Approved by National Statistical Office, Mongolia
2000. Order No

Form: CD1

SURVEY OF "CHILD AND DEVELOPMENT"

THE PURPOSE OF THIS SURVEY IS TO ANALYZE THE WOMEN'S AND CHILDREN'S HEALTH. EDUCATION AND THEIR LIVING CONDITIONS. BY STATISTICAL LAW YOUR FAMILY AND PERSONAL SECRETS WILL RELIABLY BE KEPT BY THE OFFICIALS WHO ARE CONDUCTING THIS SURVEY.

HI . Household questionnaire

		1. IDENTIFICATION	
1.		Cluster number	☐☐☐
2.		Household number	☐☐☐☐
3.		Data of interview: ddmmyyyy	/ /2000
4.		Identification code interview	☐☐
5.		Name of household head:	
6.		Household location : Capital-1 ; Aimag center-2 Soman center-3; Rural- 4	☐
7.		Name of province /code/:	___
8.		HOUSING CONDITION	
	A	Type of house: *Apartment-1; hostel-2; dormitory-3* *Ger-4; Other/. . . . . /-5*	☐
	B	Type of ownership: *Government-1; Private-2;* *Other/. . . . . /-5*	☐
	C	Living area, by square meter:	___ m^2
	D	Main construction material of walls: *Brick-01; reinforced-02; stone-03; wood-04;* *straw-05; earth clay-06;* *Panel of GER: Single-07; Double-08; DK-99*	☐☐
	E	Main construction material of floor: *Brick-01; reinforced-02; stone-03; wood-04;* *straw-05; earth clay-06;Cement-07*	☐☐
	F	Number of room:	___
	H	Number of walls of GER:	___
9	A	Type of heating : *Centralized-1;uncentralized-2;* *Simple-3*	☐
	B	Type of fuel use for cooking: *Electricity-01; Charcoal-06; Firefood-07; Dung-08;* *Other/. . . . . /-09* *DK-99*	☐☐

9	C	Does your household have: *Electricity* - 1 *Radio* - 2 *Television* - 3 *Refrigerator* - 4 ;	Yes **1** **2** **3** **4**
	D	Does any member of your household own: *Bicycle* - 1 *Motorcycle or scooter* - 2 *Car or truck* - 3	Yes **1** **2** **3**
	E	Does your household owns farm livestock: *Number*: U50 - 1 51-100 - 2 101-200 – 3 201< - 4 ; *No one* - 0	☐
	F	Does your household owns farm land: *Size*: U 1ga - 1 1- 3 - 2 3< - 3 ; *No one* - 0	☐
	H	Consumption per person /months thous.tog	☐☐☐.☐
		INTERVIEWER CHECKLIST	
10		Result of household interview: *Completed-1; Refused-2; Not at home-3;* *Household not fount-4;* *Other/……../-5*	☐
11		Number of women eligible for interview:	__ __
12		Of which completed:	___
13		Number of child under 5 ages:	__ __
14		Of which completed:	___
15		Number of disability child between 0 and 18	___
16		Of which completed:	__ __
17		Number of household members	__ __

Cluster no. __ __ __ **Household no. __ __ __**

HL . HOUSEHOLD ROSTER

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HH.

(Use survey definition of HH member). List the first name in line 01. List adult HH members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers.*

Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used ☐

						Eligible for:			*For persons age* ***15 or over*** *ask Qs. 8 and 9*		*For children* ***Under age 17 years*** *Ask Qs. 10-13*						
1. *Line No.*	2. *Name*	2A RELATIONSHIP TO HEAD HH*	3. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.		4. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in Completed years* 99=DK*	5. *Circle Line no. if woman is age 15-49*	6. WOMEN'S MODULES *For each Child* ***age 5-14:*** WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	7. CHILD LABOUR MODULE *For each child* ***under 5:*** WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	8. CAN HE/SHE READ A LETTER OR NEWSPAPER EASILY, WITH DIFFICULTY OR NOT AT ALL? 1 EASILY 2 DIFFICULT 3 NOT AT ALL 9 DK	9. WHAT IS THE MARITAL STATUS OF (*name*)?** 1 CURRENTLY MARRIED/ IN UNION 2 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED	10. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO 9 DK } **Q12**	11. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? 1 YES 2 NO	12. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO 9 DK } **Next Line**	13. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSE-HOLD? 1 YES 2 NO
LINE	NAME	R	M	F	AGE	15-49	MOTHER	MOTHER	E D N DK		Y N DK	Y N	Y N DK	Y N
01		**1**	1	2	___ ___	01	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
02			1	2	___ ___	02	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
03			1	2	___ ___	03	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
04			1	2	___ ___	04	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
05			1	2	___ ___	05	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
06			1	2	___ ___	06	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
07			1	2	___ ___	07	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
08			1	2	___ ___	08	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
09			1	2	___ ___	09	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
10			1	2	___ ___	10	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
11			1	2	___ ___	11	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
12			1	2	___ ___	12	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
13			1	2	___ ___	13	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
14			1	2	___ ___	14	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2
15			1	2	___ ___	15	___ ___	___ ___	1 2 3 9		1 2 9	1 2	1 2 9	1 2

