) HAD ANY OTHER ILLNESS , SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM ?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>1⇒Q.4</p> <p>2⇒Q.11</p> <p>9⇒Q.11</p>
<p>3. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>3A. BREAST MILK ?</p> <p>3B. CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP?</p> <p>3C. other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)?</p> <p>3D. ORS PACKET SOLUTION?</p> <p>3E. OTHER MILK OR INFANT FORMULA?</p> <p>3F. WATER WITH FEEDING DURING SOME PART OF THE DAY?</p> <p>3G. WATER ALONE?</p> <p>3H. defined “unacceptable” fluids (e.g., cola, etc. (insert local names))</p> <p>3I. NOTHING</p>	<p style="text-align: right;">Y N DK</p> <p>A. Breast milk 1 2 9</p> <p>B. Gruel 1 2 9</p> <p>C. Other acceptable..... 1 2 9</p> <p>D. ORS packet..... 1 2 9</p> <p>E. Other milk..... 1 2 9</p> <p>F. Water with feeding 1 2 9</p> <p>G. Water alone 1 2 9</p> <p>H. Unacceptable fluids 1 2 9</p> <p>I. Nothing 1 2 9</p>	<p>1⇒Q.5</p>
<p>4. DURING (<i>name’s</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL ?</p>	<p>Much less or none 1</p> <p>About the same (or somewhat less) 2</p> <p>More 3</p> <p>DK 9</p>	
<p>5. DURING (<i>name’s</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL ?</p> <p><i>If “less”, probe:</i></p> <p>MUCH LESS OR A LITTLE LESS?</p>	<p>None..... 1</p> <p>Much less 2</p> <p>Somewhat less 3</p> <p>About the same..... 4</p> <p>More 5</p> <p>DK 9</p>	
<p>6. HAS (<i>name</i>) HAD AN ILLNESS WITHA COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 9</p>	<p>2⇒Q.11</p> <p>9⇒Q.11</p>

<p>7. 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> <p>8. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCK ED NOSE?</p>	<p>Yes 1 No..... 2 DK 9</p> <p>Blocked nose..... 1 Problem in chest 2 Both 3</p> <p>Other (<i>specify</i>) 4 DK 9</p>	<p>2⇒Q.11 9⇒Q.11 1⇒Q.11 4⇒Q.11</p>
<p>9. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1 No..... 2 DK 9</p>	<p>2⇒Q.11 9⇒Q.11</p>
<p>10. FROM WHERE DID YOU SEEK CARE ? ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Hospital01 Health centre02 Dispensary03 Village health worker.....04 MCH clinic.....05 Mobile/outreach clinic.....06 Private physician07 Traditional healer08 Pharmacy or drug seller.....09 Relative or friend10</p> <p>Other (<i>specify</i>) 11</p>	
<p><i>Ask this question (Q.11) only once for each caretaker.</i></p> <p>11. 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><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or breastfeed01 Child becomes sicker02 Child develops a fever03 Child has fast breathing.....04 Child has difficult breathing05 Child has blood in stool06 Child is drinking poorly.....07</p> <p>Other (<i>specify</i>)08 Other (<i>specify</i>)09 Other (<i>specify</i>)10</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

MALARIA MODULE		
<i>This module is for use in countries or regions at high risk of malaria. See manual for definition.</i>		
1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No..... 2 DK 9	2⇒Q.8 9⇒Q.8
2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No..... 2 DK 9	2⇒Q.6 9⇒Q.6
3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No..... 2 DK 9	2⇒Q.5 9⇒Q.5
4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Paracetamol 1 Chloroquine 2 Fansidar 3 Kenin..... 4 Premaquin..... 5 Other (<i>specify</i>) 4 DK 9	
5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No..... 2 DK 9	1⇒Q.7 2⇒Q.8 9⇒Q.8
6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No..... 2 DK 9	2⇒Q.8 9⇒Q.8
7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given before visiting a health facility or if no visit was made to a health facility.</i>	Paracetamol 1 Chloroquine 2 Fansidar 3 Kenin..... 4 Premaquin..... 5 Other (<i>specify</i>) 4 DK 9	
7A. WAS MOSQUITO NETS SPRAYED WITHIN THE DWELLING UNIT?	Yes 1 No..... 2 DK 9	
8A. WAS ALL THE DOORS AND WINDOWS PROTECTED AGAINST MOSQUITO ENTRY?	Yes 1 No..... 2 DK 9	
8. DID (<i>name</i>) SLEEP UNDER A BEDNET LAST NIGHT?	Yes 1 No..... 2	2⇒NEXT

