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| Institute for International Programs – Johns Hopkins University |
| **RADAR Coverage Survey Questionnaire** |
| *Version 1 - Core questionnaires, June 2020* |

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# **HOUSEHOLD QUESTIONNAIRE**

## HOUSEHOLD INFORMATION PANEL (HH)

|  |  |  |  |
| --- | --- | --- | --- |
| HH1. | ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | HH2. | SUB-ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ |
| HH2a. | VILLAGE NAME AND NUMBER: ……………………………………….….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | |
| HH3. | CLUSTER NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | HH4. | HOUSEHOLD NUMBER: \_\_\_\_ \_\_\_\_ |
| HH4a | WAS THIS HOUSEHOLD SELECTED FOR THE MEN’S QUESTIONNAIRE? | YES 1  NO ………………………………………………….. 2 | |
| HH4b | WAS THIS HOUSEHOLD SELECTED FOR THE ANTHROPOMETRY MODULE? | YES 1  NO ………………………………………………….. 2 | |
| HH6. | INTERVIEWER’S NAME AND NUMBER:  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ | HH7. | SUPERVISOR’S NAME AND NUMBER:  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ |
| HH8. | DAY / MONTH / YEAR OF INTERVIEW: | \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ / 2 0 \_\_\_\_ \_\_\_ | |
| HH9. | RESULT OF HOUSEHOLD INTERVIEW: | HOUSEHOLD MEMBER PRESENT AND GAVE CONSENT 01  NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02  ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03  REFUSED 04  DWELLING VACANT / ADDRESS NOT A DWELLING 05  DWELLING DESTROYED 06  DWELLING NOT FOUND 07  OTHER (SPECIFY) 96 | |
| HH10. | WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD? | CATHOLIC 1  PROTESTANT/OTHER CHRISTIANS 2  MUSLIM 3  TRADITIONAL 4  OTHER RELIGION (SPECIFY) 6  NO RELIGION/PAGAN 7 | |
| HH11. | WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD? | LANGUAGE 1 1  LANGUAGE 2 2  LANGUAGE 3 3  LANGUAGE 4 4  LANGUAGE 5 5  OTHER LANGUAGE (SPECIFY) 6 | |
| HH12. | TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? | ETHNIC GROUP 1 1  ETHNIC GROUP 2 2  ETHNIC GROUP 3 3  OTHER ETHNIC GROUP (SPECIFY) 6 | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LIST OF HOUSEHOLD MEMBERS (HL) First, please tell me the name of each person who usually lives here, starting with the head of the household.  LIST THE HEAD OF THE HOUSEHOLD IN LINE 01. LIST ALL HOUSEHOLD MEMBERS (HL2), THEIR RELATIONSHIP TO THE HOUSEHOLD HEAD (HL3), AND THEIR SEX (HL4).  *Then ask*: are there any others who live here, even if they are not at home now?  IF YES, COMPLETE LISTING FOR QUESTIONS HL2-HL4. THEN, ASK QUESTIONS STARTING WITH HL5 FOR EACH PERSON AT A TIME.  **USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE LIST OF HOUSEHOLD MEMBERS HAVE BEEN USED.** | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | For women  age 15-49 years | For men  age 15-49 years | For children  age 0-4 years |  |  |  |
| **HL1**.  Line  no. | **HL2**.  Name | **HL3**.  What is the relation-ship of (*name*) to the head of house-hold?  See below | **HL4**.  Is (*name*) male or female?  1 Male  2 Female | | **HL5**.  What is (*name*)’s date of birth?  98 DK  9998 DK | | | **HL6**.  How old is (*name*)?  *Record in completed years.*  *If age is 95 or above, record ‘95’.* | **HL6A**.  Does (*name*) usually live here? | **HL6B.**  Did (*name*) stay here last night? | **HL7A**.  Circle line no. if woman is aged  15-49 years. | **HL7B**.  Circle line no. if man is aged  *15-49 years* | **HL7C**.  *Circle line no. if child is aged 0-4 years.* | **HL8**.  Is (*name*)’s natural mother alive?  1 Yes  2 No  8 DK | **HL9**.  Does (*name*)’s natural mother live in this house-hold?  If “Yes”, record line no. of mother.  If “No”, record 00. | **HL10**.  Record line no. of mother from  HL9 if indicated.  If HL9 is blank or ‘00’ ask:  Who is the primary caretaker of (name)? and record line number |
| Line | Name | Relation\* | M | F | Month | | Year | Age | Y N | Y N | 15-49 | 15-49 | 0-4 | y n dk | Mother | Mother |
| 01 |  | **0 1** | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 01 | 01 | 01 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 02 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 02 | 02 | 02 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 03 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 03 | 03 | 03 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 04 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 04 | 04 | 04 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 05 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 05 | 05 | 05 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 06 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 06 | 06 | 06 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 07 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 07 | 07 | 07 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 08 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 08 | 08 | 08 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 09 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 11 | 11 | 11 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 10 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 12 | 12 | 12 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 11 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 11 | 11 | 11 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 12 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 12 | 12 | 12 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 13 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 13 | 13 | 13 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 14 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 14 | 14 | 14 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| 15 |  | \_\_\_ \_\_\_ | 1 | 2 | \_\_\_ \_\_\_ | | \_\_\_ \_\_\_ \_\_\_ \_\_\_ | \_\_\_ \_\_\_ | 1 2 | 1 2 | 15 | 15 | 15 | 1 2 8 | \_\_\_ \_\_\_ | \_\_\_ \_\_\_ |
| *Tick here if additional questionnaire used* | | | □ | |  |  | |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Probe for additional household members.  Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.  Insert names of additional members in the household list and complete form accordingly. |
| Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women’s Questionnaire.  For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Men’s Questionnaire.  For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.  You should now have a separate questionnaire for each eligible woman and each man in the household. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \* *Codes for* ***HL3****: Relationship to head of household:* | 01 HEAD  02 SPOUSE / PARTNER  03 SON / DAUGHTER | 04 SON-IN-LAW / DAUGHTER-IN-LAW  05 GRANDCHILD  06 FATHER / MOTHER | 07 FATHER/MOTHER-IN-LAW  08 BROTHER / SISTER  09 BROTHER-IN-LAW / SISTER-IN-LAW | 10 UNCLE / AUNT  11 NIECE / NEPHEW  12 OTHER RELATIVE | 13 ADOPTED / FOSTER/ STEPCHILD  14 SERVANT (LIVE-IN) | 96 OTHER (NOT RELATED)  98 DK |

## **HOUSEHOLD ASSETS MODULE (HA)**

|  |  |  |  |
| --- | --- | --- | --- |
| HA1. | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01  BOTTLED GAS 02  BIOGAS 04  PARAFFIN/KEROSENE 05  CHARCOAL 06  COAL, LIGNITE 07  FIREWOOD 08  CROP REMNANTS, STRAW/TWIGS/GRASS 09  ANIMAL DUNG 11  NO FOOD COOKED IN HOUSEHOLD 95  OTHER *(SPECIFY)* 96 |  |
| HA2. | How many rooms in this household are used for sleeping? | ROOMS \_\_\_ \_\_\_ |  |
| HA3. | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1  NO 2 | 🡪HA5 |
| HA4. | How many of the following animals does this household own?  **READ EACH ITEM. IF NONE, RECORD 00. IF 95 OR MORE, RECORD 95.**  Milk cows/bulls?  Other cattle?  Horses/donkeys/mules?  Goats?  Sheep?  Pigs?  Chicken or other poultry? | MILK COWS/BULLS \_\_\_ \_\_\_  OTHER CATTLE \_\_\_ \_\_\_  HORSES/DONKEYS/MULES \_\_\_ \_\_\_  GOATS \_\_\_ \_\_\_  SHEEP \_\_\_ \_\_\_  PIGS \_\_\_ \_\_\_  CHICKEN OR OTHER POULTRY \_\_\_ \_\_\_ |  |
| HA5. | Does any member of this household own agricultural land? | YES 1  NO 2 | 🡪HA7 |
| HA6. | How many acres of agricultural land do members of this household own?  **IF 95 OR MORE, RECORD 95.0** | ACRES **\_\_ \_\_. \_\_**  95 OR MORE ACRES 95.0  DON’T KNOW 99.8 |  |
| HA7. | Does your household have:  Electricity that is connected?  A radio in working condition?  A television in working condition?  A fixed telephone (land line) in working condition?  A refrigerator/freezer in working condition?  A computer in working condition?  Solar, battery, or generator for power? | YES NO  ELECTRICITY 1 2  RADIO 1 2  TELEVISION 1 2  LAND LINE 1 2  REFRIGERATOR/FREEZER 1 2  COMPUTER 1 2  BATTERY 1 2 |  |
| HA8. | Does any member of your household own:  A watch?  A bicycle?  A mobile phone?  A motorcycle or tricycle or motor scooter?  A car or truck?  An animal-drawn cart?  A motor boat? | YES NO  WATCH 1 2  BICYCLE 1 2  MOBILE PHONE 1 2  MOTORCYCLE/TRICYCLE/SCOOTER 1 2  CAR/TRUCK 1 2  CART 1 2  MOTOR BOAT 1 2 |  |
| HA9. | Does any member of this household have a bank account? | YES 1  NO 2  DON’T KNOW 8 |  |
| HA10. | Does any member of this household have a mobile back account ([insert local examples or brands])? | YES 1  NO 2  DON’T KNOW 8 |  |
| HA11. | OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING  RECORD OBSERVATION. | NATURAL ROOFING  NO ROOF 11  THATCH/PALM LEAF 12  SOD 13  RUDIMENTARY ROOFING  RUSTIC MAT 21  PALM/BAMBOO 22  WOOD PLANKS 23  CARDBOARD 24  FINISHED ROOFING  METAL 31  WOOD 32  CALAMINE/CEMENT FIBER 33  CERAMIC TILES 34  CEMENT 35  ROOFING SHINGLES 36  OTHER (SPECIFY) 96 |  |
| HA12. | OBSERVE THE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING  RECORD OBSERVATION. | NATURAL WALLS  NO WALLS 11  CANE/PALM/TRUNKS 12  DIRT 13  RUDIMENTARY WALLS  BAMBOO WITH MUD 21  STONE WITH MUD 22  UNCOVERED ADOBE 23  PLYWOOD 24  CARDBOARD 25  REUSED WOOD 26  FINISHED WALLS  CEMENT 31  STONE WITH LIME/CEMENT 32  BAKED BRICKS 37  CEMENT BLOCKS 34  COVERED ADOBE 35  WOOD PLANKS/SHINGLES 36  OTHER (SPECIFY) 96 |  |

## WATER AND SANITATION MODULE (WS)

|  |  |  |  |
| --- | --- | --- | --- |
| WS1. | What is the main source of drinking water for members of your household? | PIPED WATER  PIPED INTO DWELLING 11  PIPED INTO YARD OR PLOT 12  PUBLIC TAP/STANDPIPE 13  TUBE WELL/BOREHOLE 21  DUG WELL  PROTECTED WELL 31  UNPROTECTED WELL 32  WATER FROM SPRING  PROTECTED SPRING 41  UNPROTECTED SPRING 42  RAINWATER COLLECTION 51  TANKER-TRUCK 61  CART WITH SMALL TANK/DRUM 71  SURFACE WATER (RIVER, STREAM, DAM, LAKE,  POND, CANAL, IRRIGATION CHANNEL) 81  BOTTLED WATER 91  OTHER (SPECIFY) 96 | WS3 |
| WS2. | What is the main source of water used by your household for other purposes, such as cooking and hand washing? | PIPED WATER  PIPED INTO DWELLING 11  PIPED INTO YARD OR PLOT 12  PUBLIC TAP/STANDPIPE 13  TUBE WELL/BOREHOLE 21  DUG WELL  PROTECTED WELL 31  UNPROTECTED WELL 32  WATER FROM SPRING  PROTECTED SPRING 41  UNPROTECTED SPRING 42  RAINWATER COLLECTION 51  TANKER-TRUCK 61  CART WITH SMALL TANK/DRUM 71  SURFACE WATER (RIVER, STREAM, DAM, LAKE,  POND, CANAL, IRRIGATION CHANNEL) 81  BOTTLED WATER 91  OTHER (SPECIFY) 96 |  |
| WS3. | What kind of toilet facility do members of your household usually use?  **IF “FLUSH” OR “POUR FLUSH”, PROBE:**  Where does it flush to?  **IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.** | FLUSH / POUR FLUSH  FLUSH TO PIPED SEWER SYSTEM 11  FLUSH TO SEPTIC TANK 12  FLUSH TO PIT LATRINE 13  FLUSH TO SOMEWHERE ELSE 14  FLUSH TO UNKNOWN PLACE / NOT SURE / DON’T KNOW WHERE 15  PIT LATRINE  VENTILATED IMPROVED PIT LATRINE (VIP) 21  PIT LATRINE WITH SLAB 22  PIT LATRINE WITHOUT SLAB / OPEN PIT 23  COMPOSTING TOILET 31  BUCKET TOILET 41  HANGING TOILET/HANGING LATRINE 51  NO FACILITIES OR BUSH OR FIELD 61  OTHER (SPECIFY) 96 | 🡪VC1 |
| WS4. | Do you share this toilet facility with other households? | YES 1  NO 2 |  |