** HEAD-1, SPOUSE-2, CHILD-3, PARENTS-4,PARENT-IN-LAW -5, BROTHER & SISTERS-6, GRANDCHILD-7, GRANDMOTHER &FATHER-8, NEPHEW / NIECE -9, OTHER FAMILY-10 , NON RELATED –11*

Cluster no. __ __ __ Household no. __ __ __

ED . EDUCATION MODULE

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

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

*For children **age 5 through 18 years**, continue on, asking Qs. 17-22*

14. *Line no.*	15. HAS (*name*) EVER ATTENDED SCHOOL? 1 YES ⇨ Q.16 2 NO ↘ NEXT LINE	16. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? LEVEL: 2. PRIMARY 3. SECONDARY 4. HIGHER 5. OTHER 9. DK GRADE: 99. DK *If less than 1 grade, enter 00.*		17. IS (*name*) CURRENTLY ATTENDING SCHOOL? 1. YES ⇨ **Q.19** 2. NO	18. DURING THE CURRENT SCHOOL YEAR, DID (*name*) ATTEND SCHOOL AT ANY TIME? 1. YES 2. NO ⇨ **Q.21**	19. SINCE LAST *(day of the week)*, HOW MANY DAYS DID (*name*) ATTEND SCHOOL? *Insert number of days in space below.*	20. WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? LEVEL: 1. PRESCHOOL 2. PRIMARY 3. SECONDARY 5. OTHER 9. DK GRADE: 99. DK		21. DID(*name*) ATTEND SCHOOL LAST YEAR? 1. YES 2. NO ↘ NEXT LINE 9. DK ↘ NEXT LINE	22. WHICH LEVEL AND GRADE DID (*name*) ATTEND LAST YEAR? LEVEL: 1. PRESCHOOL 2. PRIMARY 3. SECONDARY 5. OTHER 9. DK GRADE: 99. DK	
LINE	Y NO	LEVEL	GRADE	YES NO	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE
01	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
02	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
03	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
04	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
05	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
06	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
07	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
08	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
09	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
10	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
11	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
12	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
13	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
14	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___
15	1 2	2 3 4 5 9	___ ___	1 2	1 2	____	1 2 3 5 9	___ ___	1 2 9	1 2 3 5 9	___ ___

MICS-2. MONGOLIA.

Cluster no. __ __ __ **Household no. __ __ __**

CL . CHILD LABOUR MODULE

To be administered to caretaker of each child resident in the household age 5 through 17 years.
Copy line number of each eligible child from household listing.
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

1. *Line no.*	2. *Name*	3. DURING THE PAST WEEK DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HH ? *If yes*: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨TO Q.5			*3 A* *If yes*: WHAT KIND WORK DID HE/ SHE DO? ESTABLISH MENT - 1 LIVESTOCK-2 FARM-3 MARKET-4 IN THE STREET-5 RESTAURANT-6 HOUSE WORKER-7 OTHER-8 DK-99	4. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If more than one job, include all hours at all jobs.* *Record response then ⇨ Q.6*	5. AT ANY TIME DURING THE PAST YEAR, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ **Q.6**			*5 A* *If yes*: WHAT KIND WORK DID HE/ SHE DO? ESTABLISH MENT - 1 LIVESTOCK-2 FARM-3 MARKET-4 IN THE STREET-5 RESTAURANT-6 HOUSE WORKER-7 OTHER-8 DK-99	6. DURING THE PAST WEEK, DID (*name*) HELP WITH HOUSEKEEPING CHORES SUCH AS COOKING, SHOPPING, CLEANING, WASHING CLOTHES, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ **Q.8**		7. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	8. DURING THE PAST WEEK, DID (*name*) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS)? 1 YES 2 NO ⬂ NEXT LINE		9. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	10. *If yes*: WHAT KIND WORK DID HE/ SHE DO? ESTABLISH-MENT-1 LIVESTOCK-2 FARM-3 TRADE, MARKET-4 SERVICE-10 OTHER– 8 DK-99
LINE NO.	NAME	YES PAID	YES UNPAID	NO		NO. HOURS	YES PAID	YES UNPAID	NO		YES	NO	NO. HOURS	YES	NO	NO. HOURS	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	
___ ___		1	2	3		____ ____	1	2	3		1	2	____ ____	1	2	____ ____	

