CHILD AND DEVELOPMENT SURVEY - 2005

ACCORDING TO THE MONGOLIAN STATE LAW "CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22 OF THE

HOUSEHOLD QUESTIONNAIRE

1. HH.HOUSEHOLD INFORMATION PANEL

HH1. Cluster number

HH2. Household number

HH3. Interviewer name and number

HH3A. Editor name and number

HH4. Supervisor name and number

HH5. Year/Month/Day of interview _____ / _____ / _____ (Year/Month/Day)

HH6. Location *

* Location code	Capital city	1
	Aimag centre	2
	Soum centre	3
	Countryside	4

HH7. Aimag/Capital city
HH7a. Soum/district
HH76. Bagh/khoroo
HH7в. Household address

HH8. Name of head of household

Questions HH9 - HH16 are to be filled after finished interviewing the household.

HH9. Result of HH interview:

Completed	1	Refused	3
Not at home	2	Household not found	4
		Other	6
		(specify)	

HH9A. Number of HH visits

HH10. Respondent's line number

HH11. Total number of HH members

HH12. Number of women eligible for interview

HH13. Number of women questionnaires completed

HH14. Number of children under 5 eligible for interview

HH15. Number of children under 5 questionnaires completed

HH16. Name and code of data entry clerk

Notes for the interviewer and team leader:

Following instructions to be used for filling "Household listing" module.

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? (These may include children in school or at work). If yes, complete listing.

Then, ask questions starting with HL4A for each person at a time.

"Do not know - 98" to be used only for elderly household members who are do not know exact age.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of 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 in the information panel of the Questionnaire for Children under five.

Codes for HL3:

Relationship to head of household:

Head	01	Parent	06	Grandparents	11
Wife or Husband	02	Parent-In-Law	07	Other Relative	13
Son or Daughter	03	Brother or Sister	08	Adopted/Foster/Stepchild	14
Son or Daughter In-Law	04	Brother or Sister-In-Law	09	Not Related	15
Grandchild	05	Uncle/Aunt	10	Don't know	98

In row "total" number of person administered relevant questions to be counted up.

2. HL. HOUSEHOLD LISTING FORM

	Name Tell the names starting from household head	What is relation-ship of (name) to the head of the house-hold?	Is (name) male or female? Male=1 Female=2	Year of birth	Record in comp-leted years DK=98*	Women's interview Circle Line no. if woman is age 15-49	Child labour module For each child age 5-17; Who is the mother or primary care-taker of this child? Record line no. of mother/ caretaker	For each child under 5: Who is the mother or primary caretaker of this child? Record line no.of mother/ caretaker	For children age 0-17 years			
									Is (name's) natural mother alive? Yes=1 No=2 DK=8 ⟶ HL11	If alive: Does (name's) natural mother live in this household? Record line no.of mother No= 00	Is (name's) natural father alive? Yes=1 No=2 DK=8 ⟶ Next line	If alive: Does (name's) natural father live in this household? Record line no.of father No= 00
HL1	HL2	HL3	HL4	HL4A	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12
01		__ __	1 2		__ __	01	__ __	__ __	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2		__ __	02	__ __	__ __	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2		__ __	03	__ __	__ __	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2		__ __	04	__ __	__ __	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2		__ __	05	__ __	__ __	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2		__ __	06	__ __	__ __	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2		__ __	07	__ __	__ __	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2		__ __	08	__ __	__ __	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2		__ __	09	__ __	__ __	1 2 8	__ __	1 2 8	__ __
10		__ __	1 2		__ __	10	__ __	__ __	1 2 8	__ __	1 2 8	__ __
11		__ __	1 2		__ __	11	__ __	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2		__ __	12	__ __	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2		__ __	13	__ __	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2		__ __	14	__ __	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2		__ __	15	__ __	__ __	1 2 8	__ __	1 2 8	__ __
						TOHL6	TOHL7	TOHL8	TOHL9 (No=2)		TOHL11 (No=2)	
	Total					☐☐	☐☐	☐☐	☐☐		☐☐	

3. ED. EDUCATION MODULE

<table>
<tr><th colspan="5"><i>For household members age 5 and above</i></th><th colspan="10"><i>For household members age 5-24 years</i></th></tr>
<tr>
<th></th>
<th>Has (name) ever attended school or preschool?