## **VECTOR CONTROL MODULE (VC)**

|  |  |  |  |
| --- | --- | --- | --- |
| VC1. | At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | YES 1  NO 2  DON’T KNOW 8 | 🡪VC3  🡪VC3 |
| VC3. | Does your household have any mosquito nets that can be used while sleeping? | YES 1  NO 2  DON’T KNOW 8 | 🡪Next module  🡪Next module |
| VC4. | How many mosquito nets does your household have?  **ASK:** ‘Can you show the nets to me, please?’ | NUMBER OF NETS: \_\_\_\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASK THE FOLLOWING QUESTIONS FOR EACH NET. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRES.**  **CHECK HERE IF ADDITIONAL QUESTIONNAIRE(S) USED: 🞎** | | | | |
|  |  | **Net 1** | **Net 2** | **Net 3** |
| VC5. |  | OBSERVED 1  NOT OBSERVED 2 | OBSERVED 1  NOT OBSERVED 2 | OBSERVED 1  NOT OBSERVED 2 |
| VC7. | What brand is this net?  **OBSERVE THE NET OR ASK FOR THE TYPE/BRAND OF THE NET. IF THE RESPONDENT DOES NOT KNOW THE TYPE/BRAND AND THE NET CANNOT BE OBSERVED, SHOW PICTURES** | LONG-LASTING INSECTICIDE-TREATED NET  PERMANENT 11  VC9  OLISET 12  DURANET 13  NETPROTECT 14  INTERCEPTOR 15  OTHER (*SPECIFY*) 16  INSECTICIDE-TREATED NET  VC9  PERMETHRINE 21  DELTA METHRINE 22  CYFULTRINE 23  OTHER (*SPECIFY*) 26  NOT PRE-TREATED  (*SPECIFY BRAND*) 31  LOCALLY SEWN NET 32  DON’T KNOW/NOT SURE 98 | LONG-LASTING INSECTICIDE-TREATED NET  PERMANENT 11  VC9  OLISET 12  DURANET 13  NETPROTECT 14  INTERCEPTOR 15  OTHER (*SPECIFY*) 16  INSECTICIDE-TREATED NET  VC9  PERMETHRINE 21  DELTA METHRINE 22  CYFULTRINE 23  OTHER (*SPECIFY*) 26  NOT PRE-TREATED  (*SPECIFY BRAND*) 31  LOCALLY SEWN NET 32  DON’T KNOW/NOT SURE 98 | LONG-LASTING INSECTICIDE-TREATED NET  PERMANENT 11  VC9  OLISET 12  DURANET 13  NETPROTECT 14  INTERCEPTOR 15  OTHER (*SPECIFY*) 16  INSECTICIDE-TREATED NET  VC9  PERMETHRINE 21  DELTA METHRINE 22  CYFULTRINE 23  OTHER (*SPECIFY*) 26  NOT PRE-TREATED  (*SPECIFY BRAND*) 31  LOCALLY SEWN NET 32  DON’T KNOW/NOT SURE 98 |
| VC9. | Did anyone sleep under this net last night? | YES 1  NO 2**🡪NEXT MODULE**  DON’T KNOW 8**🡪 NEXT MODULE** | YES 1  NO 2**🡪 NEXT MODULE**  DON’T KNOW 8**🡪 NEXT MODULE** | YES 1  NO 2**🡪 NEXT MODULE**  DON’T KNOW 8**🡪 NEXT MODULE** |
| VC10. | Who slept under this net last night?  **RECORD THE NAME(S) AND LINE NUMBER(S) OF THE PERSON(S) FROM THE HOUSEHOLD LISTING** | NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_ | NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_ | NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_  NAME  LINE NO.: \_\_\_ \_\_\_ |

## **OBSERVATIONS ON HOUSEHOLD QUESTIONNAIRE (OH)**

|  |  |  |
| --- | --- | --- |
| OH1 | Language of the interview? | LANGUAGE 1 1  LANGUAGE 2 2  LANGUAGE 3 3  LANGUAGE 4 4  LANGUAGE 5 5  OTHER LANGUAGE (SPECIFY) 6 |
| OH2 | Was a translator used for any part of this questionnaire? | YES, ENTIRE QUESTIONNAIRE 1  YES, PART OF THE QUESTIONNAIRE 2  NO, NOT USED 3 |
| OH3 | FOR INTERVIEWER: Record any comments or observations for this interview: | |
| OH4 | FOR SUPERVISOR / EDITOR: Record any comments or observations for this interview: | |

**THANK YOU**

**END OF HOUSEHOLD QUESTIONNAIRE**

# **WOMAN’S QUESTIONNAIRE**

## WOMEN’S INFORMATION PANEL (WM)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL WOMEN AGE 15 THROUGH 49 (SEE HL7A).**  **COMPLETE ONE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN** | | | | |
| WM1. ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | WM2. SUB-ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | |
| WM2A. VILLAGE NAME AND NUMBER: ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | |
| WM3. CLUSTER NAME AND NUMBER:  ………………………………….. \_\_\_ \_\_\_ \_\_\_ | | WM4. HOUSEHOLD NUMBER:  \_\_\_ \_\_\_ | | |
| WM5. WOMAN’S NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | WM6. WOMAN’S LINE NUMBER:  \_\_\_ \_\_\_ | | |
| WM7. CHECK HL6 AND RECORD WOMAN’S AGE: \_\_\_ \_\_\_ | | | | |
| WM8. IS WOMAN MARRIED?  YES 1  NO 2 | | | | |
| **IF THE WOMAN IS 15-17 YEARS OLD AND UNMARRIED, READ THE PERMISSION SCRIPT TO THE WOMAN’S MOTHER OR FATHER OR GUARDIAN AND THE ASSENT SCRIPT TO THE WOMAN. YOU MUST OBTAIN THE PERMISSION OF THE PARENT/GUARDIAN AND ASSENT OF THE WOMAN BEFORE PROCEEDING**  **IF THE WOMAN IS MARRIED, OR IS UNMARRIED AND OLDER THAN 17 YEARS, READ HER THE WOMAN’S CONSENT SCRIPT.**  **YOU MUST OBTAIN THE WOMAN’S CONSENT BEFORE PROCEEDING**  YES, PERMISSION GIVEN 🡪 Women’s Information Module  NO, PERMISSION NOT GIVEN 🡪 Results codes | | | | |
| **Visit 1** | **Visit 2** | | **Visit 3** | **Final Visit** |
| **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.: \_\_ \_\_  RESULT: \_\_\_ | **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | | **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ |
| **Next visit**  **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Next visit**  **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | TOTAL NUMBER OF VISITS: \_\_\_\_ |
| WM9. RESULT CODES:  1 = COMPLETED  2 = NOT AT HOME  3 = NOT COMPETENT | | | 4 = DEFERRED  5 = REFUSED  6 = NOT AT HOME FOR AN EXTENDED TIME  7 = PARTIALLY COMPLETED   1. = OTHER (SPECIFY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| WM10. TIME AT BEGINNING OF INTERVIEW | | | \_\_ \_\_ HR \_\_ \_\_ MIN | |
| WM11. TIME AT END OF INTERVIEW | | | \_\_ \_\_ HR \_\_ \_\_ MIN | |

## WOMAN’S INFORMATION MODULE (WI)

|  |  |  |  |
| --- | --- | --- | --- |
| WI1. | In what month and what year were you born? | MONTH \_\_ \_\_  DON’T KNOW MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_  DON’T KNOW YEAR 9998 |  |
| WI2. | How old were you at your last birthday?  **COMPARE AND CORRECT WI1 AND WI2 IF INCONSISTENT** | COMPLETED YEARS \_\_\_\_ \_\_\_\_ |  |
| WI3. | Are you currently attending or have you ever attended school? | YES, CURRENTLY ATTENDING 1  YES, EVER ATTENDED 2  NO, NEVER ATTENDED 3 | 🡪WI5a |
| WI4. | What is the highest level of school you attended? | PRIMARY 1  SECONDARY (1ST CYCLE/LOWER) 2  SECONDARY (2ND CYCLE/UPPER) 3  HIGHER/UNIVERSITY 4 |  |
| WI5. | How many years did you successfully complete at that level? | YEAR(S) \_\_ \_\_  LESS THAN 1 YEAR 00  DON’T KNOW 98 |  |
| WI5a. | **FOR THE INTERVIEWER: CHECK WI2 AND WI3**  **WOMAN IS 15 – 24 YEARS OLD AND IS NOT CURRENTLY ATTENDING SCHOOL 🡪 CONTINUE TO WI5B**  **WOMAN IS >=25 YEARS OLD OR CURRENTLY ATTENDING SCHOOL 🡪 SKIP TO WI5C** | | |
| WI5b. | What is the main reason that you are not currently attending or have never attended school? | GRADUATED / HAD ENOUGH SCHOOLING 1  GOT MARRIED 2  TO CARE FOR CHILDREN 3  FAMILY NEEDED HELP ON FARM, WITH LIVESTOCK, OR BUSINESS 4  COULD NOT PAY SCHOOL FEES 5  NEEDED TO EARN MONEY 6  DID NOT LIKE SCHOOL / DID NOT WANT TO CONTINUE 7  DID NOT PASS EXAMS 8  SCHOOL NOT ACCESSIBLE / TOO FAR 9  PARENT(S) DO NOT VALUE EDUCATION FOR GIRLS 10  GOT PREGNANT 11  OTHER (SPECIFY) 96  DON’T KNOW 98 |  |
| **WI5C. FOR THE INTERVIEWER: CHECK WI4:**  **ATTENDED SECONDARY SCHOOL OR HIGHER 🡪NEXT MODULE**  **NEVER ATTENDED SCHOOL OR ATTENDED PRIMARY SCHOOL ONLY 🡪WI6** | | | |
| WI6. | Now I would like you to read this sentence to me. Read as much as you can.  **SHOW CARD WITH SENTENCE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:**  Can you read part of the sentence to me? | CANNOT READ AT ALL 1  ABLE TO READ ONLY PARTS OF SENTENCE 2  ABLE TO READ WHOLE SENTENCE 3  NO SENTENCE IN REQUIRED  LANGUAGE 4  *(SPECIFY LANGUAGE)*  BLIND OR VISUALLY IMPAIRED 5 |  |
| WI7. | What is your religion? | CATHOLIC 1  PROTESTANT/OTHER CHRISTIANS 2  MUSLIM 3  TRADITIONAL 4  OTHER RELIGION (SPECIFY) 6  NO RELIGION/PAGAN 7 |  |
| WI8. | To what ethnic group do you belong? | ETHNIC GROUP 1 1  ETHNIC GROUP 2 2  ETHNIC GROUP 3 3  OTHER ETHNIC GROUP (SPECIFY) 6 |  |

## FERTILITY MODULE (FE)

|  |  |  |  |
| --- | --- | --- | --- |
| FE1. | Have you ever given birth?  **IF “NO” PROBE BY ASKING**:  I mean to a child who ever breathed, cried, or showed other signs of life – even if he or she lived only a few minutes or hours?  **THIS MODULE SHOULD ONLY INCLUDE CHILDREN BORN ALIVE. ANY STILLBIRTHS SHOULD NOT BE INCLUDED IN RESPONSE TO ANY QUESTION.** | YES 1  NO 2 | 🡪FP1 |
| FE2. | What was the month and year of your first birth?  I mean the first time you gave birth, even if the child is no longer alive, is no longer living with you, or whose father is not your current spouse/partner.  **IF RESPONDENT DOES NOT KNOW EXACT DATE, PROBE TO ESTIMATE MONTH AND YEAR** | DATE OF FIRST LIVE BIRTH  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| FE3. | What was the month and year of your most recent birth?  I mean the last time you gave birth, even if the child is no longer alive, is no longer living with you, or whose father is not your current partner.  **IF RESPONDENT DOES NOT KNOW EXACT DATE, PROBE TO ESTIMATE MONTH AND YEAR** | DATE OF LAST LIVE BIRTH  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| FE4. | What is the name of this child?  **RECORD NAME. IF CHILD DIED BEFORE BEING NAMED, WRITE “BABY”.** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| FE5. | Is (NAME) a boy or a girl? | BOY 1  GIRL 2 |  |
| **THESE QUESTIONS SHOULD BE ADMINISTERED TO ALL WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW. FOR WOMEN WITH MORE THAN ONE LIVE BIRTH IN THE TWO YEARS PRECEDING THE SURVEY, THE QUESTIONS REFER ONLY TO THE MOST RECENT LIVE BIRTH.**  **FOR THE INTERVIEWER: CHECK FE3. DID THE MOST RECENT LIVE BIRTH OCCUR AFTER****[DD/MM/YYYY-2 OF INTERVIEW]?**  **YES 1🡪CONTINUE TO CB1. ALL QUESTIONS REFER TO (NAME) FROM FE4. USE THIS CHILD’S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED. IF CHILD DIED BEFORE BEING NAMED, USE ‘YOUR BABY’ IN PLACE OF (NAME)**  **NO 2🡪FP1** | | | |