Cluster no. __ __ __ Household no. __ __ __

MM . OPTIONAL MATERNAL MORTALITY MODULE

Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in column 3, and insert line number of proxy respondent in column 4

1.LINE NO (FROM HH LIST)	2.NAME	3. IS THIS A PROXY REPORT? 1- YES 2-NO ⇨ **Q. 5**		4. LINE NO. OF PROXY RESPONDENT	5. HOW MANY SISTERS (BORN TO SAME MOTHER) HAVE YOU EVER HAD? 99-DK ⇨GOTO NEXT	6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15**? 99-DK	7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 99-DK	8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 99-DK	9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?* 99-DK
LINE NO	NAME	YES	NO	LINE NO					
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						
__ __		1	2						

WHEN ALL CHILDREN IN THE AGE RANGE HAVE BEEN COVERED, *go to water and sanitation module* ⇨

MICS-2. MONGOLIA.

Cluster no. __ __ __ **Household no. __ __ __**

DM . DISABLITY CHILD MODULE

To be administered to caretaker of each child resident in the household age under 18.
Copy line number of each eligible child from household listing.

1. LINE NO	2. NAME	3. DOES HE/SHE… HAVE ANY SERIOUS DELAY? *1-YES* *2-NO ⇨ GOTO NEXT*		4. DOES HE/SHE… HAVE SERIUOS DELAY IN SITTING, STANDING OR WALKING & MOVING *1-YES* *2-NO*		5. DOES HE/SHE… HAVE DEFICULTY SEEING, EITHER IN THE DAYTIME, AT NIGHT? IF YES : *1- BAD SIGHTED* *2- BLIND* *3-NO*			6. DOES HE/SHE… HAVE DEFICULT Y HEARING ? IF YES : *1- USES HEARING AID* *2- HEARS WITH DEFFICULT Y* *3-COMPLETELY DEAF* *4-NO*				7. DOES HE/SHE …. HAVE MIND PROBLEM ? *1-YES* *2-NO*		8. DOES HI/SHE . . . . . SOMETIMES HAVE FITS, BECOME RIGED OR LOSS CONSCIOUSNESS ? *1-YES* *2-NO*		9. HAVE YOU EVER HAD A TREATMENT ? *1-YES* *2-NO*		10. HAVE YOU ANY RESULT / EFFECTIVE ? *1-GOOD* *2-FAIR* *3-NO*			11. CAN YOU LIVE WITHOUT ANY SUPPORT OR BODY IN THE FUTHER? *1-YES* *2-NO*		12. HAVE YOU USE ANY AIDS? *1-YES* *2-NO*	
LINE NO	NAME	YES	NO	YES	NO	BA	BL	NO	U	H	C	N	YES	NO	YES	NO	YES	NO	G	F	NO	YES	NO	YES	NO
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2
__ __		1	2	1	2	1	2	3	1	2	3	4	1	2	1	2	1	2	1	2	3	1	2	1	2

Cluster no. __ __ __ Household no. __ __ __

WS . WATER AND SANITATION MODULE

This module is to be administered once for each household visited.
Record only one response for each question.
If more than one response is given, record the most usual source or facility.

1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?

- *With centralized water supple system.....01*
- *Piped into yard or plot 02*
- *Public tap.....03*
- *Tubewell / borehole with pump 04*
- *Protected dug well.....05*
- *Protected spring 06*
- *Rainwater collection 07*
- *Bottled water.....08*
- *Unprotected dug well.....09*
- *Unprotected spring 10*
- *Pond, river or stream.....11*
- *Tanker-truck, vendor 12*
- *Other (specify) _____13*
- *NO ANSWER OR DK 99*

2. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?

- *No. of minutes .....__ __ __*
- *Water on premises 888*
- *DK. 999*

3. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE?

- *Flush to sewage system or septic tank.....01*
- *Pour flush latrine (water seal type) 02*
- *Improved pit latrine (e.g., VIP) 03*
- *Traditional pit latrine.....04*
- *Open pit.....05*
- *Bucket.....06*
- *Other (specify) _____ 07*
- *NO FACILITIES OR BUSH OR FIELD. . . . . .08* ⇨***Q.5***
- *DK 09*

4. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?**

Yes, in dwelling/yard/compound.....1
No, outside dwelling/yard/compound 2

DK 9

5. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?

- *Children always use toilet or latrine 1*
- *Thrown into toilet or latrine.....2*
- *Thrown outside the yard.....3*
- *Buried in the yard 4*
- *Not disposed of or left on the ground.....5*
- *Other (specify)_____ 6*
- *No young children in household. 8*

SI . SALT IODIZATION MODULE

1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED.
MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?
Once you have examined the salt,
circle number that corresponds to test outcome.