Yes=1
No=2 → Next line</th>
<th>What is the highest level of school (name) attended? What is the highest grade (name) completed at this level?

LEVEL:
Pre-school 0
General educational school 1
Vocational 2
Institute, college 3
University 4
Religious 5
Non-standard curriculum 6
Dk 8</th>
<th>GRADE:

DK - 98

If less than 1 grade, enter 00.</th>
<th>During the (2005-2006) school year, did (name) attend school or preschool at any time?

Yes=1
No=2 → ED7</th>
<th>Since last (day of the week), how many days did (name) attend school?

Insert number of days in space below.</th>
<th>During this/that school year, which level and grade is/was (name) attending?

Level:
Pre-school 0
General educational school 1
Vocational 2
Institute, college 3
University 4
Religious 5
Non standard curriculum 6
DK 8</th>
<th>Grade:

DK - 98

If less than 1 grade, enter 00.</th>
<th>Did (name) attend school or preschool at any time during the previous school year, that is (2004-2005)?

Yes=1
No=2 →
DK=8 → Next line</th>
<th>During that previous school year, which level and grade did (name) attend?

Level:
Pre-school 0
General educational school 1
Vocational 2
Institute, college 3
University 4
Religious 5
Non standard curriculum 6
DK 8</th>
<th>Grade:

DK - 98

If less than 1 grade, enter 00.</th>
</tr>
<tr>
<th>ED1</th>
<th>ED2</th>
<th colspan="2">ED3
Level</th>
<th>Grade</th>
<th>ED4</th>
<th>ED5</th>
<th>ED6
Level</th>
<th>Grade</th>
<th>ED7</th>
<th>ED8
Level</th>
<th>Grade</th>
</tr>
<tr><td>01</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>02</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>03</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>04</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
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<tr><td>06</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>07</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>08</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>09</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>10</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>11</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>12</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>13</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>14</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
<tr><td>15</td><td>1 2</td><td colspan="2">0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2</td><td>__</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td><td>1 2 8</td><td>0 1 2 3 4 5 6 8</td><td>__ __</td></tr>
</table>

4. WS. WATER AND SANITATION MODULE

No.	Questions	Answers' code		step	No.	Questions	Answers' code		step
WS1	What is the main source of drinking water for members of your household?	Piped water			**WS6**	What do you usually do to the water to make it safer to drink?	Boil	A	
		Piped into dwelling	11				Add bleach/chlorine	B	
		Piped into yard or plot	12	→**WS5**			Strain it through a cloth	C	
		Public tap/standpipe	13				Use water filter (ceramic, sand, composite, etc.)	D	
		Dug well					Other (*specify*)	X	
		Protected well	31				DK	Z	
		Unprotected well	32						
		Pumped well	39		**WS7**	What kind of toilet facility do members of your household usually use?	Flush / pour flush		
		Water from spring					Flush to piped sewer system	11	
		Protected spring	41				Flush to septic tank	12	
		Unprotected spring	42				Flush to pit (latrine)	13	
		Rain/snow water collection	51				DK	15	
		Tanker-truck	61						
		Surface water (river, stream, dam, lake, pond)	81				Ventilated Improved Pit latrine	21	
							Pit latrine with slab	22	
		Other (*specify*)	96				Pit latrine without slab / open pit	23	
WS3	How long does it take to go there, get water, and come back?	No. of minutes	☐☐☐				Bucket	41	
							Hanging toilet/hanging latrine	51	
		DK	998				No facilities or bush or field	95	→**Module HC**
							Other (*specify*)	96	
WS4	Who usually goes to this source to fetch the water for your household? Probe: Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman	1						
		Adult man	2		**WS8**	Do you share this facility with other households?	Yes	1	
		Female child (under 15)	3				No	2	→**Module HC**
		Male child (under 15)	4						
		DK	8						
WS5	Do you treat your water in any way to make it safer to drink?	Yes	1		**WS9**	How many households in total use this toilet facility?	No. of households (if less than 10) ☐☐		
		No	2						
		DK	8	→**WS7**			Ten or more households	10	
							DK	98	