## **A**NTENATAL AND CHILDBIRTH MODULE (CB)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Now I want to ask you about your experience while you were pregnant with (NAME) | | | | |
| CB1. | While you were pregnant with (NAME), did you see anyone for antenatal care? | | YES 1  NO 2  DON’T KNOW 8 | **🡪CB1b** |
| CB1a | Would you say that not attending antenatal care was mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 | **🡪CB4**  **🡪CB4**  **🡪CB4**  **🡪CB4**  **🡪CB4**  **🡪CB4**  **🡪CB4** |
| CB1b. | Whom did you see?  **ASK:** “Anyone else?”  **RECORD ALL RESPONSES. PROBE TO DETERMINE THE TYPE OF PERSON.** | | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT H  COMMUNITY HEALTH WORKER I  OTHER (SPECIFY) X  DON’T KNOW Z |  |
| CB2. | Where did you receive antenatal care for this pregnancy?  **ASK:** Anywhere else?  **RECORD ALL RESPONSES. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Place) | | **HOME**  HER HOME A  OTHER HOME B  **PUBLIC HEALTH SECTOR**  NATIONAL HOSPITAL C  REGIONAL HOSPITAL D  DISTRICT HOSPITAL E  HEALTH CENTER F  DISPENSARY G  MOBILE CLINIC H  FIELDWORKER/CHW POST I  OTHER PUBLIC SECTOR (SPECIFY) X  **PRIVATE MEDICAL SECTOR**  HOSPITAL J  HEALTH CENTER K  DISPENSARY L  CLINIC M  MOBILE CLINIC N  FIELDWORKER/CHW POST O  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) Y  OTHER (SPECIFY) Z |  |
| CB2a. | Did your husband/partner accompany you in any antenatal care visits during this pregnancy? | | YES 1  NO 2  RESPONDENT DID NOT HAVE HUSBAND/PARTNER 3 | **🡪CB2ba**  **🡪CB2c** |
| CB2ab | Was your husband/partner allowed in the room/space during any antenatal care visits during this pregnancy? | | YES 1  NO 2  DON’T KNOW 8 | **🡪CB2ba**  **🡪CB2ba** |
| CB2b. | Was your husband/partner present in the room or other space during your antenatal care consultation? | | YES 1  NO 2  DON’T KNOW 8 | **🡪CB2c** |
| CB2ba | Would you have wanted your husband/partner to be present in the room or other space during your antenatal care consultation? | | YES 1  NO 2  DON’T KNOW 8 |  |
| CB2c | Would you say that attending antenatal care was mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 |  |
| CB3. | How many times did you receive antenatal care when you were pregnant with (NAME)? | | NUMBER OF TIMES:\_\_ \_\_  DON’T KNOW 98 |  |
| CB3a. | As part of your antenatal care during this pregnancy, were any of the following done at least once:  a) Was your blood pressure measured?  b) Did you give a urine sample?  c) Did you give a blood sample? | | YES NO  BLOOD PRESSURE 1 2  URINE SAMPLE 1 2  BLOOD SAMPLE 1 2 |  |
| CB4. | During your pregnancy with (NAME), did you take any medicine in order to **prevent** you from getting malaria? | | YES 1  NO 2  DON’T KNOW 8 | **🡪CB7**  **🡪CB7** |
| CB5. | Which medicines did you take to **prevent** malaria?  **RECORD ALL MEDICINES TAKEN. IF TYPE OF MEDICINE IS NOT DETERMINED, SHOW TYPICAL ANTI-MALARIAL TO RESPONDENT.** | | SP / FANSIDAR A  CHLOROQUINE B  AMODIAQUINE/FLAVOQUINE C  QUININE D  ARTENUSATE-AMODIAQUINE E  ARTEMETER-LUMEFANTRINE F  TRADITIONAL MEDICINE G  OTHER (SPECIFY) X  DON’T KNOW Z |  |
| **FOR THE INTERVIEWER: CHECK CB5 FOR MEDICINE TAKEN. WAS SP/FANSIDAR (A) TAKEN?**  **YES 🡪 CB6**  **NO 🡪 CB7** | | | | |
| CB6. | | During your pregnancy with (NAME), how many **times** did you take SP/ Fansidar in total? | NUMBER OF TIMES \_\_ \_\_  DON’T KNOW 98 |  |
| CB6a. | | Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? | ANTENATAL VISIT A  ANOTHER FACILITY VISIT B  OTHER SOURCE *(SPECIFY)* C |  |
| CB7. | | When you were pregnant with (NAME) did you receive any injection in the arm to prevent him/her from getting tetanus, that is, convulsions after birth? | YES 1  NO 2  DON’T KNOW 8 | 🡪CB9  🡪CB9 |
| CB8. | | During this pregnancy, how many times did you receive this tetanus injection? | NUMBER OF TIMES:\_\_ \_\_  DON’T KNOW 98  **TWO DOSES OR MORE 🡪 CB13**  **LESS THAN TWO DOSES OR DOESN’T KNOW🡪 CB9** |  |
| CB9. | | At any time before this pregnancy, did you receive any tetanus injections? | YES 1  NO 2  DON’T KNOW 8 | 🡪CB13  🡪CB13 |
| CB10. | | Before this pregnancy, how many times did you receive a tetanus injection?  **IF 7 TIMES OR MORE, RECORD ‘7’** | NUMBER OF TIMES:\_\_  DON’T KNOW 8 |  |
| CB11. | | In what month and year did you receive the last tetanus injection before this pregnancy?  **IF YEAR IS UNKNOWN, ASK CB12. IF YEAR IS GIVEN, GO TO CB13.** | MONTH:\_\_ \_\_  DON’T KNOW MONTH 98  YEAR: \_\_ \_\_ \_\_ \_\_  DON’T KNOW YEAR 9998 | 🡪CB13  DK year 🡪CB12 |
| CB12. | | How many years ago did you receive the last anti-tetanus injection before that last pregnancy? | Years ago \_\_ \_\_  Don’t know 98 |  |
| CB13. | | While you were pregnant with (NAME), were you given or did you buy any iron tablets or syrup?  **SHOW IRON TABLETS OR SYRUP TO RESPONDENT** | YES 1  NO 2  DON’T KNOW 8 | 🡪CB15  🡪CB15 |
| CB14. | | During the whole pregnancy, for how many days did you take the iron tablets?  **IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.** | DAYS: \_\_\_ \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| Now I would like to ask you about the time when you gave birth to (NAME) | | | | |
| CB15. | | Where did you give birth to (NAME)?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name of Place) | **HOME**  HER HOME 11  OTHER HOME 12  ON THE WAY TO FACILITY 13  **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  FIELDWORKER/CHW POST 27  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  FIELDWORKER/CHW POST 35  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| CB16. | | Who assisted with the delivery of (NAME)?  **ASK:** “Anyone else?”  **RECORD ALL RESPONSES. PROBE TO DETERMINE THE TYPE OF PERSON. IF THE RESPONDENT SAYS THAT NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULT WAS PRESENT** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT H  COMMUNITY HEALTH WORKER I  RELATIVE/FRIEND J  OTHER (SPECIFY) X  NO ONE ASSISTED Y  DON’T KNOW Z |  |
| **FOR THE INTERVIEWER: CHECK CB15. DID THE BIRTH OCCUR ON THE WAY TO OR AT A HEALTH FACILITY (CB15 IS 13, 21-36)?**  **YES, AT A HEALTH FACILITY (CB15 IS 21-36)-> CONTINUE TO CB17**  **YES, ON THE WAY (CB15 IS 13) -> CONTINUE TO CB17A**  **NO - > SKIP TO CB17D** | | | | |
| CB17. | | Was (NAME) delivered by caesarean section? That is, did they cut your belly open to take the baby out? | YES 1  NO 2 |  |
| CB17a. | | Was your husband/partner with you when you delivered (NAME)? | YES 1  NO 2  RESPONDENT DID NOT HAVE HUSBAND/PARTNER 3 | **🡪CB17ba**  **🡪CB17c** |
| CB17ab | | Was your husband/partner allowed in the room when you delivered (NAME)? | YES 1  NO 2  DON’T KNOW 8 | **🡪CB17ba**  **🡪CB17ba** |
| CB17b. | | Was your husband/partner present in the delivery room during any part of labour or delivery? | YES 1  NO 2  DON’T KNOW 8 | **🡪CB17c** |
| CB17ba | | Would you have wanted your husband/partner to be present in the delivery room during any part of labour or delivery? | YES 1  NO 2  DON’T KNOW 8 |  |
| CB17c. | | Would you say that delivering in a health facility was mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 | **🡪CB18**  **🡪CB18**  **🡪CB18**  **🡪CB18**  **🡪CB18**  **🡪CB18**  **🡪CB18** |
| CB17d | | Would you say that not delivering in a health facility was mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 |  |
| CB18. | | Has (NAME) ever been breastfed? | YES 1  NO 2 | **🡪CB20** |
| CB19. | | How long after birth did you first put (NAME) to the breast?  **IF LESS THAN 1 HOUR, RECORD "00".**  **IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS** | IMMEDIATELY/WITHIN FIRST HOUR AFTER DELIVERY 00  HOURS AFTER BIRTH 1 \_\_\_ \_\_\_  DAYS AFTER BIRTH 2 \_\_\_ \_\_\_  DON’T KNOW 98 |  |
| CB20. | | Did someone place the baby on your chest, against your skin immediately after delivery? | YES 1  NO 2 | **🡪CB22** |
| CB21. | | Was your baby wrapped in a towel while lying against your chest or naked against your skin? | WRAPPED IN CLOTH 1  NAKED ON SKIN 2 |  |
| CB22. | | Was anything applied to the umbilical cord after it was cut?  **PROBE:** “Was anything applied to the umbilical cord stump at any time before it separated?” | YES 1  NO 2  DON’T KNOW 8 | **🡪PN1**  **🡪PN1** |
| CB23. | | What was applied?  **PROBE:** “Anything else?”  **RECORD ALL RESPONSES** | BUTTER A  OIL B  SAMLI (GHEE) C  ASH D  MUD E  DUNG F  BREASTMILK G  SALIVA H  HERBS/SPICES I  ALCOHOL J  ANTISEPTIC K  CHLORHEXIDINE (HIBITANE) L  UNDETERMINED X  OTHER (*SPECIFY)* Z |  |

## **POSTNATAL CARE MODULE (PN)**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR THE INTERVIEWER: CHECK CB15. DID THE BIRTH OCCUR AT A HEALTH FACILITY (CB15 IS 21-36)?**  **YES🡪PN1**  **NO🡪PN15** | | | |
| PN1. | I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility? | YES 1  NO 2 | **🡪PN4** |
| PN2. | How long after delivery did the first check take place?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS."** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN3. | Who checked on your health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN4. | Now I would like to talk to you about checks on (NAME)’s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)’s health while you were still in the facility?  **PROBE:** After you gave birth to (NAME), while you were still in the facility but before you went home? | YES 1  NO 2  DON’T KNOW 8 | **🡪PN7**  **🡪PN7** |
| PN5. | How long after delivery was (NAME)’s health first checked?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS.** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN6. | Who checked on (NAME)’s health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN7. | Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility? | YES 1  NO 2  DON’T KNOW 8 | **🡪PN11**  **🡪PN11** |
| PN8. | How long after delivery did that check take place?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS.** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN9. | Who checked on your health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN10. | Where did the check take place?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HOME**  HER HOME 11  OTHER HOME 12  **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| PN11. | I would like to talk to you about checks on (NAME)’s health after you left (FACILITY IN CB15). Did any health care provider or a traditional birth attendant check on (NAME)’s health in the two months after you left (FACILITY IN CB15)? | YES 1  NO 2  DON’T KNOW 8 | **🡪PN23**  **🡪PN23** |
| PN12. | How many hours, days or weeks after the birth of (NAME) did that check take place?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS.** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN13. | Who checked on (NAME)’s health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN14. | Where did this check of (NAME) take place?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HOME**  HER HOME 11  OTHER HOME 12  **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 | PN23 |
| PN15. | I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)? | YES 1  NO 2  DON’T KNOW 8 | **🡪PN19**  **🡪PN19** |
| PN16. | How long after delivery did the first check take place?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS.** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN17. | Who checked on your health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN18. | Where did this first check take place?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HOME**  HER HOME 11  OTHER HOME 12  **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| PN19. | I would like to talk to you about checks on (NAME)’s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health? | YES 1  NO 2  DON’T KNOW 8 | **🡪PN23**  **🡪PN23** |
| PN20. | How many hours, days or weeks after the birth of (NAME) did the first check take place?  **IF LESS THAN ONE DAY, RECORD HOURS;**  **IF LESS THAN ONE WEEK, RECORD DAYS.** | HOURS 1 \_\_\_ \_\_\_  DAYS 2 \_\_\_ \_\_\_  WEEKS 3 \_\_\_ \_\_\_  DON’T KNOW 998 |  |
| PN21. | Who checked on (NAME)'s health at that time?  **ASK:** Anyone else?  **RECORD ALL RESPONSES.**  **PROBE TO DETERMINE THE TYPE OF PERSON.** | **HEALTH PERSONNEL**  DOCTOR/AMO A  CLINICAL OFFICER B  ASSISTANT CLINICAL OFFICER C  NURSE/MIDWIFE D  ASSISTANT NURSE/MIDWIFE E  NURSE F  MEDICAL ATTENDANT G  OTHER (*SPECIFY*) W  **OTHER PERSON**  TRADITIONAL BIRTH ATTENDANT K  COMMUNITY/VILLAGE HEALTH WORKER L  OTHER (SPECIFY) X |  |
| PN22. | Where did this first check of (NAME) take place?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HOME**  HER HOME 11  OTHER HOME 12  **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| PN23 | During the first two days after (NAME)’s birth, did any health care provider to the following:   1. Examine the cord? 2. Measure (NAME)’s temperature? 3. Tell you how to recognize if your baby needs immediate medical attention? 4. Talk with you about breastfeeding? 5. Observe (NAME) breastfeeding? | YES NO DK  A) EXAMINE THE CORD 1 2 8  B) MEASURE (NAME)’S TEMPERATURE 1 2 8  C) TELL YOU HOW TO RECOGNIZE IF YOUR BABY  NEEDS IMMEDIATE MEDICAL ATTENTION 1 2 8  D) TALK WITH YOU ABOUT BREASTFEEDING 1 2 8  E) OBSERVE (NAME) BREASTFEEDING 1 2 8 |  |
| PN24 | During the first two days after (NAME)’s birth, did any health care provider do the following to you:   1. Measure your blood pressure? 2. Discuss your vaginal bleeding with you? 3. Discuss family planning with you? | YES NO DK  A) MEASURE YOUR BLOOD PRESSURE 1 2 8  B) DISCUSS YOUR VAGINAL BLEEDING WITH YOU 1 2 8  C) DISCUSS FAMILY PLANNING WITH YOU 1 2 8 |  |