		MODULE
	DK 9	9⇒NEXT MODULE
9. WAS THE BEDNET TREATED WITH MOSQUITO INSECTICIDES?	Yes 1 No..... 2 DK 9	2⇒NEXT MODULE 9⇒NEXT MODULE
10. WHEN WAS THE LAST TIME THE THE BEDNET WAS TREATED WITH MOSQUITO INSECTICIDE?	No of months that passed..... ____ ____ DK99	

Go to the immunisation module

<p>9. WAS THIS BEDNET EVER TREATED WITH A PRODUCT TO KILL MOSQ UITOS?</p>	<p>Yes 1 No..... 2 DK 9</p>	<p>2⇒NEXT MODULE 9⇒NEXT MODULE</p>
<p>10. WHEN WAS THE BEDNET LAST TREATED?</p>	<p>Months ago _ _ DK 99</p>	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

IMMUNIZATION MODULE			
<i>If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 are for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.</i>			
1. IS THERE A VACCINATION RECORD FOR (<i>name</i>)?		Yes, seen..... 1 Yes, not seen 2 No..... 3	2⇒Q.7 3⇒Q.7
(a) Copy dates of all vaccinations 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	
2. BCG	BCG		
3A. OPV0	OPV0		
3B. OPV1	OPV1		
3C. OPV2	OPV2		
3D. OPV3	OPV3		
4A. DPT1	DPT1		
4B. DPT2	DPT2		
4C. DPT3	DPT3		
5. MEASLES	MEASLES		
6. IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?		Yes 1 <i>(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.)</i> No..... 2 DK 9	1⇒Q.15 2⇒Q.15 9⇒Q.15
Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish.			
7. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY CAMPAIGN?		Yes 1 No..... 2 DK 9	2⇒Q.15 9⇒Q.15
8. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?		Yes 1 No..... 2 DK 9	

8A. CHECK THE LEFT SHOULDER (WHICH IS THE NORMAL LOCATION OF THE BCG INJECTION) TO IDENTIFY THE SCAR?	Scar existing.....1 Scar not existing.....2 Not sure of the scar's existence.....3	⇒ Q.9
8B. GIVE THE REASON FOR NOT HAVING THE VACCINATION	Vaccine not available1 Difficulty in getting to the health facility.....2 Not convinced of the usefulness of the vaccine.....3 DK.....9	
9. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No..... 2 DK 9	2⇒Q.12 9⇒Q.12
10. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH OR LATER?	Just after birth 1 Later 2	
11. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times _ _	
12. HAS (name) EVER BEEN GIVEN "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)	Yes 1 No..... 2 DK 9	2⇒Q.14 9⇒Q.14
13. HOW MANY TIMES?	No. of times _ _	
14. HAS (name) EVER BEEN GIVEN "VACCINATION INJECTIONS" – 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 9	
15. PLEASE TELL ME IF (name) HAS PARTICIPATED IN ANY OF THE FOLLOWING NATIONAL IMMUNIZATION DAYS: A) 1ST POLIO CAMPAIGN 4/10/1999- 8/10/1999 B) 2 nd Polio Campaign 4/11/1999-8/11/1999 C) 3 rd Polio Campaign 28/3/2000-1/4/2000 D) 4 th Polio Campaign 25/4/2000-29/4/2000 <i>Insert date and type of vaccination given in one of the national immunisation campaigns.</i>	Y N DK Campaign A 1 2 9 Campaign B 1 2 9 Campaign C 1 2 9 Campaign D 1 2 9	

GO TO NEXT MODULE ⇒

Cluster no. _____ Household no. _____ Caretaker line no. _____ Child line no. _____

ANTHROPOMETRY MODULE		
<p><i>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 HH listing before recording measurements.</i></p>		
<p>1. Child's weight.</p>	<p>Kilograms (kg) _____ . _____</p>	
<p>2. Child's length or height.</p> <p><i>Check age of child:</i></p> <p><input type="checkbox"/> Child under 2 years old. ⇨ Measure length (lying down).</p> <p><input type="checkbox"/> Child age 2 or more years. ⇨ Measure height (standing up).</p>	<p>Length (cm) Lying down 1 _____ . _____</p> <p>Height (cm) Standing up 2 _____ . _____</p>	
<p>3. Measurer's identification code.</p>	<p>Measurer code _____</p>	
<p>4. Result.</p>	<p>Measured 1</p> <p>Not present 2</p> <p>Refused 3</p> <p>Other (specify) _____ 4</p>	
<p>5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇨ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇨ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and check that identification numbers are at the top of each page. Tally on the Household Information Panel the number of interviews completed.</p>		

CLUSTER CONTROL SHEET

District Name _____

Cluster Number _____

Interviewer Number _____

Date _____

HH No.	Name of Head of HH	Number of Eligible		Interviews Completed		Notes
		Women	Children	Women	Children	
Total:						

Notes: (continue on reverse side, as needed)