5. HC. HOUSEHOLD CHARACTERISTICS MODULE

No.	Questions	Answers' code	step	No.	Questions	Answers' code	step
HC1A	What is the religion of the head of this household?	Buddhism .... 1 Islam .... 2 Christianity .... 3 Other religion (*specify*) 6 No religion 7		HC3	Main material of the dwelling floor: Record observation.	Natural floor Earth/sand .... 11 Dung .... 12 Rudimentary floor Wood planks .... 21 bamboo .... 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Brick .... 33 Cement .... 34 Other (*specify*) 96	
HC1B	What is the mother tongue/native language of the head of this household?	Mongolian .... 1 Kazakh .... 2 Russian .... 3 Chinese .... 4 Other language (*specify*) 6					
				HC4	Main material of the roof. Record observation.	Rudimentary Roofing Rustic mat .... 21 Palm/bamboo .... 22 Wood planks .... 23 Finished roofing Metal .... 31 Wood .... 32 Calamine/cement fiber 33 Ceramic tiles .... 34 Cement .... 35 Other (*specify*) 96 Ger roof Single .... 41 Double 42	
HC1C	To what ethnic group does the head of this household belong? Khalkha-01, Kazakh-02, Derved -03, Bayad-04, Buriad-05, Dariganga-06, Zahchin -07, Urianhai-08, Other-96	.... ☐☐					
HC1D	Types of your dwelling	Apartment .... 1 House .... 2 Dormitory .... 3 Ger .... 4 → HC2A Other 6	→HC2A	HC5	Main material of the walls. Record observation.	Rudimentary walls Bamboo with mud .... 21 Stone with mud .... 22 Plywood .... 24 Reused wood .... 26 Finished walls Cement .... 31 Stone with lime/cement 32 Bricks .... 33 Cement blocks .... 34 Wood planks/shingles 36 Other (*specify*) .... 96 Ger walls Single .... 41 Double 42	
HC1F	The size of your dwelling living area(sq.m)	— — — . —					
HC1G	The number of rooms	☐☐					
HC2	How many rooms in this household are used for sleeping?	☐☐ → HC3	→ HC3				
HC2A	No. of ger wall	☐☐					

5. HC. HOUSEHOLD CHARACTERISTICS MODULE, continue

No.	Questions	Answers' code		step
HC5A	Ownership of dwelling	Own	1	
		Others'	2	
HC6	What type of fuel does your household mainly use for cooking?	Electricity	01	HC8
		Liquid Propane Gas (LPG)	02	
		Natural gas	03	
		Biogas	04	
		Coal / Lignite	06	
		Briquette	07	
		Wood	08	
		Straw/shrubs/grass	09	
		Animal dung	10	
		Agricultural crop residue	11	
		Saw dust	12	
		Other (specify)	96	
HC7	In this household, is food cooked on an open fire, an open stove or a closed stove? Probe for type.	Open fire	1	
		Stove	3	
		Other (specify)	6	
HC8	Is the cooking usually done in the house, in a separate building, or outdoors?	In the house/ger	1	
		In a separate building/ger	2	
		Other (specify)	6	

No.	Questions	Answers' code	Yes	No	step
HC9	Does your household have:		Yes	No	
		Electricity	1	2	
		Radio	1	2	
		Television	1	2	
		Computer	1	2	
		Mobile Telephone	1	2	
		Non-Mobile Telephone	1	2	
		Refrigerator	1	2	
HC10	Does any member of your household own:		Yes	No	
		Watch	1	2	
		Bicycle	1	2	
		Motorcycle/Scooter	1	2	
		Animal drawn-cart	1	2	
		Tractor	1	2	
		Car/Truck	1	2	
		Boat with motor	1	2	

5. HC. HOUSEHOLD CHARACTERISTICS MODULE, continue

No.	Questions	Answers' code	step
HC11	Does any member of this household own any land that can be used for agriculture?	Yes --------------------------------- 1 No ---------------------------------- 2 →	**HC13**
HC12	How many hectares of agricultural land do members of this household own?	Sq.m 1. ☐☐☐☐ Hectares 2. ☐☐☐	
HC13	Does this household own any livestock, herds, or farm animals?	Yes --------------------------------- 1 No ---------------------------------- 2 →	**Module CL**

HC14	How many of the following animals does this household have?
	