## **FAMILY PLANNING MODULE (FP)**

|  |  |  |  |
| --- | --- | --- | --- |
| FP1. | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED 1  YES, LIVING WITH A MAN 2  NO, NOT IN UNION 3 |  |
| FP2. | Have you been married or lived with a man only once or more than once? | ONLY ONCE ………………………..........................................1  MORE THAN ONCE………………………...................................2  NEVER BEEN MARRIED OR LIVED WITH A MAN.............................3 | **🡪FP4** |
| FP3. | Now I would like to ask about your (first) (husband/partner). In what month and year did you start living with him? | MONTH \_\_\_ \_\_\_  DON’T KNOW MONTH 98  YEAR \_\_\_ \_\_\_ \_\_\_ \_\_\_  DON’T KNOW YEAR 9998 |  |
| FP4. | **CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.** | | |
| FP5. | Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question*.*  How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL INTERCOURSE 8  AGE IN YEARS \_\_\_ \_\_\_  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95 | **🡪FP27** |
| FP6. | The very first time you had sexual intercourse, would you say that you willingly wanted to have it? | YES 1  NO 2  DON’T KNOW 8 |  |
| FP7. | I would like to ask you about your recent sexual activity.  When was the last time you had sexual intercourse?  **IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.** | DAYS AGO 1 \_\_\_ \_\_\_  WEEKS AGO 2 \_\_\_ \_\_\_  MONTHS AGO 3 \_\_\_ \_\_\_  YEARS AGO 4 \_\_\_ \_\_\_ | **🡪 FP10** |
| FP8. | The last time you had sexual intercourse, was a condom used? | YES 1  NO 2  DON’T KNOW 8 | **🡪FP10**  **🡪FP10** |
| FP8a. | From where did you or your partner obtain the condom the last time?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **PUBLIC SECTOR**  GOVERNMENT HOSPITAL 11  GOVERNMENT HEALTH CENTER 12  DISPENSARY 13  FAMILY PLANNING CLINIC 14  MOBILE CLINIC 15  FIELDWORKER/CHW POST 16  OTHER PUBLIC SECTOR (SPECIFY) 17  **PRIVATE MEDICAL SECTOR**  PRIVATE HOSPITAL/CLINIC 21  PHARMACY/DRUG STORE 22  NGO 23  MOBILE CLINIC 24  FIELDWORKER/CHW POST 25  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 26  **OTHER SOURCES**  ACCREDITED DRUG DISPENSING OUTLET  (ADDO) 31  VCT CENTRE 32  SHOP/KIOSK/MARKET 33  HOTEL/BAR 34  FRIEND/RELATIVE/NEIGHBOR 35  OTHER (SPECIFY) 96  DON’T KNOW 98 |  |
| FP9. | Would you say that using the condom is mainly your decision, mainly your (husband’s/partner’s) decision, or did you both decide together? | THE RESPONDENT 1  HER PARTNER 2  BOTH RESPONDENT AND PARTNER 3  DON’T KNOW 8 |  |
| FP10. | If you wanted to, could you yourself get a condom? | YES 1  NO 2 |  |
| FP11 | What would you say is the main reason for using a condom? | PREVENT PREGNANCY 1  PREVENT STIS 2  BOTH PREVENT PREGNANCY AND STIS 3  OTHER 6  DON’T KNOW 8 |  |
| FP12. | Are you pregnant now? | YES 1  NO 2  UNSURE 8 | **🡪FP15**  **🡪FP15** |
| FP13. | When you got pregnant, did you want to get pregnant at that time? | YES 1  NO 2 | **🡪FP27** |
| FP14. | Did you want to have a baby later on or did you not want any (more) children? | LATER 1  NO MORE/NONE 2 | **🡪FP27**  **🡪FP27** |
| FP15. | When did your last menstrual period start?  **(RECORD DATE, IF GIVEN)**  **MONTH \_\_ \_\_**  **YEAR \_\_ \_\_ \_\_ \_\_** | DAYS AGO 1 \_\_\_ \_\_\_  WEEKS AGO 2 \_\_\_ \_\_\_  MONTHS AGO 3 \_\_\_ \_\_\_  YEARS AGO 4 \_\_\_ \_\_\_  IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994  BEFORE LAST BIRTH 995  NEVER MENSTRUATED 996 | **🡪FP27**  **🡪FP27** |
| FP16. | Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | YES 1  NO 2 | **🡪FP18** |
| FP17. | Have you ever done something or used any method to delay or avoid getting pregnant? | YES 1  NO 2 | **🡪FP20**  **🡪FP20** |
| FP18. | What are you doing to delay or avoid a pregnancy?  **DO NOT PROMPT. RECORD ALL RESPONSES**. | FEMALE STERILIZATION A  MALE STERILIZATION B  IUD C  INJECTABLES D  IMPLANTS E  PILL F  MALE CONDOM G  FEMALE CONDOM H  DIAPHRAGM I  FOAM / JELLY J  LACTATIONAL AMENORRHOEA METHOD (LAM) K  PERIODIC ABSTINENCE / RHYTHM L  WITHDRAWAL M  OTHER (SPECIFY) X |  |
| FP19. | Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | MAINLY RESPONDENT 1  MAINLY HUSBAND/PARTNER 2  JOINT DECISION 3  OTHER (SPECIFY) 6 | **🡪FP21**  **🡪FP21**  **🡪FP21**  **🡪FP21** |
| FP20. | Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | MAINLY RESPONDENT 1  MAINLY HUSBAND/PARTNER 2  JOINT DECISION 3  OTHER (SPECIFY) 6 |  |
| **FP21. THESE QUESTIONS SHOULD BE ADMINISTERED TO NON-PREGNANT WOMEN WITH A LIVE BIRTH IN THE 2 YEARS PRECEDING DATE OF INTERVIEW.**  **FOR THE INTERVIEWER: CHECK FE3. DID THE MOST RECENT LIVE BIRTH OCCUR AFTER****[DD/MM/YYYY-2 OF INTERVIEW]?**  **YES 1🡪CONTINUE TO FP22. ALL QUESTIONS REFER TO (NAME) FROM FE4. USE THIS CHILD’S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED. IF CHILD DIED BEFORE BEING NAMED, USE ‘YOUR BABY’ IN PLACE OF (NAME)**  **NO 2🡪SKIP TO FP25.** | | | |
| FP22. | When you got pregnant with (NAME), did you want to get pregnant at that time? | YES 1  NO 2 | **🡪 FP24** |
| FP23. | Did you want to have a baby later on, or did you not want any (more) children? | LATER 1  NO MORE/NONE 2 |  |
| FP24. | Has your menstrual period returned since the birth of (NAME)? | YES 1  NO 2 | **🡪FP27** |
| FP25. | Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? | HAVE (A/ANOTHER) CHILD 1  NO MORE/NONE 2  SAYS SHE CAN'T GET PREGNANT 3  UNDECIDED/DON'T KNOW 8 | **🡪FP27**  **🡪 FP27**  **🡪 FP27** |
| FP26. | How long would you like to wait from now before the birth of (a/another) child? | Months 1 \_\_\_ \_\_\_  Years 2 \_\_\_ \_\_\_  SOON/NOW 993  SAYS SHE CAN'T GET PREGNANT 994  AFTER MARRIAGE 995  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 996  DON'T KNOW 998 |  |
| FP27. | In the last 12 months, were you visited by a fieldworker? | YES 1  NO 2 | **🡪FP29a** |
| FP28. | Did the fieldworker talk to you about family planning? | YES 1  NO 2 |  |
| FP29a | In the last 12 months, have you visited a health facility for care for yourself, for your husband/partner, for your child, or both yourself and/or your husband/partner or children? | HERSELF 1  HER HUSBAND/PARTNER 2  HER CHILD 3  BOTH HERSELF AND HER HUSBAND/PARTNER OR CHILD 4  NO VISIT TO HF IN LAST 12 MONTHS 5  SOMEONE ELSE 6 | **🡪 FP33** |
| FP29b | In the last 12 months, when you sought care at a health facility, did any staff member speak to you about family planning methods or sexual and reproductive health? | YES 1  NO 2 |  |
| FP30 | Where did you go the last time you sought care at a health facility?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, DISPENSARY, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| FP31 | **FOR THE INTERVIEWER: CHECK WI2 AND FP29A**  **WOMAN IS 15 – 24 YEARS OLD AND RECEIVED CARE FOR HERSELF OR BOTH HERSELF AND HER HUSBAND/PARTNER/CHILD 🡪 CONTINUE TO FP32**  **WOMAN IS >=25 YEARS OLD OR DID NOT RECEIVE CARE FOR HERSELF OR BOTH HERSELF AND HER HUSBAND/PARTNER/CHILD 🡪 SKIP TO FP33** | |  |
| FP32 | The last time that you sought care for yourself at a health facility, did you receive services for:  a) Family planning methods?  b) STI or HIV prevention?  c) Antenatal care?  d) Delivery care?  e) Postnatal care?  f) Other health issue(s)? | YES NO  A) FAMILY PLANNING 1 2  B) STI PREVENTION 1 2  C) ANC 1 2  D) DELIVERY 1 2  E) PNC 1 2  F) OTHER 1 2 |  |
| FP33 | *I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.*  a) Contraception is a woman’s concern only and a man should not have to worry about it.  b) Women who use contraception may become promiscuous. | AGREE DISAGREE DK  A) CONTRACEPTION IS A WOMAN’S CONCERN 1 2 8  B) WOMAN MAY BECOME PROMISCUOUS 1 2 8 |  |
| FP34. | **FOR THE INTERVIEWER: PRESENCE OF OTHERS DURING THIS SECTION (FP1-FP32)** | YES NO  CHILDREN < 10 YEARS 1 2  MALE ADULTS 1 2  FEMALE ADULTS 1 2 |  |

## **HIV/AIDS (HI)**

|  |  |  |  |
| --- | --- | --- | --- |
| HI1. | **CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.** | | |
| HI2. | I don’t want to know the results, but have you ever been tested for the AIDS virus? | YES 1  NO 2 | **🡪DM1** |
| HI3. | How many months ago was your most recent AIDS virus test?  **IF LESS THAN 2 YEARS, RECORD THE EXACT NUMBER OF MONTHS. IF 2 YEARS OR MORE, ENTER 95** | MONTHS AGO \_\_\_ \_\_\_  TWO OR MORE YEARS 95  DON’T KNOW 98 |  |
| HI4. | I don’t want to know the results, but did you get the results of the test? | YES 1  NO 2 |  |