- *Not iodized 0 PPM (no colour) 1*
- *Less than 15 PPM (weak colour).....2*
- *15 PPM or more (strong colour).....3*
- *No salt in home.....8*
- *Salt not tested.....9*

go to women's questionnaire ⇨

Now for each woman age 15-49 years, write her name and line number at the top of each page in the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker at the top of each page in the Children's Questionnaire.
You should now have a separate questionnaire for each eligible woman and child in the household.

QUESTIONNAIIRE FOR INDIVIDUAL WOMEN

Cluster no.__ __ __ **Household no.** __ __ __ **Women line no** __ __

WI . WOMEN'S INFORMATION PANEL

This module is to be administered to all women age 15 through 49 (see column 5 of HH listing).
Fill in one form for each eligible woman.

1	Women's line number		☐☐
2	2. Name		
3	A	IN WHAT MONTH AND YEAR WERE YOU BORN? *Date of birth : Month/Year* *DK date of birth /DK⇨3B /*	__/____ 999999
	OR: B	HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? Age (in completed years)	☐☐

CM . CHILD MORTALITY MODULE

This module is to be administered to all women age 15-49.
All questions refer only to LIVE births.
Follow instructions as provided in training. See Instructions for Interviewers

1		NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *1-YES* *2-NO ⇨ CONTRACEPTIVEUSE MODULE* *If "NO" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	☐
2	A	*If "NO" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS? *Date of first birth ddmmyyyy* *DK DATE OF FIRST BIRTH => 2.B*	__/__/____ 99999999

3	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU? 1-Yes 2- NO => **Q5**	☐
4	HOW MANY SONS & DAUGHTERS LIVE WITH YOU? 1.*SONS* 2. *DAUGHTERS*	1. ___ 2. ___
5	DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU? *1-YES* *2-NO =>Q7*	☐
6	HOW MANY SONS & DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? 1. *SONS ELSEWHERE* 2. *DAUGHTERS ELSEWHERE*	1. ___ 2. ___
7	HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *1-YES* *2-NO =>Q9*	☐
8	HOW MANY BOYS & GIRLS HAVE DIED? *1. Boys dead* *2.* Girls dead	___ ___
9	SUM ANSWERS TO Q. 4, 6, AND 8 *SUM*	☐☐
10	JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? *1- Yes ⇨Go to Q.11* *2- No ⇨Check responses and make corrections before proceeding to Q.11*	☐
11	OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? *Date of last birth /Day/Month/Year /*	__/__/____

Did the woman's last birth occur within the last year, that is, since ***(insert date)****?*
☐*Yes, live birth in last year. ⇨ GO TO TETANUS TOXOID MODULE*
☐*No live birth in last 2 year. ⇨ GO TO CONTRACEPTIVE USE MODULE*

Cluster no.____ Household no. ____ Women line no ___

TT . Tetanus toxoid (tt) module

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

1	DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.* *1- Yes (card seen)* *2- Yes (card not seen)* *3-No* *9-DK*	☐
2	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)? *1-Yes* *2-No* *9-DK* ⇨Q.4	☐
3	*IF YES:* How many doses of tetanus toxoid (anti-tetanus injections) did you receive during your last pregnancy? *No. of doses* *99 -DK*	☐☐

How many TT doses were reported during last pregnancy in Q.3?
☐At least two TT injections during last pregnancy. ⇨ GO TO MATERNAL AND NEWBORN HEALTH MODULE
☐Fewer than two TT injections during last pregnancy. ⇨ CONTINUE WITH Q.4

4		Did you receive any tetanus toxoid injection (*ADDITIONAL PROBES*) at any time before your last pregnancy, including during a previous pregnancy or between pregnancies? *1-Yes* *2-No* *9-DK* ⇨Q.7	☐
5		*IF YES:* How many doses did you receive? *No. of doses*	☐☐
6	A	When was the last dose received? *Date of last dose /Month/Year /*	__/____
		DK date ⇨**Q.6B**	999999
	or B	How many years ago did you receive the last dose? *Years ago*	☐☐
7		Add responses to Q.3 and Q.5 to obtain total number of doses in lifetime. *Total no. of doses*	☐☐

MN . MATERNAL AND NEWBORN HEALTH MODULE

This module is to be administered to all women with a live birth in the year preceding date of interview.
Use Q.7 and Q.8 only in countries where a local term for night blindness exists.