	If none, record '00'.
	If more than 997, record '997'.
	If unknown, record '998'.
		Cattle ----------------- ☐☐☐
		
		      cows ----------- ☐☐☐
		      bulls ----------- ☐☐☐
		
		Horses ----------------- ☐☐☐
		
		Goats ------------------ ☐☐☐
		
		Sheep ------------------ ☐☐☐
		
		Camels ----------------- ☐☐☐
		
		Chickens --------------- ☐☐☐
		
		Pigs -------------------- ☐☐☐
		
		Other ------------------ ☐☐☐	

6. CL. CHILD LABOUR MODULE

To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.

CL1	CL3 During the past week, did (name) do any kind of work for someone who is not a member of this household? yes, for pay (cash or kind) = 1 yes, unpaid = 2 no = 3 →CL5	CL4 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 jobs. → CL6	CL5 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 in cash or kind? yes, for pay (cash or kind) = 1 yes, unpaid = 2 no = 3	CL6 During the past week, did (name) help with household chores such as prepare food, shopping, collecting firewood, cleaning, fetching water, or caring for children? Yes=1 No=2 → CL8	CL7 Since last (day of the week), about how many hours did he/she spend doing these chores?	CL8 During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) Yes=1 No=2 → Next line	CL9 Since last (day of the week), about how many hours did he/she do this work?	CL10 Types of family business: Production 1 Animal husbandry 2 Agriculture 3 Trade 4 Service 5 Other 6
01	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
02	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
03	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
04	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
05	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
06	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
07	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
08	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
09	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
10	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
11	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
12	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
13	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
14	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__
15	1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __	__

7. CD. CHILD DISCIPLINE AND BEHAVIOR

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE
AND BEHAVIOR QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1).
Record the line number, name, sex, age, and the line number of the mother or caretaker for each child.
Then record the total number of children aged 2-14 in the box provided (CD7)

	Line no. (HL1)	Name (HL2)	Sex (HL4) Male=1 Female=2	Age (HL5)	Line no. of mother/caretaker (HL7, HL8)
CD1	**CD2**	**CD3**	**CD4**	**CD5**	**CD6**
01	— —		1 2	— —	— —
02	— —		1 2	— —	— —
03	— —		1 2	— —	— —
04	— —		1 2	— —	— —
05	— —		1 2	— —	— —
06	— —		1 2	— —	— —
07	— —		1 2	— —	— —
08	— —		1 2	— —	— —
CD7	TOTAL CHILDREN AGED 2-14 YEARS				————

If there is only one child age 2-14 years in the household ⟶ **CD11**

**TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE
AND BEHAVIOR QUESTION**

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD 11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8 Last digit of the household questionnaire number	**TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD**							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8+**
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9 Record the rank number of the selected child from table 2 above

Rank number of child ————

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (name). All adults use certain ways to teach children the right behavior or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (name) in th past month.

Now we will discuss about (name)'s development and behaviour. (CD14-CD31)

No.	Questions	Answers' code
CD11	Write name and line no. of the child selected for the module from CD3 and line number (CD2=HL1), based on the rank number in CD9.	Name .... Line number .... ☐☐
CD12B	Explained why something (the behavior) was wrong.	Yes .... 1 No 2
CD12D	Shouted, yelled at or screamed at him/her.	Yes .... 1 No 2
CD12E	Gave him/her something else to do.	Yes .... 1 No 2
CD12H	Called him/her dumb, lazy, or another name like that.	Yes .... 1 No 2
CD12K	Beat him/her up	Yes .... 1 No 2
CD13	Do you believe that in order to bring up (raise, educate) (name) properly, you need to physically punish him/her?	Yes .... 1 No .... 2 DK 8

No.	Questions	Answers' code	
CD14	Who cares of his/her development and discipline?	Mother .... 1 Father .... 2 Grandparents .... 3 Brother/Sister .... 4 Other(specify) 6	
CD15	Have you obtained any information on his/her development and discipline in the last month?	Yes .... 1 No (Haven't searched) .... 2 Although I wanted, information was not available 3	**CD17**
CD16	Where do you get information on child development and discipline?	Mass media .... 1 His/her teacher .... 2 Other (specify) 6	
CD17	How often do you listen to his/her demand?	Often .... 1 Occasionally .... 2 Hardly .... 3 Never 4	
CD18	Do you ask about his/her interest?	Often .... 1 Occasionally .... 2 Hardly .... 3 Never 4	
CD19	How often do you praise him/her?	Often .... 1 Occasionally .... 2 Hardly .... 3 Never 4	