## **WORK AND DECISION MAKING (DM)**

|  |  |  |  |
| --- | --- | --- | --- |
| DM1. | Now I want to ask you about your activity in the past seven days.  Aside from your own housework, have you done any work in the last seven days? | YES 1  NO 2 | **🡪DM4** |
| DM2. | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  In the last seven days, have you done any of these things or any other work? | YES 1  NO 2 | **🡪DM4** |
| DM3. | Have you done any work in the last 12 months? | YES 1  NO 2 | **🡪DM5** |
| DM4. | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1  CASH AND KIND 2  IN KIND ONLY 3  NOT PAID 4 |  |
| DM5. | Do you have any money of your own that you alone can decide how to use? | YES 1  NO 2 | **🡪DM7** |
| DM6. | Who decides how your own money will be used?  NOTE THIS QUESTION INCLUDES ALL FORMS OF INCOME THAT THE RESPONDENT MAY HAVE INCLUDING MONEY EARNED FROM PAID WORK AND/OR OTHER SOURCES OF INCOME.  **RECORD ALL RESPONSES.** | RESPONDENT A  HUSBAND/PARTNER B  MOTHER C  FATHER D  STEP-MOTHER E  STEP-FATHER F  SISTER G  BROTHER H  DAUGHTER I  SON J  FORMER HUSBAND/PARTNER K  CURRENT BOYFRIEND L  FORMER BOYFRIEND M  MOTHER-IN-LAW N  FATHER-IN-LAW O  OTHER FEMALE RELATIVE/IN-LAW P  OTHER MALE RELATIVE/IN-LAW Q  FEMALE FRIEND/ACQUAINTANCE R  MALE FRIEND/ACQUAINTANCE S  EMPLOYER T  OTHER (SPECIFY) ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  RESPONDENT HAS NO MONEY Z |  |
| DM7. | Do you have a bank account or an account in any other savings institution in your own name or jointly with someone else?  **RECORD ALL MENTIONED.** | YES, IN OWN NAME A  YES, JOINT ACCOUNT B  NO C | **🡪DM9** |
| DM8. | Do you yourself operate the account, that is, sign checks or deposit and withdraw money? | YES 1  NO 2 |  |
| DM9. | Do you own a mobile telephone? | YES 1  NO 2 | **🡪DM11** |
| DM10. | Do you have a mobile bank account (like [insert local examples or brands])? | YES 1  NO 2 |  |
| DM11. | **FOR THE INTERVIEWER: CHECK FP1. IS THE WOMAN CURRENTLY MARRIED OR LIVING WITH A MAN?**  **YES 1🡪 CONTINUE TO DM12**  **NO 2🡪 SKIP TO DM15** | | |
| DM12. | Has your (husband/partner) done any work in the last 7 days? | YES 1  NO 2  DON’T KNOW 8 | **🡪DM14** |
| DM13. | Has your (husband/partner) done any work in the last 12 months? | YES 1  NO 2  DON’T KNOW 8 |  |
| DM14. | Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  HUSBAND/PARTNER HAS NO EARNINGS 4  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6 |  |
| DM15. | Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, family/relative, you and family/relative jointly, someone else, or you and someone else jointly? | RESPONDENT 1  HUSBAND/PARTNER 2  RESPONDENT AND HUSBAND/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 |  |
| DM15a | I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.  a) Childbearing is a woman's concern only and there is no need for the father to get involved.  b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery | AGREE DISAGREE DK    A) CHILDBEARING IS A  WOMAN’S CONCERN 1 2 8  B) DOCTORS AND NURSE’S  ASSISTANCE IS CRUCIAL...1 2 8 |  |
| DM15b | In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:  a) making major household purchases?  b) making purchases for daily household needs?  c) selling household owned poultry (i.e. chicken, turkey, ducks)?  d) selling household owned livestock, herds, and/or other farm animals (i.e. goats, sheep, cattle, pigs, donkey)  e) deciding about visits to the wife's family or relatives?  f) deciding how many children to have and when? | HUSBAND WIFE BOTH  A) MAJOR HOUSEHOLD  PURCHASES 1 2 8  B) DAILY HOUSEHOLD  NEEDS 1 2 8  C) POULTRY 1 2 8  D) LIVESTOCK 1 2 8  E) VISITS TO FAMILY/RELATIVES 1 2 8  F) WHEN TO HAVE  CHILDREN 1 2 8 |  |
| DM16. | Are you usually permitted to go to the following places on your own, only if someone accompanies you, or not at all?  To the local market to buy things?  To a local health center or doctor?  To the community center or other nearby meeting place?  To homes of friends in the neighborhood?  To a nearby shrine/mosque/temple/church?  Just outside your house or compound? | ALONE NEVER NOT AT  ALONE ALL  MARKET 1 2 3  HEALTH 1 2 3  COMMUNITY CENTER 1 2 3  FRIENDS 1 2 3  RELIGIOUS PLACE 1 2 3  OUTSIDE THE HOME 1 2 3 |  |
| DM17. | In your opinion, is a husband/partner justified in hitting or beating his wife in the following situations:  - If she goes out without telling him?  - If she neglects the children?  - If she argues with him?  - If she refuses to have sex with him?  - If she burns the food?  - If she refuses to give her earned money to her husband/partner?  - If she uses contraception without informing her husband/partner? | YES NO DK  GOES OUT ……………………………1 2 8  NEGLECT CHILDREN ………………1 2 8  ARGUES…………… …………………1 2 8  REFUSED SEX ………………1 2 8  BURNS FOOD ……………………… 1 2 8  EARNED MONEY …………………… 1 2 8  USES CONTRACEPTION ………..… 1 2 8 |  |
| DM18. | In your community, do you think that a woman has the right to refuse to have sex with:   * Her husband? * Other partners? | YES NO DK  HUSBAND ……………………………1 2 8  OTHER PARTNERS ……………………1 2 8 |  |
| DM19. | Do you think that if a woman refuses to have sex with her husband/partner when he wants her to, he has the right to:  a) Get angry and reprimand her?  b) Refuse to give her money or other means of support?  c) Use force and have sex with her even if she doesn't want to?  d) Have sex with another woman? | YES NO DK/DEPENDS    A) ANGRY 1 2 8  B) REFUSE MONEY 1 2 8  C) FORCE SEX 1 2 8  D) SEX WITH ANOTHER WOMAN  1 2 8 |  |
| DM20. | **FOR THE INTERVIEWER: PRESENCE OF OTHERS AT THIS POINT** | YES NO  FEMALE ADULTS 1 2  HUSBAND/PARTNER 1 2  OTHER MALE ADULTS 1 2  CHILDREN <10 YEARS 1 2 |  |

## **OBSERVATIONS ON WOMAN QUESTIONNAIRE (OW)**

|  |  |  |
| --- | --- | --- |
| OW1. | LANGUAGE OF THE INTERVIEW? | LANGUAGE 1 1  LANGUAGE 2 2  LANGUAGE 3 3  LANGUAGE 4 4  LANGUAGE 5 5  OTHER LANGUAGE (SPECIFY) 6 |
| OW2. | WAS A TRANSLATOR USED FOR ANY PART OF THIS QUESTIONNAIRE? | YES, ENTIRE QUESTIONNAIRE 1  YES, PART OF THE QUESTIONNAIRE 2  NO, NOT USED 3 |
| OW3. | FOR INTERVIEWER: Record any comments or observations for this interview: | |
| OW4. | FOR SUPERVISOR: Record any comments or observations for this interview: | |

**THANK YOU**

**END OF WOMEN’S QUESTIONNAIRE**

**UNDER-FIVE QUESTIONNAIRE**

CHILD INFORMATION PANEL (UF)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MOTHERS OR CARETAKERS (HL9-10) OF CHILDREN AGED LESS THAN 5 YEARS.**  **A SEPARATE QUESTIONNAIRE SHOULD BE COMPLETED FOR EACH ELIGIBLE CHILD** | | | | | | | |
|  | ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | |  | | | SUB-ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | |
| UF2A | | | VILLAGE NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | |
|  | CLUSTER NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | |  | | | HOUSEHOLD NUMBER: \_\_\_\_ \_\_\_\_ | |
|  | CHILD’S NAME (USE THIS NAME WHERE INDICATED IN THE QUESTIONNAIRE):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | CHILD’S LINE NUMBER: \_\_\_\_ \_\_\_\_ | |
|  | MOTHER’S/CARETAKER’S NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | | MOTHER’S/CARETAKER’S LINE NUMBER: \_\_\_\_ \_\_\_\_ | |
| 1. **CHECK:** HAS THE WOMAN’S CONSENT/ASSENT FORM ALREADY BEEN ADMINISTERED TO THE MOTHER OR CARETAKER?   YES 1 🡪COMPLETE DATE, INTERVIEWER NAME, NUMBER AND RESULT FOR THE APPROPRIATE VISIT.  **DO NOT RE-ADMINISTER CONSENT/ASSENT SCRIPT**  NO 2🡪UF10 | | | | | | | |
| 1. CHECK HL6 AND RECORD WOMAN’S AGE: \_\_\_ \_\_\_ | | | | | | | |
| 1. IS WOMAN MARRIED?   YES 1  NO 2 | | | | | | | |
| **IF THE WOMAN IS 15-17 YEARS OLD AND UNMARRIED, READ THE CONSENT SCRIPT TO THE WOMAN’S MOTHER OR FATHER AND THE ASSENT SCRIPT TO THE WOMAN. YOU MUST OBTAIN THE CONSENT OF THE PARENT AND ASSENT OF THE WOMAN BEFORE PROCEEDING**  **IF THE WOMAN IS MARRIED, OR IS UNMARRIED AND OLDER THAN 17 YEARS, READ HER THE WOMAN’S CONSENT SCRIPT. YOU MUST OBTAIN THE WOMAN’S CONSENT BEFORE PROCEEDING**  **IF CONSENT/ASSENT SCRIPT HAS ALREADY BEEN ADMINISTERED TO THE MOTHER OR CARETAKER, DO NOT RE-ADMINISTER THE SCRIPT** | | | | | | | |
| **Visit 1** | | **Visit 2** | | | **Visit 3** | | **Final Visit** |
| **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.: \_\_ \_\_  RESULT: \_\_\_ | | **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | | | **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | | **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ |
| **NEXT VISIT**  **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **NEXT VISIT**  **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | | TOTAL NUMBER OF VISITS: \_\_\_\_ |
| 1. RESULTS CODES (CODES REFER TO MOTHER/CARETAKER)   1 = COMPLETED  2 = NOT AT HOME  3 = NOT COMPETENT  4 = DEFERRED | | | | 5 = REFUSED  6 = NOT AT HOME FOR AN EXTENDED PERIOD OF TIME  7 = PARTIALLY COMPLETED  9 = OTHER (SPECIFY) : | | | |

CHILD INFORMATION (CI)

|  |  |  |  |
| --- | --- | --- | --- |
| Now I would like to ask you some questions about the health of (NAME) | | | |
|  | In what month and year was (*NAME*) born?  **PROBE:**What is his/her birthday? | DATE OF BIRTH:  MONTH \_\_ \_\_  DON’T KNOW MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_ |  |
|  | How old is (NAME)?  **IF LESS THAN 1 YEAR, RECORD IN COMPLETED MONTHS, OTHERWISE RECORD IN COMPLETED YEARS.**  **COMPARE AND CORRECT CI1 AND CI2 IF INCONSISTENT** | COMPLETED MONTHS 1\_\_\_\_ \_\_\_\_  COMPLETED YEARS 2\_\_\_\_ \_\_\_\_ |  |
|  | Is (NAME) a boy or a girl? | BOY 1  GIRL 2 |  |

BREASTFEEDING AND NUTRITION MODULE (BN)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THIS MODULE SHOULD BE ADMINISTERED FOR CHILDREN AGED LESS THAN 2 YEARS. CHECK CI1. IF (NAME) WAS BORN BEFORE [DD/MM/YYYY-2 OF INTERVIEW], GO TO THE IMMUNIZATION MODULE (IM)** | | | | | |
| Now I want to ask you about how (NAME) is fed | | | | | |
|  | Has (NAME) ever been breastfed? | | YES 1  NO 2  DON’T KNOW 8 | | 🡪 BN3  🡪 BN3 |
|  | Is (NAME) still being breastfed? | | YES 1  NO 2  DON’T KNOW 8 | |  |
|  | Now I would like to ask you about the liquids or foods that (NAME) had yesterday during the day or at night. I am interested in whether (NAME) had the item I mention, even if it was combined with other foods.  Did (NAME) drink/eat:  **READ EACH ITEM ALOUD AND RECORD THE RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM. RECORD YES IF THE CHILD CONSUMED THE LIQUID OR FOOD ALONE OR MIXED WITH OTHER LIQUIDS OR FOODS** | | | |  |
|  |  | **Liquid/food** | | **Consumed yesterday?** |  |
|  |  | Breastmilk? | | 1. YES. 2. NO 8. DK |  |
|  | 1. a. | Plain water? | | 1. YES. 2. NO 8. DK |  |
|  |  | Medicine or ORS | | 1. YES. 2. NO 8. DK |  |
|  |  | Juice or juice drinks? | | 1. YES. 2. NO 8. DK |  |
|  |  | Tea? | | 1. YES. 2. NO 8. DK |  |
|  |  | Clear broth? | | 1. YES. 2. NO 8. DK |  |
|  |  | Milk, such as tinned, powdered or fresh animal milk? | | 1. YES. 2. NO 8. DK |  |
|  | fa. | How many times did (NAME) drink milk?  **IF 7 OR MORE TIMES, RECORD ‘7'** | | NUMBER OF TIMES \_\_\_\_ |  |
|  |  | Infant formula? | | 1. YES. 2. NO 8. DK |  |
|  | ga. | How many times did (NAME) drink infant formula?  **IF 7 OR MORE TIMES, RECORD ‘7'** | | NUMBER OF TIMES \_\_\_\_ |  |
|  |  | Any other liquids? | | 1. YES. 2. NO 8. DK |  |
|  |  | Yogurt? | | 1. YES. 2. NO 8. DK |  |
|  | ia. | How many times did (NAME) eat yogurt?  **IF 7 OR MORE TIMES, RECORD ‘7'** | | NUMBER OF TIMES \_\_\_\_ |  |
|  |  | Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]? ? | | 1. YES. 2. NO 8. DK |  |
|  |  | Bread, rice, noodles, porridge, or other foods made from grains? | | 1. YES. 2. NO 8. DK |  |
|  |  | Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside? | | 1. YES. 2. NO 8. DK |  |
|  |  | White potatoes, white yams, manioc, cassava, or any other foods made from roots? | | 1. YES. 2. NO 8. DK |  |
|  |  | Any dark green, leafy vegetables? | | 1. YES. 2. NO 8. DK |  |
|  |  | Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]? | | 1. YES. 2. NO 8. DK |  |
|  |  | Any other fruits or vegetables? | | 1. YES. 2. NO 8. DK |  |
|  |  | Liver, kidney, heart, or other organ meats? | | 1. YES. 2. NO 8. DK |  |
|  |  | Any meat, such as beef, pork, lamb, goat, chicken, or duck? | | 1. YES. 2. NO 8. DK |  |
|  |  | Eggs? | | 1. YES. 2. NO 8. DK |  |
|  |  | Fresh or dried fish or shellfish? | | 1. YES. 2. NO 8. DK |  |
|  |  | Any foods made from beans, peas, lentils, or nuts? | | 1. YES. 2. NO 8. DK |  |
|  |  | Cheese or other food made from milk? | | 1. YES. 2. NO 8. DK |  |
|  |  | Any other solid, semisolid, or soft food? | | 1. YES. 2. NO 8. DK |  |
|  | **CHECK BN3 (CATEGORIES 'j' THROUGH 'w'):** | | | NOT A SINGLE 'YES'  AT LEAST ONE 'YES' | 🡪 BN5  🡪 BN6 |
|  | Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?  **IF ‘YES’ PROBE**: What kind of solid, semi-solid or soft foods did (NAME) eat? | | YES 1  NO 2 | | 🡪 Next module |
|  | How many times did (NAME) eat solid, semisolid or soft foods yesterday during the day or the night?  **IF 7 OR MORE TIMES, RECORD ‘7'** | | NUMBER OF TIMES \_\_\_  DON’T KNOW 8 | |  |
|  | The last time (NAME) passed stools, what was done to dispose of the stools? | | CHILD USED TOILET/LATRINE 01  PUT/RINSED INTO TOILET OR LATRINE 02  PUT/RINSED INTO DRAIN OR DITCH 03  THROWN INTO GARBAGE 04  BURIED 05  LEFT IN THE OPEN 06  OTHER *(SPECIFY)* 96  DON’T KNOW 98 | |  |