1	In the first two months after your last birth, did you receive a vitamin A dose like this? *Show 200,000 IU capsule or dispenser.* *1 – Yes* *2 – No* *9 – DK*	
2	DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? *If yes:* WHOM DID YOU SEE? *Health professional:* *1-Doctor,* *2-Nurse/midwife* *3-Auxiliary midwife* *Other person* *4-Traditional birth attendant* *6-Other (specify)* *0- No one* Anyone else?	**1** **2** **3** **4** **6** **0**
3	Who assisted with the delivery of your last child (*OR NAME*)? *IF YES:* Health professional: 1-Doctor 2-Nurse/midwife 3-Auxiliary midwife Other person 4-Traditional birth attendant 5-Relative/friend 6-Other (*specify*) 0-No one Anyone else?	**1** **2** **3** **4** **5** **6** **0**

Cluster no.___ Household no. ___ Women line no. __

4	When your last child (*NAME*) was born, was he/she very large, larger than average, average, smaller than average, or very small? *Very large-1, Larger than average –2, Average – 3, Smaller than average - 4, Very small – 5, DK - 9*	☐
5	Was (*NAME*) weighed at birth? *1-Yes* *2-No* } ⇨*A.7* *9-DK*	☐
6	HOW MUCH DID (*name*) WEIGH? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. *1 - From card* *2 - From recall* *99999 – DK*	1. ____ gr 2. ____ gr 99999
7	When you were pregnant with your last child, did you have difficulty with your vision during the daylight? *1-Yes* *2-No* *9-DK*	☐
8	During that pregnancy, did you suffer from night blindness (***INSERT LOCAL TERM***)? *1-Yes* *2-No* *9-DK*	☐

CU . CONTRACEPTIVE USA MODULE

Ask Q.1 for all women age 15-49 and then follow the skip instruction carefully.
Questions on pregnancy and contraception are to be asked only of women who are currently married or in union

1	Are you currently married or living with a man? *1-Yes* *2-No, widowed, divorced, separated* } NEXT MODULE *3-No, never married*	☐
2	Now i am going to change topics. I would like to talk with you about another subject – family planning – and your reproductive health. I know this is a difficult subject to talk about, but it is important that we obtain this information. Of course, all the information you supply will remain strictly confidential. You will never be identified with the answers to these questions. Are you pregnant now? *1-Yes, currently pregnant* **=> *next module*** *2-No* *3-Unsure or DK*	☐
3	Some couples use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant? *1- Yes* 2- No ⇨ **next module**	☐
4	WHICH METHOD ARE YOU USING? *01-Female sterilization* *02-Male sterilization* *03-Pill* *04-IUD* *05-Injections* *06-Implants* *07-Condom* *08-Female condom* *09-Diaphragm* *10-Foam/jelly* *11-Lactational amenorrhoea method (LAM)* *12-Periodic abstinence* *13-Withdrawal* *14-Other (specify)*	01 02 03 04 05 06 07 08 09 10 11 12 13 14

HA . HIV/AIDS MODULE

This module is to be administered to all women age 15-49.
See Instructions for Interviewers for further discussion of these questions.

1	Now I would like to talk with you about what you know about serious illness, in particular, about HIV and AIDS. Have you ever heard of the virus HIV or an illness called AIDS? *1-Yes* *2-No* ⇨***Q.18***	☐

Cluster no.___ Household no. ___ Women line no. __

2	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS? *1-Yes* *2-No* *9-DK*	☐
3	Now I will read some questions about how people can protect themselves from the AIDS virus. Can people protect themselves from getting infected with the AIDS virus by having one uninfected sex partner who also has no other partners? *1-Yes* *2-No* 9-DK	☐
4	Do you think a person can get infected with the AIDS virus through supernatural means?** *1-Yes* *2-No* *9-DK*	☐
5	Can people protect themselves from the AIDS virus by using a condom correctly every time they have sex? *1-Yes* *2-No* *9-DK*	☐
6	Can a person get the AIDS virus from mosquito bites? *1-Yes* *2-No* *9-DK*	☐
7	Can people protect themselves from getting infected with the AIDS virus by not having sex at all? *1-Yes* *2-No* *9-DK*	☐
8	Is it possible for a healthy-looking person to have the AIDS virus? *1-Yes* *2-No* *9-DK*	☐
9	Can the AIDS virus be transmitted from a mother to a child? *1-Yes* *2-No* *9-DK* } **Q. 13**	☐
10	Can the AIDS virus be transmitted from a mother to a child during pregnancy? *1-Yes* *2-No* 9-DK	☐
11	Can the AIDS virus be transmitted from a mother to a child at delivery? *1-Yes* *2-No* *9-DK*	☐
12	Can the AIDS virus be transmitted from a mother to a child through breast milk? *1-Yes* *2-No* *9-DK*	☐
13	If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school? *1-Yes* *2-No* *9-DK*	☐
14	If you knew that a shopkeeper or food seller had AIDS or the virus that causes it, would you buy food from him or her? *1-Yes* *2-No* *9-DK*	☐
15	I am not going to ask you about your HIV status (USE TERM UNDERSTOOD LOCALLY), but we are interested to know how much demand there is in your community for HIV testing and counselling. So, I would like to ask you: I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes AIDS? *1-Yes* *2-No* ⇨**Q.17**	☐