No.	Questions	Answers' code		No.	Questions	Answers' code	
CD20	Do you buy him/her toys?	Yes 1 No (due to financial problems) 2 Other (specify) 6		CD26	Does he/she brush his/her teeth in the morning?	Yes, always 1 Occasionally 2 No 3	
CD21	Do you provide him/her with drawing materials?	Yes 1 No (due to financial problems) 2 Other (specify) 6		CD27	Does he/she wash his/her hands before dining?	Yes, always 1 Occasionally 2 No 3	
CD22	Has he/she had an accident in the last month?	Yes 1 No 2 →CD24		CD28	Does he/she wash his/her hands after using toilet?	Yes, always 1 Occasionally 2 No 3	
CD23	Accidents resulted from	Burning 1 Hitting by or falling from an animal 2 Falling from other things 3 Caused by knife or sharp things 4 Hitting by someone 5 Other (specify) 6		CD29	Does he/she bath regularly?	Yes, always 1 Occasionally 2 No 3	
CD24	Does he/she feed regularly?	Yes, always 1 Occasionally 2 No 3		CD30	Does he/she brush his/her teeth before he/she goes to bed?	Yes, always 1 Occasionally 2 No 3	
CD25	Does he/she sleep at regular time?	Yes, always 1 Occasionally 2 No 3		CD31	Does he/she properly dress for weather?	Yes, always 1 Occasionally 2 No 3	

8. DA. DISABILITY MODULE

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank.
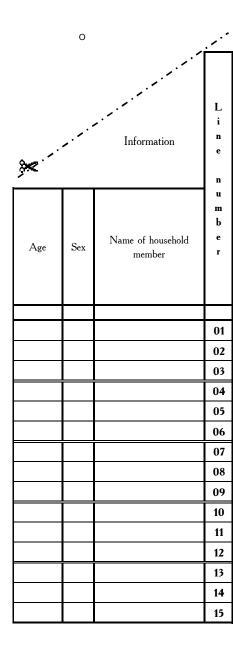
DA1	DA3 Compared with other children, does or did (name) have any serious delay in sitting, standing, or walking? Yes=1 No=2		DA4 Compared with other children, does (name) have difficulty seeing, either in the daytime or at night? Yes=1 No=2		DA5 Does (name) appear to have difficulty hearing? (Uses hearing aid, hears with difficulty, completely deaf?) Yes=1 No=2		DA6 When you tell (name) to do something, does he/she seem to understand what you are saying? Yes=1 No=2		DA7 Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs? Yes=1 No=2		DA8 Does (name) something have fits, become rigid, or lose conclous-ness? Yes=1 No=2		DA9 Does (name) learn to do things like other children his/her age? Yes=1 No=2		DA10 Does (name) speak at all (can he/she make him or herself understood in words; can say any recognizable words? Yes=1 No=2		DA11 (For 3-9 year olds): Is (name)'s speech in any way different from normal (not clear enough to understand for people other than the family)? Yes=1 No=2		DA12 (For 2 year olds): Can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)? Yes=1 No=2		DA13 Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow? Yes=1 No=2	
01	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
02	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
03	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
04	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
05	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
06	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
07	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
08	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
09	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
10	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
11	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
12	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
13	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
14	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
15	1	2	1	2	1	2	1		1	2	1	2	1	2	1	2	1	2	1	2	1	2

9. IH. HOUSEHOLD INCOME, in tugrug

No.	Items	In last month	In last 12 months
A	B	1	2
	1. SALARY, WAGES, PENSION, and ALLOWANCES		
101	Salary, in cash		
102	Remuneration, non-cash		
103	Pension		
104	Compensation		
105	Allowance		
106	Child allowance		
199	SUB TOTAL		
	2. INCOME DERIVED FROM HOUSEHOLD PRODUCTION AND SERVICES		
201	Animal husbandry		
202	Agriculture		
203	Other production and services		
299	SUB TOTAL		
	3. OTHER INCOME		
301	Sale of real estate		
302	Stock share dividends		
303	Premise rent, property leasing		
304	Intellectual property, patent, copyright		
305	Deposit withdrawal, repayment of money borrowed to others		
306	Interests from deposit and money borrowed to others		
307	Gifts and assistance from others		
308	Bonus, prize		
309	Non-production credit		
310	Other sources		
399	SUB TOTAL		
499	TOTAL		