CHILD IMMUNIZATION MODULE (IM)

|  |  |  |  |
| --- | --- | --- | --- |
| **THIS MODULE SHOULD BE ADMINISTERED FOR CHILDREN AGED LESS THAN 3 YEARS. CHECK CI1. IF (NAME) WAS BORN BEFORE [DD/MM/YYYY-2 OF INTERVIEW], GO TO THE VITAMIN A MODULE (VA)** | | | |
|  | Is there a vaccination book for (NAME)?  **IF ‘YES’ ASK** ‘May I see it please?’ | YES, vaccination book SEEN BY INTERVIEWER 1  YES, vaccination book NOT SEEN BY  INTERVIEWER 2  No vaccination book 3 | 🡪IM4  🡪IM4 |

1. **RECORD INFORMATION EXACTLY AS IT APPEARS ON (NAME)’S VACCINATION BOOK. WRITE ‘44’ IN ‘DAY’ COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. RECORD ‘00’ FOR DAY, MONTH, AND YEAR IF NOTHING IS RECORDED FOR THE VACCINE.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DAY** | | **MONTH** | | **YEAR** | |  |
|  |  | | | | | |  |
| **Penta/DTP 1** |  |  |  |  |  |  |  |
|  |  | | | | | |  |
| **Penta/DTP 2** |  |  |  |  |  |  |  |
|  |  | | | | | |  |
| **Penta/DTP 3** |  |  |  |  |  |  |  |
|  |  | | | | | |  |
| **Measles 1** |  |  |  |  |  |  |  |
|  |  | | | | | |  |
| **Measles 2** |  |  |  |  |  |  |  |
|  |  | | | | | |  |
| **Pneumo 1** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Pneumo 2** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Pneumo 3** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Rota 1** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Rota 2** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Rota 3** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Has (NAME) ever received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  **RECORD ‘YES’ ONLY IF RESPONDENT MENTIONS A VACCINE FROM IM2 THAT WAS NOT RECORDED IN THE VACCINATION BOOK** | Yes 1  **(PROBE FOR VACCINATIONS AND RECORD ‘66’ IN THE DAY COLUMN IN IM2, THEN GO TO TO THE NEXT MODULE)**  No 2  Don’t know 8 | **GO to NEXT MODULE** |
| **FOR THE INTERVIEWER :**  **IF THE VACCINATION BOOK WAS SEEN, GO TO THE NEXT MODULE**  **IF THE VACCINATION BOOK WAS NOT SEEN, GO TO IM4** | | | |
|  | Did (NAME) ever receive any vaccinations to prevent (HIM/HER) from getting diseases, including vaccinations received in a national immunization campaign? | YES 1  NO 2  DON’T KNOW 8 | 🡪NEXT MODULE  🡪NEXT MODULE |
| Please tell me if (NAME) received any of the following vaccinations: | | | |
|  | A Pentavalent or DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | YES 1  NO 2  DON’T KNOW 8 | 🡪IM7  🡪IM7 |
|  | How many times did [NAME] receive a Pentavalent or DPT vaccine? | \_\_ TIMES  DON’T KNOW 8 |  |
|  | A measles injection– that is, a shot in the arm at the age of **9** months or older - to prevent him/her from getting measles? | YES 1  NO 2  DON’T KNOW 8 | 🡪IM9  🡪IM9 |
|  | How many times did [NAME] receive a measles vaccine? | \_\_ TIMES  DON’T KNOW 8 |  |
|  | Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? | YES 1  NO 2  DON’T KNOW 8 | 🡪IM11  🡪IM11 |
|  | How many times did (NAME) receive the pneumococcal vaccine? | \_\_ TIMES  DON’T KNOW 8 |  |
|  | Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | YES 1  NO 2  DON’T KNOW 8 | 🡪Next module  🡪next module |
|  | How many times did (NAME) receive the rotavirus vaccine? | \_\_ TIMES  DON’T KNOW 8 |  |

VITAMIN A MODULE (VA)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Has (NAME) received a vitamin A dose like this one in the past 6 months?  **SHOW CAPSULES** | YES 1  NO 2  DON’T KNOW 8 |  |

COUGH AND FEVER MODULE (CO)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1  NO 2  DON’T KNOW 8 |  |
|  | Has (NAME) been ill with a cough at any time in the last 2 weeks? | YES 1  NO 2  DON’T KNOW 8 |  |
|  | Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks? | YES 1  NO 2  DON’T KNOW 8 | 🡪CO5  🡪CO5 |
|  | Was the difficult breathing due to a problem in the chest or to a blocked or runny nose? | PROBLEM IN THE CHEST 1  BLOCKED NOSE 2  BOTH 3  OTHER *(SPECIFY)* 6  DON’T KNOW 8 |  |
| 1. **FOR THE INTERVIEWER: CHECK ANSWERS IN CO1 FOR FEVER AND CO2 FOR COUGH**   **‘YES’ FOR FEVER AND/OR ‘YES’ FOR COUGH 1🡪CO6**  **‘NO’ OR ‘DK’ FOR FEVER AND ‘NO’ OR ‘DK’ FOR COUGH 2🡪 NEXT MODULE** | | | |
|  | Did you seek advice or treatment for the illness? | YES 1  NO 2  DON’T KNOW 8 | 🡪CO8  🡪CO8 |
|  | Where did you seek advice or treatment?  **RECORD ALL SOURCES MENTIONED.**  **PROBE**: Anywhere else?  **IF A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **PUBLIC HEALTH SECTOR**  NATIONAL HOSPITAL A  REGIONAL HOSPITAL B  DISTRICT HOSPITAL C  HEALTH CENTER D  DISPENSARY E  MOBILE CLINIC F  FIELDWORKER/CHW POST G  OTHER PUBLIC SECTOR (*SPECIFY*) X  **PRIVATE HEALTH SECTOR**  HOSPITAL H  HEALTH CENTER I  DISPENSARY J  CLINIC K  MOBILE CLINIC L  PHARMACY M  FIELDWORKER/CHW POST N  OTHER PRIVATE SECTOR (*SPECIFY*) Y  **COMMUNITY SOURCE**  COMMUNITY HEALTH WORKER O  SHOP P  TRADITIONAL HEALER Q  INFORMAL DRUG SELLER R  MARKET S  OTHER SOURCE (*SPECIFY*) Z |  |
|  | At any time during the illness, did (NAME) take any drugs for the illness? | YES 1  NO 2  DON’T KNOW 8 | 🡪NEXT MODULE  🡪NEXT MODULE |
|  | What drugs did (NAME) take?  **PROBE:** Any other drugs?    **RECORD ALL DRUGS MENTIONED.**  **ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG CANNOT BE DETERMINED, SHOW TYPICAL DRUGS TO RESPONDENT.** | **ANTIMALARIAL DRUGS**  ARTEMISININ COMBINATION THERAPY (ACT) A  FANSIDAR/MALOXINE/SP  (SULFADOXINE-PYRIMETHAMINE) B  CHLOROQUINE C  AMODIAQUINE D  QUININE:  PILLS E  INJECTION/IV F  ARTEMETER/LUMEFANTRINE G  ARTENUSATE/AMODIAQUINE:  RECTAL H  INJECTION/IV I  OTHER ANTI-MALARIAL J  *(SPECIFY OTHER ANTI-MALARIAL)*  **ANTIBIOTIC DRUGS**  PILL/SYRUP K  INJECTION/IV L  **OTHER DRUGS**  ASPIRIN M  ACETAMINOPHEN N  IBUPROFEN O  COUGH SYRUP OR SEDATIVE OR EXPECTORANT P  UNKNOWN INJECTION Q  TRADITIONAL REMEDY R  OTHER X  *(SPECIFY OTHER)*  DON’T KNOW DRUG Z |  |
| 1. **FOR THE INTERVIEWER: CHECK CO9.**   **DID THE CHILD RECEIVE ARTEMETER/LUMEFANTRINE, ARTENUSATE/AMODIAQUINE, AND/OR ANOTHER ARTEMISININ-BASED COMBINATION THERAPY?**  **YES 1🡪CO11**  **NO 2🡪NEXT MODULE** | | | |

DIARRHEA MODULE (DI)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Has (NAME) had diarrhea in the last 2 weeks?  **DIARRHEA IS DEFINED AS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL. IF CHILD IS EXCLUSIVELY BREASTFEEDING, DIARRHEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER***.* | Yes 1  No 2  Don’t Know 8 | | | | 🡪NEXT MODULE  🡪NEXT MODULE |
|  | Was (NAME) given any of the following at any time since he/she started having the diarrhea:   1. A fluid made from a special packet called [Insert local name for ORS packet]? 2. A pre-packaged ORS liquid? 3. A government-recommended homemade fluid? 4. Zinc tablets or syrup? |  | YES | NO | DK |  |
| 1. FLUID MADE FROM ORS PACKET | 1 | 2 | 8 |
| 1. PRE-PACKAGED ORS LIQUID | 1 | 2 | 8 |
| 1. GOVERNMENT-RECOMMENDED HOMEMADE FLUID | 1 | 2 | 8 |
| 1. ZINC TABLETS OR SYRUP | 1 | 2 | 8 |
|  | Was anything (else) given to treat the diarrhea?  **DO NOT INCLUDE ORS** | YES 1  NO 2  DON’T KNOW 8 | | | | 🡪NEXT MODULE  🡪NEXT MODULE |
|  | What (else) was given to treat the diarrhea?  **PROBE:** Anything else?  **RECORD ALL MENTIONED.**  **ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW DRUG SAMPLES OR PHOTOS TO RESPONDENT** | PILL OR SYRUP  ANTIBIOTIC A  ANTIMOTILITY B  OTHER (*SPECIFY*) D  UNKNOWN PILL OR SYRUP E  INJECTION  ANTIBIOTIC F  OTHER (*SPECIFY*) G  UNKNOWN INJECTION H  INTRAVENOUS (IV) I  TRADITIONAL/HOME REMEDY J  OTHER (*SPECIFY*) X | | | |  |

OPTIONAL BIRTH REGISTRATION MODULE (BR)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Does (NAME)have a birth certificate?  **IF YES, ASK:**  May I see it? | YES, SEEN 1  YES, NOT SEEN 2  NO 3  DON’T KNOW 8 | 🡪NEXT MODULE  🡪NEXT MODULE |
|  | Has (NAME)’s birth been registered with ***the civil authorities***? | YES 1  NO 2  DON’T KNOW 8 |  |

OPTIONAL ANTHROPOMETRY MODULE (AM)

|  |  |  |  |
| --- | --- | --- | --- |
| **WEIGH AND MEASURE EACH CHILD. RECORD THE CHILD’S NAME AND LINE NUMBER FROM THE HOUSEHOLD LISTING (HL1 AND HL2) IN AM1 BEFORE RECORDING MEASUREMENTS.**  **RECORD WEIGHT AND LENGTH/HEIGHT IN AM3-4.** | | | |
| 1. CHILD’S LINE NUMBER \_\_\_ \_\_\_   CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. RESULT OF MEASUREMENT. | YES, THE CHILD WAS MEASURED 1  NOT PRESENT AT THE TIME OF THE VISIT / DEFERRED 2  ABSENT FOR AN EXTENDED PERIOD 3  REFUSED BOTH WEIGHT AND HEIGHT 4  MEASURED WEIGHT BUT REFUSED HEIGHT…… ….5  MEASURED HEIGHT BUT REFUSED WEIGHT…… ….6  *OTHER (*SPECIFY*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ….*7* | 🡪OC1  🡪OC1  🡪OC1  🡪AM3  🡪AM5 | |
| 1. How was the child weighed?   **PROBE: IF CHILD IS LESS THAN 2 YEARS OLD OR IS UNABLE TO STAND ALONE, WEIGH THE MOTHER AND CHILD TOGETHER AND THEN WEIGH THE MOTHER ALONE.** | CHILD WAS WEIGHED ALONE ……………….1  CHILD WAS WEIGHED WITH THE MOTHER…….2 | 🡪AM4 | |
| AM3a. MOTHER AND CHILD’S WEIGHT | KILOGRAMS (KG)……………….. \_\_\_ \_\_\_. \_\_\_ | |  |
| AM3b. MOTHER’S WEIGHT | KILOGRAMS (KG)……………….. \_\_\_ \_\_\_. \_\_\_ | | 🡪AM5 |
| 1. CHILD’S WEIGHT*.* | KILOGRAMS (KG)……………….. \_\_\_ \_\_\_. \_\_\_ | |  |
| 1. Child’s length or height*.*   **CHECK AGE OF CHILD IN CI2:**  **CHILD UNDER 2 YEARS OLD 🡪 MEASURE LENGTH (LYING DOWN)**  **CHILD AGE 2 OR MORE YEARS 🡪MEASURE HEIGHT (STANDING UP)** | LENGTH (CM)  LYING DOWN \_\_ \_\_ \_\_. \_\_  HEIGHT (CM)  STANDING UP \_\_ \_\_ \_\_. \_\_ | |  |
| 1. IS EDEMA PRESENT IN **BOTH** FEET? | YES 1  NO 2 | |  |
| 1. MEASURER’S IDENTIFICATION CODE*.* | MEASURER CODE \_\_ \_\_ | |  |