16	I do not want you to tell me the results of the test, but have you been told the results? *1-Yes* *2-No*	☐
17	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus? *1-Yes* *2-No*	☐
18	Is the woman a caretaker of any children under five years of age? ☐ *Yes.* ⇨ *GO TO QUESTIONNAIRE FOR CHILDREN UNDER FIVE and administer one questionnaire for each child under five for whom she is the caretaker.* ☐ *No.* ⇨ *CONTINUE WITH Q.19*	
19	Does another eligible woman reside in the household? ☐ *Yes.* ⇨ *End the current interview by thanking the woman for her cooperation and* *GO TO QUESTIONNAIRE FOR INDIVIDUAL WOMEN* to administer the questionnaire to the next eligible woman. ☐ No. ⇨ End the interview with this woman by thanking her for her cooperation. *Gather together all questionnaires for this household and tally the number of interviews completed on the cover page*	
	VD . DEFICIENCY 'D ' VITAMIN MODULE	
	This module is to be administered to all women who had delivered in last two years See Instructions for Interviewers for further discussion of these questions.	
1	Did you have a deficiency vitamin "D"? *1-Yes* *2-No* *9-DK*	☐
2	Did you got vitamin D during the pregnant period? *1-Yes* *2-No* *9-DK*	☐
3	Did you delivered before the time *1-Yes* *2-No* *9-DK*	☐
4	Have you taken vitamin D from 2 months age? *1-Yes* *2-No* *9-DK*	☐
5	Did your child sleep badly or wince? (Q5-Q12 will ask mother/ caretaker who had child under 3 years) *1-Yes* *2-No* *9-DK*	☐
6	Is the babies fontanel big & adage soft? *1-Yes* *2-No* *9-DK*	☐
7	Have the teeth appeared in time? *1-Yes* *2-No* *9-DK*	☐
8	Is the baby bandy legged? *1-Yes* *2-No* *9-DK*	☐
9	Is the baby got narrow chest? *1-Yes* *2-No* *9-DK*	☐
10	Is the baby's back curved? *1-Yes* *2-No* *9-DK*	☐
11	Is baby stomach enlarged? *1-Yes* *2-No* *9-DK*	☐
12	Is baby head sweated ? *1-Yes* *2-No* *9-DK*	☐

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

This questionnaire is to be administered to all women who care for a child that lives with them. And is under the age of 5 years (see Q.4 of the HH listing).A separate form should be used for each eligible child. Questions should be administered to the mother or caretaker of the eligible child (see Q.7 of the HH listing). Fill in the line number of each child, the line number of the child's mother or caretaker, And the household and cluster numbers in the space at the top of each page.

Cluster no. _ _ _ **Household no.** _ _ _ _ **Caretaker Line no.** _ _ **Child Line no.** _ _

BR . BRITH REGISTRATION AND EARLY LEARNING MODULE

1	*Child's name.*	
2	Child's age (copy from Q.4 of HH listing). *Age (in completed years)*	☐☐
3	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY? *If the mother knows the exact birth date, also enter the day; otherwise, enter 99 for day.* *Date of birth / Day/Month/Year /*	_ _ / _ _ / _ _ _ _
4	DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT? If certificate is presented, verify reported birth date. If no birth certificate is presented, try to verify date using another document (health card, etc.). Correct stated age, if necessary. *1-Yes, seen* ⇨**Q.8** *2-Yes, not seen* *3-No* *9-DK*	☐
5	*IF NO BIRTH CERTIFICATE IS SHOWN, ASK*: Has (*NAME'S*) birth been registered? *1-Yes* ⇨**Q.8** *2-No* *9-DK* ⇨**Q.7**	☐
6	Why is (*NAME'S*) birth not registered? *Costs too much**-1, Must travel too far-2, Did not know it should be registered-3, Late, and did not want to pay fine-4 Does not know where to register-5,* *Other (specify)* _____ *6* *DK-9*	☐
7	Do you know how to register your child's birth? *1-Yes* *2-No* *8-No answer*	☐
8	*CHECK AGE. IF CHILD IS 3 YEARS OLD OR MORE, ASK*: Does (*NAME*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care? *1-Yes* *2-No* *9-DK* ⇨**NEXT MODULE**	☐
9	Within the last seven days, about how many hours did (*NAME*) attend? *Number of hours*	_ _ _