10. SI. SALT IODIZATION MODULE

No.	Questions	Answers' code	Step
SI1	We would like to check whether the salt used in your household is iodized.	Not iodized .... 1 Iodized .... 4 No salt in home .... 6 Salt not tested .... 7 Sample of salt is taken to laboratory 8	
SI1A	What kind of salt do your family use?	Imported salt .... 1 Local salt 2	
SI1B	Have you heard about the enriched flour?	Yes .... 1 No .... 2 ⟶	SI2
SI1C	Have your family use the enriched flour?	Yes, always .... 1 Occasionally .... 2 No .... 3 DK 8	
SI2	*Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6.*	Yes .... 1 ⟶ No 2	Questionnaire for individual women
SI3	*Does any child under the age of 5 reside in the household? Check household listing, column HL8*	Yes .... 1 ⟶ No .... 2 ⟶	Questionnaire for children under five The end

Age	Sex	Name of household member	Line number
			01
			02
			03
			04
			05
			06
			07
			08
			09
			10
			11
			12
			13
			14
			15

Information

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
1.WM. WOMEN'S INFORMATION PANEL

No.	Questions	Answers' code	step
	This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman. Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.		
WM1	Cluster number:		
WM2	Household number:		
WM3	Woman's Name:		
WM4	Woman's Line Number:		
WM5	Interviewer name and number:		
WM6	Day/Month/Year of interview:	_____ / _____ / _____ (Year/Month/Day)	
WM7	Result of women's interview	Completed .... 1 Not at home .... 2 Refused .... 3 Partly completed .... 4 Incapacitated .... 5 Other (specify) 6	
WM8	In what month and year were you born?	Year DK .... 9998 Month DK 98	→ WM9
WM9	How old were you at your last birthday?	Age (in completed years) DK 98	
WM10	Have you ever attended school?	Yes .... 1 No 2	→ WM14
WM11	What is the highest level of school you attended: primary, secondary, or higher?	General educational school ...... 1 Vocational .... 2 Institute, college .... 3 University .... 4 Religious school .... 5 Non-standard curriculum .... 6 DK 8	
WM12	What is the highest grade you completed at that level?	Grade	
WM13	**Check WM11:** Completed general educational school grade 5-10 or higher.	Yes .... 1 No 2	→ CM1
WM14	Now I would like you to read this sentence to me. Show sentences to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me? Example sentences for literacy test: 1. The child is reading a book 2. The rains came late this year. 3. Parents must care for their children 4. Farming is hard work.	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/mute, visually/speech impaired ... 5	

2. CM. CHILD MORTALITY MODULE

No.	Questions	Answers' code	step
	This module is to be administered to all women age 15-49. All questions refer only to LIVE births.		
CM1	Now i would like to ask about all the births you have had during your life. Have you ever given birth?	Yes .... 1 No .... 2 →	**Module MA**
CM2a	What was the date of your first birth?	Date of first birth Year ☐☐☐☐ DK .... 9998 → Month ☐☐ DK .... 998 Day ☐☐ DK .... 98 →	**CM2b** **CM3**
CM2b	How many years ago did you have your first birth?	Completed years since first birth ☐☐	
CM3	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes .... 1 No .... 2 →	**CM5**
CM4	How many sons live with you? How many daughters live with you?	Sons at home ☐☐ Daughters at home ☐☐	
CM5	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes .... 1 No .... 2 →	**CM7**
CM6	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere ☐☐ Daughters elsewhere ☐☐	
CM7	Have you ever given birth to a boy or girl who was born alive but later died?	Yes .... 1 No .... 2 →	**CM9**
CM8	How many boys have died? How many girls have died?	Boys dead ☐☐ Girls dead ☐☐	
CM9	Sum answers to CM4, CM6, and CM8.	**Sum** ☐☐	
CM10	Just to make sure that I have this right, you have had in total (total number) births during your life. Is this correct?	Yes .... 1 No .... 2 →	Check answer
CM11	Of these (*total number*) births you have had, when did you deliver the last one (even if he or she has died)? If day is not known, enter '98' in space for day.	_____ / _____ / _____ (Year/Month/Day)	
CM12	**Check CM11:** Did the woman's last birth occur within the last 2 years, that is, after the day ... month ..., 2003. /If child has died, take special care when referring to this child by name in the following modules/	No live birth in last 2 years. .... 1 → Yes, live birth in last 2 years. 2	**Module MA**
CM13	At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then .... 1 Later .... 2 No more 3	