OBSERVATIONS ON CHILD QUESTIONNAIRE (OC)

|  |  |  |
| --- | --- | --- |
|  | LANGUAGE OF THE INTERVIEW? | LANGUAGE 1 1  LANGUAGE 2 2  LANGUAGE 3 3  LANGUAGE 4 3  LANGUAGE 5 3  OTHER LANGUAGE (SPECIFY) 6 |
|  | WAS A TRANSLATOR USED FOR ANY PART OF THIS QUESTIONNAIRE? | YES, ENTIRE QUESTIONNAIRE 1  YES, PART OF THE QUESTIONNAIRE 2  NO, NOT USED 3 |
|  | FOR INTERVIEWER: Record any comments or observations for this interview: | |
|  | FOR SUPERVISOR / EDITOR: Record any comments or observations for this interview: | |

**THANK YOU**

**END UNDER-5 QUESTIONNAIRE**

# **MAN’S QUESTIONNAIRE**

## MAN’S INFORMATION PANEL (MN)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THIS QUESTIONNAIRE IS TO BE ADMINISTERED TO ALL MEN AGE 15 THROUGH 49 (SEE HL7A).**  **COMPLETE ONE QUESTIONNAIRE FOR EACH ELIGIBLE MAN** | | | | | |
| MN1. ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | MN2. SUB-ADMINISTRATIVE AREA NAME AND NUMBER:  ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | |
| MN2A. VILLAGE NAME AND NUMBER: ………………………………….. \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | |
| MN3. CLUSTER NAME AND NUMBER:  ………………………………….. \_\_\_ \_\_\_ \_\_\_ | | MN4. HOUSEHOLD NUMBER:  \_\_\_ \_\_\_ | | | |
| MN5. MAN’S NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | MN6. MAN’S LINE NUMBER:  \_\_\_ \_\_\_ | | | |
| MN7. CHECK HL6 AND RECORD MAN’S AGE: \_\_\_ \_\_\_ | | | | | |
| MN8. IS MAN MARRIED?  YES 1  NO 2 | | | | | |
| **IF THE MAN IS 15-17 YEARS OLD AND UNMARRIED, READ THE PERMISSION SCRIPT TO THE MAN’S MOTHER OR FATHER OR GUARDIAN AND THE ASSENT SCRIPT TO THE MAN. YOU MUST OBTAIN THE PERMISSION OF THE PARENT/GUARDIAN AND ASSENT OF THE MAN BEFORE PROCEEDING**  **IF THE MAN IS MARRIED, OR IS UNMARRIED AND OLDER THAN 17 YEARS, READ HIM THE MAN’S CONSENT SCRIPT.**  **YOU MUST OBTAIN THE MAN’S CONSENT BEFORE PROCEEDING**  YES, PERMISSION GIVEN 🡪 MAN’S INFORMATION MODULE  NO, PERMISSION NOT GIVEN 🡪 RESULTS CODES | | | | | |
| **Visit 1** | **Visit 2** | | | **Visit 3** | **Final Visit** |
| **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.: \_\_ \_\_  RESULT: \_\_\_ | **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | | | **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ | **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  INTERVIEWER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER NO.:\_\_ \_\_  RESULT: \_\_\_ |
| **NEXT VISIT**  **DATE:**\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **NEXT VISIT**  **DATE:** \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_  **TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | TOTAL NUMBER OF VISITS: \_\_\_\_ |
| MN9. RESULT CODES:  1 = COMPLETED  2 = NOT AT HOME  3 = NOT COMPETENT | | | 4 = DEFERRED  5 = REFUSED  6 = NOT AT HOME FOR AN EXTENDED TIME  7 = PARTIALLY COMPLETED  9 = OTHER (SPECIFY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| MN10. TIME AT BEGINNING OF INTERVIEW | | | \_\_ \_\_ HR \_\_ \_\_ MIN | | |
| MN11. TIME AT END OF INTERVIEW | | | \_\_ \_\_ HR \_\_ \_\_ MIN | | |

## MAN’S INFORMATION MODULE (MI)

|  |  |  |  |
| --- | --- | --- | --- |
| MI1. | In what month and what year were you born? | MONTH \_\_ \_\_  DON’T KNOW MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_  DON’T KNOW YEAR 9998 |  |
| MI2. | How old were you at your last birthday?  **COMPARE AND CORRECT MI1 AND MI2 IF INCONSISTENT** | COMPLETED YEARS \_\_\_\_ \_\_\_\_ |  |
| MI3. | Are you currently attending or have you ever attended school? | YES, CURRENTLY ATTENDING 1  YES, EVER ATTENDED 2  NO, NEVER ATTENDED 3 | 🡪MI5a |
| MI4. | What is the highest level of school you attended? | PRIMARY 1  SECONDARY (1ST CYCLE/LOWER) 2  SECONDARY (2NDT CYCLE/UPPER) 3  HIGHER/UNIVERSITY 4 |  |
| MI5. | How many years did you successfully complete at that level? | YEAR(S) \_\_ \_\_  LESS THAN 1 YEAR 00  DON’T KNOW 98 |  |
| MI5a. | **FOR THE INTERVIEWER: CHECK WI2 AND WI3**  **MAN IS 15 – 24 YEARS OLD AND IS NOT CURRENTLY ATTENDING SCHOOL🡪 CONTINUE TO WI5B**  **MAN IS >=25 YEARS OLD OR CURRENTLY ATTENDING SCHOOL 🡪 SKIP TO WI5C** | | |
| MI5b. | What is the main reason that you are not currently attending or have never attended school? | GRADUATED / HAD ENOUGH SCHOOLING 1  GOT MARRIED 2  TO CARE FOR CHILDREN 3  FAMILY NEEDED HELP ON FARM, WITH LIVESTOCK, OR BUSINESS 4  COULD NOT PAY SCHOOL FEES 5  NEEDED TO EARN MONEY 6  DID NOT LIKE SCHOOL / DID NOT WANT TO CONTINUE 7  DID NOT PASS EXAMS 8  SCHOOL NOT ACCESSIBLE / TOO FAR 9  PARENT(S) DO NOT VALUE EDUCATION FOR BOYS 10  OTHER (SPECIFY) 96  DON’T KNOW 98 |  |
| **MI5C. FOR THE INTERVIEWER: CHECK MI4:**  **ATTENDED SECONDARY SCHOOL OR HIGHER 🡪SKIP TO MI7**  **NEVER ATTENDED SCHOOL OR ATTENDED PRIMARY SCHOOL ONLY 🡪MI6** | | | |
| MI6. | Now I would like you to read this sentence to me. Read as much as you can.  **SHOW CARD WITH SENTENCE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:**  Can you read part of the sentence to me? | CANNOT READ AT ALL 1  ABLE TO READ ONLY PARTS OF SENTENCE 2  ABLE TO READ WHOLE SENTENCE 3  NO SENTENCE IN REQUIRED  LANGUAGE 4  *(SPECIFY LANGUAGE)*  BLIND OR VISUALLY IMPAIRED 5 |  |
| MI7. | What is your religion? | CATHOLIC 1  PROTESTANT/OTHER CHRISTIANS 2  MUSLIM 3  TRADITIONAL 4  OTHER RELIGION (SPECIFY) 6  NO RELIGION/PAGAN 7 |  |
| MI8. | To what ethnic group do you belong? | ETHNIC GROUP 1 1  ETHNIC GROUP 2 2  ETHNIC GROUP 3 3  OTHER ETHNIC GROUP (SPECIFY) 6 |  |

## **FAMILY PLANNING MODULE (MFP)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MFP1. | Are you currently married or living together with a woman as if married? | | YES, CURRENTLY MARRIED 1  YES, LIVING WITH A WOMAN 2  NO, NOT IN UNION 3 |  |
| MFP2. | Have you been married or lived with a woman only once or more than once? | | ONLY ONCE ………………………..........................................1  MORE THAN ONCE………………………...................................2  NEVER BEEN MARRIED OR LIVED WITH A WOMAN 3 | **🡪MFP4** |
| **FOR THE INTERVIEWER: CHECK MFP1. IS THE MAN CURRENTLY MARRIED OR LIVING WITH A WOMAN AS IF MARRIED?**  **YES -> PROCEED TO MFP2A**  **NO - > SKIP TO MFP3** | | | | |
| MPF2a | Do you have other wives or do you live with other women as if married? | | YES (MORE THAN ONE WIFE) 1  NO (ONLY ONE WIFE) 2 |  |
| MFP3. | Now I would like to ask about your (first) (wife/partner). In what month and year did you start living with her? | | MONTH \_\_\_ \_\_\_  DON’T KNOW MONTH 98  YEAR \_\_\_ \_\_\_ \_\_\_ \_\_\_  DON’T KNOW YEAR 9998 |  |
| MFP4. | **CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.** | | | |
| MFP5. | Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.  How old were you when you had sexual intercourse for the very first time? | | NEVER HAD SEXUAL INTERCOURSE 8  AGE IN YEARS \_\_\_ \_\_\_  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95 | **🡪MFP14** |
| MFP6. | I would like to ask you about your recent sexual activity.  When was the last time you had sexual intercourse?  If less than 12 months, answer must be recorded in days, weeks or months. If 12 months (one year) or more, answer must be recorded in years. | | DAYS AGO 1 \_\_\_ \_\_\_  WEEKS AGO 2 \_\_\_ \_\_\_  MONTHS AGO 3 \_\_\_ \_\_\_  YEARS AGO 4 \_\_\_ \_\_\_ | **🡪MFP14** |
| MFP7. | The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy? | | YES 1  NO 2 | **🡪MFP11** |
| MFP8. | What method did you or your partner use?  **PROBE:**Did you or your partner use any other method to prevent pregnancy?  **DO NOT PROMPT. RECORD ALL RESPONSES**. | | FEMALE STERILIZATION A  MALE STERILIZATION B  IUD C  INJECTABLES D  IMPLANTS E  PILL F  MALE CONDOM G  FEMALE CONDOM H  DIAPHRAGM I  FOAM / JELLY J  LACTATIONAL AMENORRHOEA METHOD (LAM) K  PERIODIC ABSTINENCE / RHYTHM L  WITHDRAWAL M  OTHER (SPECIFY) X |  |
| MFP10. | Would you say that using contraception is mainly your decision, mainly your (wife’s/partner’s) decision, or did you both decide together? | | MAINLY RESPONDENT 1  MAINLY WIFE/PARTNER 2  JOINT DECISION 3  OTHER (SPECIFY) 6 | **🡪MFP12**  **🡪MFP12**  **🡪MFP12**  **🡪MFP12** |
| MFP11. | Would you say that not using contraception is mainly your decision, mainly your (wife’s/partner’s) decision, or did you both decide together? | | MAINLY RESPONDENT 1  MAINLY WIFE/PARTNER 2  JOINT DECISION 3  OTHER (SPECIFY) 6 | **🡪MFP14**  **🡪MFP14**  **🡪MFP14**  **🡪MFP14** |
| **FOR THE INTERVIEWER: CHECK MFP8. WAS A MALE OR FEMALE CONDOM USED (MFP8 IS G AND/OR H)?**  **YES -> PROCEED TO MFP12**  **NO - > SKIP TO MFP14** | | | | |
| MFP12. | You said that a condom was used the last time you had sexual intercourse.  Would you say that using the condom is mainly your decision, mainly your (wife’s/partner’s) decision, or did you both decide together? | | THE RESPONDENT 1  HIS PARTNER 2  BOTH RESPONDENT AND PARTNER 3  DON’T KNOW 8 |  |
| MFP13. | From where did you or your partner obtain the condom the last time?  Probe to identify the type of source.  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, DISPENSARY, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | | **PUBLIC SECTOR**  GOVERNMENT HOSPITAL 11  GOVERNMENT HEALTH CENTER 12  DISPENSARY 13  FAMILY PLANNING CLINIC 14  MOBILE CLINIC 15  FIELDWORKER/CHW POST 17  OTHER PUBLIC SECTOR (SPECIFY) 16  **PRIVATE MEDICAL SECTOR**  PRIVATE HOSPITAL/CLINIC 21  PHARMACY 22  NGO 23  MOBILE CLINIC 24  FIELDWORKER/CHW POST 25  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 26  **OTHER SOURCES**  ACCREDITED DRUG DISPENSING OUTLET (ADDO) 31  VCT CENTRE 32  SHOP/KIOSK/MARKET 33  HOTEL/BAR 34  FRIEND/RELATIVE/NEIGHBOR 35  OTHER (SPECIFY) 96  DON’T KNOW 98 |  |
| MFP14. | If you wanted to, could you yourself get a condom? | | YES 1  NO 2 |  |
| MFP14a | What would you say is the main reason for using a condom? | | PREVENT PREGNANCY 1  PREVENT STIS 2  BOTH PREVENT PREGNANCY AND STIS 3  DON’T KNOW 8 |  |
| MFP15. | In the last 12 months, were you visited by a fieldworker? | | YES 1  NO 2 | **🡪MFP17** |
| MFP16. | Did the fieldworker talk to you about family planning? | | YES 1  NO 2 |  |
| MFP17. | In the last 12 months, have you visited a health facility for care for yourself, for your wife/partner, for your children, or for both yourself and/or your wife/partner or children? | | HIMSELF 1  HIS WIFE/PARTNER 2  HIS CHILD 3  BOTH HIMSELF AND HIS WIFE/PARTNER OR CHILD 4  NO VISIT TO HF IN LAST 12 MONTHS 5  SOMEONE ELSE 6 | **🡪MFP21a** |
| MFP18 | In the last 12 months, when you sought care at a health facility, did any staff member speak to you about family planning methods or sexual and reproductive health? | | YES 1  NO 2 |  |
| MFP19. | Where did you go the last time you sought care at a health facility?  **ONLY ONE ANSWER ALLOWED. PROBE TO IDENTIFY THE TYPE OF SOURCE.**  **IF A HOSPITAL, HEALTH CENTER, DISPENSARY, OR CLINIC, WRITE NAME OF PLACE BELOW:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | | **PUBLIC SECTOR**  NATIONAL HOSPITAL 21  REGIONAL HOSPITAL 22  DISTRICT HOSPITAL 23  HEALTH CENTER 24  DISPENSARY 25  MOBILE CLINIC 27  FIELDWORKER/CHW POST 28  OTHER PUBLIC SECTOR (SPECIFY) 26  **PRIVATE MEDICAL SECTOR**  HOSPITAL 31  HEALTH CENTER 32  DISPENSARY 33  CLINIC 34  MOBILE CLINIC 35  FIELDWORKER/CHW POST 37  OTHER PRIVATE MEDICAL SECTOR (SPECIFY) 36  OTHER (SPECIFY) 96 |  |
| MFP20. | **FOR THE INTERVIEWER: CHECK MI2 AND MFP18**  **MAN IS 15 – 24 YEARS OLD AND RECEIVED CARE FOR HIMSELF OR HIS WIFE/PARTNER OR BOTH HIMSELF AND HIS WIFE/PARTNER 🡪 CONTINUE TO MFP21**  **MAN IS >=25 YEARS OLD 🡪 SKIP TO MFP21A** | | |  |
| MFP21. | The last time that you sought care for yourself or your wife/partner at a health facility, did you receive services for:  a) Family planning methods?  b) STI or HIV prevention?  c) Antenatal care?  d) Delivery care?  e) Postnatal care?  f) Other health issue(s)? | YES NO  A) FAMILY PLANNING 1 2  B) STI PREVENTION 1 2  C) ANC 1 2  D) DELIVERY 1 2  E) PNC 1 2  F) OTHER 1 2 | |  |
| MFP21a | **FOR THE INTERVIEWER: CHECK MFP1. IS THE MAN CURRENTLY MARRIED OR LIVING WITH A WOMAN?**  **YES 1🡪 CONTINUE TO MDM22**  **NO 2🡪 SKIP TO MDM23** | | | |
| MFP22 | Who usually makes decisions about health care for your wife/partner: you, your (wife/partner), you and your (wife/partner) jointly, family/relative, you and family/relative jointly, someone else, or you and someone else jointly? | | RESPONDENT 1  WIFE/PARTNER 2  RESPONDENT AND WIFE/PARTNER JOINTLY 3  FAMILY/RELATIVE 4  RESPONDENT AND FAMILY/RELATIVE JOINTLY 5  SOMEONE ELSE 6  RESPONDENT AND SOMEONE ELSE JOINTLY 7 |  |
| MFP23. | **FOR THE INTERVIEWER: PRESENCE OF OTHERS DURING THIS SECTION (MFP5-MFP14)** | | YES NO  CHILDREN < 10 YEARS 1 2  MALE ADULTS 1 2  FEMALE ADULTS 1 2 |  |