VA . VITAMIN "A" MODULE

1	HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser. *1-Yes* *2-No* *9-DK* ⇨**NEXT MODULE**	☐
2	How many months ago did (*NAME*) take the last dose? *Months ago* *DK-99*	☐☐
3	WHERE DID (*name*) GET THIS LAST DOSE? *On routine visit to health centre-1, Sick child visit to health centre-2,National Immunization Day campaign -3,* *Other (specify). 4, DK-9*	☐
4	DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE DAYTIME? *1-Yes* *2-No* *9-DK*	☐

Cluster no. ___ Household no. ____ Caretaker no. __ Child no. __

5	DOES YOUR CHILD HAVE ANY PROBLEM SEEING IN THE NIGHTTIME? *1-Yes* *2-No* *9-DK* ⇨Q.7	☐
6	Is this problem different from other children in your community? *1-Yes* *2-No* *9-DK*	☐
7	DOES YOUR CHILD HAVE NIGHT BLINDNESS? (*Use local term for night blindness.*) *1-Yes* *2-No* *9-DK*	☐

BF . BREASTFEEDING MODULE

1	HAS (*name*) EVER BEEN BREASTFED? *1-Yes* *2-No* *9-DK* ⇨Q.4	☐
2	Is he/she still being breastfed? *1-Yes* *2-No* *9-DK* ⇨Q.4	☐
3	SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	
	A VITAMIN, MINERAL SUPPLEMENTS ORMEDICINE? *Vitamin supplements: 1-Yes, 2-No, 9-DK*	☐
	B Plain water? *Plain water: 1-Yes, 2-No, 9-DK*	☐
	C Sweetened, flavoured water or fruit juice or tea or infusion? *Sweetened water or juice: 1-Yes, 2-No, 9-DK*	☐
	D Oral rehydration solution (ORS)? *ORS: 1-Yes, 2-No, 9-DK*	☐
	E Tinned, powdered or fresh milk or infant formula? *Milk: 1-Yes, 2-No, 9-DK*	☐
	F Any other liquids? *Other liquids (specify) . . . . . :1-Yes, 2-No, 9-DK*	☐
	G Solid or semi-solid (mushy) food? *Mushy food:1-Yes, 2-No, 9-DK*	☐
4	SINCE THIS TIME YESTERDAY, HAS (*name*) BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT? *1-Yes* *2-No* *9-DK*	☐

CI . CARE OF ILLNESS MODULE

1	HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *1-Yes* ⇨Q.3 *2-No* *9-DK*	☐
2	IN THE LAST TWO WEEKS, HAS (*name*) HAD ANY OTHER ILLNESS, SUCH AS COUGH OR FEVER, OR ANY OTHER HEALTH PROBLEM? *1-Yes* ⇨Q.4 *2-No* *9-DK* ⇨Q.11	☐
3	DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item.	
	A BREAST MILK? *BREAST MILK: 1-YES, 2-NO, 9-DK*	☐
	B CEREAL-BASED GRUEL OR GRUEL MADE FROM ROOTS OR SOUP? *GRUEL: 1-YES, 2-NO, 9-DK*	☐
	C yogurt drink *OTHER ACCEPTABLE : 1-YES, 2-NO, 9-DK*	☐
	D ORS PACKET SOLUTION? *ORS PACKET: 1-YES, 2-NO, 9-DK*	☐
	E OTHER MILK OR INFANT FORMULA? *OTHER MILK: 1-YES, 2-NO, 9-DK*	☐
	F WATER WITH FEEDING DURING SOME PART OF THE DAY? *WATER WITH FEEDING: 1-YES, 2-NO, 9-DK*	☐

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

	G	WATER ALONE? *WATER ALONE : 1-YES, 2-NO, 9-DK*	☐
	H	defined "unacceptable" fluids (e.g., cola, etc. (insert local names)) *UNACCEPTABLE FLUIDS: 1-YES, 2-NO, 9-DK*	☐
	I	NOTHING *NOTHING: 1-YES, 2-NO, 9-DK* ⇨**Q.5**	☐
4		DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL? *MUCH LESS OR NONE-1, ABOUT THE SAME (OR SOMEWHAT LESS)-2, MORE-3, DK-9*	☐
5		DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *If "less", probe:* MUCH LESS OR A LITTLE LESS? *NONE-1,MUCH LESS-2, SOMEWHAT LESS-3, ABOUT THE SAME-4, MORE-5, DK-9*	☐
6		HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? *1-Yes* *2-No* *9-DK* } **Q.11**	☐
7		WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING? *1-Yes* *2-No* *9-DK* } **Q.11**	☐
8		WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE? *Problem in chest-2,* *Both-3* *Blocked nose-1* *Other (specify)_____ 4* } **Q.11** *DK-9*	☐
9		DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME? *1-Yes* *2-No* *9-DK* } **Q.11**	☐