3. MN. MATERNAL AND NEWBORN HEALTH MODULE

No.	Questions	Answers' code	step
	This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
	Check child mortality module CM12 and record name of last-born child here (Use this child's name in the following questions, where indicated)	/Name of child/	
MN1	In the first two months after your last birth [the birth of name], did you receive a Vitamin A dose like this? Show 200,000 IU capsule or dispenser.	Yes .... 1 No .... 2 DK 8	
MN2	Did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person seen and circle all answers given.	Health professional: Doctor .... A Nurse/midwife .... B Feldshers .... C Other person: Traditional birth attendant .... F Community health worker .... G Relative/friend .... H Other (specify) .... X No one .... Y ⟶ **MN7**	
MN3	As part of your antenatal care, were any of the following done at least once?	Yes No Were you weighed? .... 1 2 Was your blood pressure measured ..... 1 2 Did you give a urine sample? .... 1 2 Did you give a blood sample? 1 2	
MN4	During any of the antenatal visits for the pregnancy , were you given any information or counseled about AIDS or the HIV?	Yes .... 1 No .... 2 DK 8	
MN5	I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes .... 1 No .... 2 ⟶ DK .... 8 ⟶ **MN7**	
MN6	I don't want to know the results, but did you get the results of the test?	Yes .... 1 No .... 2 DK 8	
MN7	Who assisted with the delivery of your last child (name)? Anyone else? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor .... A Nurse/midwife .... B Feldshers .... C Other person: Traditional birth attendant .... F Community health worker .... G Relative/friend .... H Other (specify) X	

No.	Questions	Answers' code	step
MN8	Where did you give birth to (*name*)? If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Home Your home .... 11 Other's home .... 12 Public sector Govt. hospital .... 21 Maternity home .... 22 Private Medical Sector Hospital .... 31 Maternity home .... 32 Other (*specify*) 96	
MN9	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 8	
MN10	Was (*name*) weighed at birth?	Yes .... 1 No .... 2 DK 8	→ **MN12**
MN11	How much did (*name*) weigh? Record weight from recall, if health card not available.	From card .... 1. __ . __ __ __ kg From recall .... 2. __ . __ __ __ kg DK 99998	
MN12	Did you ever breastfeed (*name*)?	Yes .... 1 No 2	**Module** → **MA**
MN13	How long after birth did you first put (name) to the breast? If immediately, record '000' If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days	Immediately .... 000 Hours .... 1. [__][__] Day .... 2. [__][__] Don't know/remember 998	
MN13B	How long had you breastfed exclusively (*name*)? (Without any water, juice, tea etc.)	Months .... [__][__]	

4

4. MA.MARRIAGE/UNION MODULE

No.	Questions	Answers' code	step
MA1	Are you currently married or living together with a man as if married?	Yes, officially married .... 1 Yes, unofficially married .... 2 No, not in union .... 3 →	MA3
MA2	How old was your husband/partner on his last birthday?	Age in years ☐☐ DK .... 98 →	MA5
MA3	Have you ever been married or lived together with a man?	Yes, formerly married .... 1 Yes, formerly lived with a man .... 2 No .... 3 →	MA8a
MA4	What is your marital status now: are you widowed, divorced or separated?	Widowed .... 1 Divorced .... 2 Separated 3	
MA5	Have you been married or lived with a man only once or more than once?	Only once .... 1 More than once 2	
MA6	In what month and year did you first marry or start living with a man as if married?	Year ☐☐☐☐ DK .... 9998 Month ☐☐ DK 98	
MA7	**Check MA6**	Both month and year of marriage/union known? → Either month or year of marriage/union not known?	MA8a
MA8	How old were you when you started living with your first husband/partner?	Age in years ☐☐	
MA8a	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse .... 00 → Age in years ☐☐	Module DV