## **HIV/AIDS (HI)**

|  |  |  |  |
| --- | --- | --- | --- |
| MHI1. | **CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.** | | |
| MHI2. | I don’t want to know the results, but have you ever been tested for the AIDS virus? | YES 1  NO 2 | **🡪MDM1** |
| MHI3. | How many months ago was your most recent AIDS virus test?  **IF LESS THAN 2 YEARS, RECORD THE EXACT NUMBER OF MONTHS. IF 2 YEARS OR MORE, ENTER 95** | MONTHS AGO \_\_\_ \_\_\_  TWO OR MORE YEARS 95  DON’T KNOW 98 |  |
| MHI4. | I don’t want to know the results, but did you get the results of the test? | YES 1  NO 2 |  |

## **WORK AND DECISION MAKING (MDM)**

|  |  |  |  |
| --- | --- | --- | --- |
| MDM1. | Now I want to ask you about your activity in the past seven days.  Have you done any work in the last seven days? | YES 1  NO 2 | **🡪MDM4** |
| MDM2. | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? | YES 1  NO 2 | **🡪MDM4** |
| MDM3. | Have you done any work in the last 12 months? | YES 1  NO 2 | **🡪MDM5** |
| MDM4. | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1  CASH AND KIND 2  IN KIND ONLY 3  NOT PAID 4 |  |
| MDM5. | Do you have any money of your own that you alone can decide how to use? | YES 1  NO 2 | **🡪MDM7** |
| MDM6. | Who decides how your own money will be used?  **NOTE THIS QUESTION INCLUDES ALL FORMS OF INCOME THAT THE RESPONDENT MAY HAVE INCLUDING MONEY EARNED FROM PAID WORK AND/OR OTHER SOURCES OF INCOME.**  **RECORD ALL RESPONSES.** | RESPONDENT A  WIFE/PARTNER B  MOTHER C  FATHER D  STEP-MOTHER E  STEP-FATHER F  SISTER G  BROTHER H  DAUGHTER I  SON J  FORMER WIFE/PARTNER K  CURRENT GIRLFRIEND L  FORMER GIRLFRIEND M  MOTHER-IN-LAW N  FATHER-IN-LAW O  OTHER FEMALE RELATIVE/IN-LAW P  OTHER MALE RELATIVE/IN-LAW Q  FEMALE FRIEND/ACQUAINTANCE R  MALE FRIEND/ACQUAINTANCE S  EMPLOYER T  OTHER (SPECIFY) ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  RESPONDENT HAS NO MONEY Z |  |
| MDM7. | Do you have a bank account or an account in any other savings institution in your own name or jointly with someone else?  **RECORD ALL MENTIONED.** | YES, IN OWN NAME A  YES, JOINT ACCOUNT B  NO C | **🡪MDM9** |
| MDM8. | Do you yourself operate the account, that is, sign checks or deposit and withdraw money? | YES 1  NO 2 |  |
| MDM9. | Do you own a mobile telephone? | YES 1  NO 2 | **🡪MDM11** |
| MDM10. | Do you have a mobile bank account (like [insert local examples or brands]))? | YES 1  NO 2 |  |
| MDM11. | **FOR THE INTERVIEWER: CHECK MFP1. IS THE MAN CURRENTLY MARRIED OR LIVING WITH A WOMAN?**  **YES 1🡪 CONTINUE TO MDM12**  **NO 2🡪 SKIP TO MA1** | | |
| MDM12. | Now I want to ask you about your (wife’s/partner’s) activity in the past seven days.  Aside from housework, has your (wife/partner) done any work in the last 7 days? | YES 1  NO 2  DON’T KNOW 8 | **🡪MDM15** |
| MDM13. | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  In the last seven days, has your (wife/partner) done any of these things or any other work? | YES 1  NO 2  DON’T KNOW 8 | **🡪MDM15** |
| MDM14. | Has your (wife/partner) done any work in the last 12 months? | YES 1  NO 2  DON’T KNOW 8 |  |
| MDM15. | Who usually decides how your (wife’s/partner's) earnings will be used: you, your (wife/partner), or you and your (wife/partner) jointly? | RESPONDENT 1  WIFE/PARTNER 2  RESPONDENT AND WIFE/PARTNER JOINTLY 3  WIFE/PARTNER HAS NO EARNINGS 4  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6 |  |
| MDM16. | Does your (wife/partner) have a bank account or an account in any other savings institution in her own name or jointly with someone else?  **RECORD ALL MENTIONED.** | YES, IN OWN NAME A  YES, JOINT ACCOUNT B  NO C  DON’T KNOW D | **🡪MA1**  **🡪MA1** |
| MDM17. | Does your (wife/partner) operate the account, that is, sign checks or deposit and withdraw money? | YES 1  NO 2  DON’T KNOW 8 |  |

## **MAN’S OPINIONS AND ATTITUDES (MA)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MA1. | In your opinion, should a husband/partner accompany his wife/partner for an antenatal care visit whether she is pregnant? | YES 1  NO 2  DON’T KNOW 8 | | | |  |
| MA2. | In your opinion, should a husband/partner accompany his wife/partner for delivery? | YES 1  NO 2  DON’T KNOW 8 | | | | 🡪MA4  🡪MA4 |
| MA3. | In your opinion, should a husband/partner be present in the delivery room during any part of labour or delivery of his wife/partner? | YES 1  NO 2  DON’T KNOW 8 | | | |  |
| MA4. | I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.  a) Childbearing is a woman's concern only and there is no need for the father to get involved.  b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery | AGREE DISAGREE DK    CHILDBEARING IS A  WOMAN’S CONCERN 1 2 8  DOCTOR/NURSES  ASSISTANCE IS CRUCIAL 1 2 8 | | | |  |
| MA5. | Do you think a man’s (wife/partner) should usually be permitted to go to the following places on her own, only if someone accompanies her, or not at all?  To the local market to buy things?  To a local health center or doctor?  To the community center or other nearby meeting place?  To homes of friends in the neighborhood?  To a nearby shrine/mosque/temple/church?  Just outside your house or compound? | ALONE NEVER NOT AT  ALONE ALL  MARKET 1 2 3  HEALTH 1 2 3  COMMUNITY CENTER 1 2 3  FRIENDS 1 2 3  RELIGIOUS PLACE 1 2 3  OUTSIDE THE HOME 1 2 3 | | | |  |
| MA6. | In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:  a) making major household purchases?  b) making purchases for daily household needs?  c) selling household owned poultry (i.e. chicken, turkey, ducks)?  d) selling household owned livestock, herds, and/or other farm animals (i.e. goats, sheep, cattle, pigs, donkey)  e) deciding about visits to family or relatives?  f) deciding how many children to have and when? | HUSBAND WIFE BOTH  A) MAJOR HOUSEHOLD  PURCHASES 1 2 8  B) DAILY HOUSEHOLD  NEEDS 1 2 8  C) POULTRY 1 2 8  D) LIVESTOCK 1 2 8  E) VISITS TO FAMILY/RELATIVES  1 2 8  F) WHEN TO HAVE  CHILDREN 1 2 8 | | | |  |
| MA7. | *I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.*  Contraception is a woman’s concern only and a man should not have to worry about it.  Women who use contraception may become promiscuous. | CONTRACEPTION WOMAN’S CONCERN  WOMAN MAY BECOME PROMISCUOUS | AGREE  1  1 | DISAGREE  2  2 | DK  8  8 |  |
| MA8. | 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:  - If she goes out without telling him?  - If she neglects the children?  - If she argues with him?  - If she refuses to have sex with him?  - If she burns the food  - If she refuses to give her earned money to her husband/partner?  - If she uses contraception without informing her husband/partner? | YES NO DK  GOES OUT ……………………………1 2 8  NEGLECT CHILDREN …………………1 2 8  ARGUES…………… …………………1 2 8  REFUSED SEX …………………………1 2 8  BURNS FOOD …………………………1 2 8  EARNED MONEY ………………………1 2 8  USES CONTRACEPTION ……………1 2 8 | | | |  |
| MA9. | In your community, do you think that a woman has the right to refuse to have sex with:   * Her husband? * Other partner(s)? | YES NO DK  HER HUSBAND …………………………1 2 8  OTHER PARTNER(S) ……………………1 2 8 | | | |  |
| MA10. | Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to…  a) Get angry and reprimand her?  b) Refuse to give her money or other means of support?  c) Use force and have sex with her even if she doesn't want to?  d) Have sex with another woman? | YES NO DK/DEPENDS    A) ANGRY 1 2 8  B) REFUSE MONEY 1 2 8  C) FORCE SEX 1 2 8  D) SEX WITH ANOTHER WOMAN  1 2 8 | | | |  |

## **OBSERVATIONS ON MAN QUESTIONNAIRE (OM)**

|  |  |  |
| --- | --- | --- |
| OM1. | LANGUAGE OF THE INTERVIEW? | LANGUAGE 1 1  LANGUAGE 2 2  LANGUAGE 3 3  LANGUAGE 4 4  LANGUAGE 5 5  OTHER LANGUAGE (SPECIFY) 6 |
| OM2. | WAS A TRANSLATOR USED FOR ANY PART OF THIS QUESTIONNAIRE? | YES, ENTIRE QUESTIONNAIRE 1  YES, PART OF THE QUESTIONNAIRE 2  NO, NOT USED 3 |
| OM3. | FOR INTERVIEWER: Record any comments or observations for this interview: | |
| OM4. | FOR SUPERVISOR: Record any comments or observations for this interview: | |

**THANK YOU**

**END OF MAN’S QUESTIONNAIRE**