10	FROM WHERE DID YOU SEEK CARE? *01-Hospital* *02-Health center* *03-Dispensary* *04-Village health worker* *05-MCH clinic* *06-Mobile/outreach clinic* *07-Private physician* *08-Traditional healer* *09-Pharmacy or drug seller* *10-Relative or friend* *11-OTHER (SPECIFY)* . . . . . . ANY WHERE ELSE?	01 02 03 04 05 06 07 08 09 10 11
11	Ask this question (Q.11) only once for each caretaker. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do NOT prompt with any suggestions. *01-Child not able to drink or breastfeed* *02-Child becomes sicker* *03-Child develops a fever* *04-Child has fast breathing* *05-Child has difficult breathing* *06-Child has blood in stool* *07-Child is drinking poorly* *08-Other (specify)* _____ *09-Other (specify)* _____ *10- OTHER (SPECIFY)*	01 02 03 04 05 06 07 08 09 10

HB . HEPATITE "B" MODULE

1	DID YOUR BOY/ GIRLS SICK OR HAD A HIPATET? *1-Yes* *2-No* *9-DK* } ⇨ **next module**	☐
2	IF YES, HOW MANY YEARS AGO ? *HOW MANY YEARS AGO.*	☐☐

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

III.6 (IM) . IMMUNIZATION MODULE

If an immunization card is available, copy the dates in Qs.2-5 for each type of immunization recorded on the card. Qs.7-15 is for recording vaccinations that are not recorded on the card. Qs.7-15 will only be asked when a card is not available.

1 1. Is there a vaccination record for (*NAME*)?
1-Yes, seen
2-Yes, not seen
9-DK
} => **A.7** ☐

			Date of Immunisation		
	(a) *Copy dates of all vaccinations from the card.* (b) *Write '44' in day column if card shows that vaccination was given but no date recorded*		DAY	MONTH	YEAR
2		BCG	__ __	__ __	__ __ __ __
3	A	OPV0	__ __	__ __	__ __ __ __
	B	OPV1	__ __	__ __	__ __ __ __
	C	OPV2	__ __	__ __	__ __ __ __
	D	OPV3	__ __	__ __	__ __ __ __
4	A	DPT1	__ __	__ __	__ __ __ __
	B	DPT2	__ __	__ __	__ __ __ __
	C	DPT3	__ __	__ __	__ __ __ __
5	A	Measles	__ __	__ __	__ __ __ __
	B	Hepatite	__ __	__ __	__ __ __ __

6 IN ADDITION TO THE VACCINATIONS SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS - INCLUDING VACCINATIONS RECEIVED IN A NATIONAL IMMUNIZATION DAY?
Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, and/or Measles vaccine(s). Go to Q.15 after you finish
(Probe for vaccinations and write '66' in the corresponding day column on Q. 2 to Q. 5.) ☐

7 Has (*NAME*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign
1-Yes
2-No
9-Dk
} => **A.15** ☐

8 Has (*NAME*) ever been given a BCG vaccination against tuberculosis – that is, an injection in the left shoulder that caused a scar?
1-Yes
2-No
9-Dk ☐

9 Has (*NAME*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?
1-Yes
2-No
9-Dk
} => **A.12** ☐

10 How old was he/she when the first dose was given – just after birth or later?
1-Just after birth 2- later ☐

11 How many times has he/she been given these drops?
No. of times ☐☐

12 Has (name) ever been given a DPT vaccination – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, and diphtheria? (sometimes given at the same time as polio)
1-Yes
2-No
9-Dk
} => **A.14** ☐

13 How many times?
No. of times ☐

Cluster no. ___ Household no. ____ Caretaker Line no. __ Child Line no. __

14	Has (name) ever been given "vaccination injections" – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	☐
15	Please tell me if (name) has participated in any of the following national immunization days:	
	A *DATE/TYPE OF CAMPAIGN A:* *1-yes , 2-no, 9-DK*	☐
	B *DATE/TYPE OF CAMPAIGN B:* *1-yes , 2-no, 9-DK*	☐
	C *DATE/TYPE OF CAMPAIGN C:* *1-yes , 2-no, 9-DK*	☐

III.7 (AN) ANTHROPOMETRY MODULE

After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the HH listing before recording measurements.

1	*Child's weight. (kg)*	☐☐.☐
2	*Child's length or height.* Length (cm) Lying down Height (cm) Standing up	 __ __ . __ __ __ . __
3	*Measurer's identification code.*	☐☐☐
4	*Result.* Measured-1 Not present-2 Refused-3 Other (*specify*) _____ -4	☐
5	*Is there another child in the household who is eligible for measurement?* ☐ *Yes.* ⇨ *Record measurements for next child.* ☐ *No.* ⇨ *End the interview with this household by thanking all participants for their cooperation.*	