5. CP. CONTRACEPTION MODULE

No.	Questions	Answers' code	step
	I would like to talk with you about another subject - family planning - and your reproductive health.		
CP1	Are you pregnant now?	Yes .... 1 No .... 2 DK .... 8 →	CP2
CP1a	Did you want this pregnancy?	Yes .... 1 Planned later .... 2 No .... 3 →	CP4B
CP2	Some people 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?	Yes .... 1 No .... 2 →	CP4A
CP3	Which method are you using? Do not prompt. If more than one method is mentioned, **circle each one.**	Female sterilization .... A Male sterilization .... B Pill .... C Implants .... D Injections .... E IUD .... F Male condom .... G Female condom .... H Diaphragm .... I Foam/jelly .... J Lactational amenorrhoea method (LAM) ... K Periodic abstinence .... L Withdrawal .... M Other (*specify*) X	

5. CP. CONTRACEPTION MODULE, CONTINUE

No.	Questions	Answers' code	step
CP4	A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? B. If currently pregnant: AFTER THE CHILD you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?	Have (a/another) child .... 1 No more/none .... 2 Says she cannot get pregnant .... 3 Undecided/don't know 8	→ **CP4D** **Module DV** → **CP4D**
CP4C	How long would you like to wait before the birth of (a/another) child? (If Years are given then circle 1 and write years If Months are given then circle 2 and write months)	Years .... 1 _ _ Months .... 2 _ _ Soon/now .... 993 Says she cannot get pregnant .... 994 After marriage .... 995 Other .... 996 Don't know 998	→ **Module DV**
CP4D	*Check CP1:* Currently pregnant	Yes .... 1 No .... 2 DK 8	→ **Module** → **CP4E**
CP4E	Do you think you are physically able to get pregnant at this time?	Yes .... 1 No .... 2 DK 8	

6. DV. ATTITUDES TOWARD DOMESTIC VIOLENCE

No.	Questions	Answers' code			step
			Yes	No	DK	
DV1	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	1A. Goes out without telling	1	2	8	
		1B. Neglects children	1	2	8	
		1C. Argues	1	2	8	
		1D. Refuses sex	1	2	8	
		1E. Burns food	1	2	8	

7. HA. HIV/AIDS MODULE

No.	Questions	Answers' code	step
HA1	Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes .... 1 No 2	→ **HA19**
HA2	Can people protect themselves from getting infected with the HIV by having one sex partner who is not infected and also has no other partners?	Yes .... 1 No .... 2 DK 8	
HA3	Can people get infected with the HIV because of witchcraft or other supernatural means?	Yes .... 1 No .... 2 DK 8	
HA4	Can people reduce their chance of getting the HIV by using a condom every time they have sex?	Yes .... 1 No .... 2 DK 8	
HA5	Can people get the HIV from mosquito bites?	Yes .... 1 No .... 2 DK 8	
HA6	Can people reduce their chance of getting infected with the HIV by not having sex at all?	Yes .... 1 No .... 2 DK 8	
HA7	Can people get the HIV by sharing food with a person who has AIDS?	Yes .... 1 No .... 2 DK 8	

No.	Questions	Answers' code	step
HA7a	Can people get the HIV by getting injections with a needle that was already used by someone else?	Yes .... 1 No .... 2 DK 8	
HA8	Is it possible for a healthy-looking person to have the HIV?	Yes .... 1 No .... 2 DK 8	
HA9	Can the HIV be transmitted from a mother to a baby?	Yes No DK During pregnancy .... 1 2 8 During delivery .... 1 2 8 By breastfeeding 1 2 8	
HA10	If a female teacher has the HIV but is not sick, should she be allowed to continue teaching in school?	Yes .... 1 No .... 2 DK/not sure/depends 8	
HA11	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV?	Yes .... 1 No .... 2 DK/not sure/depends 8	
HA12	If a member of your family became infected with the HIV, would you want it to remain a secret?	Yes .... 1 No .... 2 DK/not sure/depends 8	
HA13	If a member of your family became sick with the HIV, would you be willing to care for him or her in your household?	Yes .... 1 No .... 2 DK/not sure/depends 8	
HA14	**Check MN5: Tested for HIV during antenatal care?**	Yes .... 1 → No .... 2 DK 8	**HA18**
HA15	I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes aids?	Yes .... 1 No .... 2 →	**HA18**
HA16	I do not want you to tell me the results of the test, but have you been told the results?	Yes .... 1 No 2	
HA17	Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test .... 1 Offered and accepted .... 2 Required .... 3 →	**HA19**
HA18	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes .... 1 No 2	
HA19	**Check HL 6.** Is there another eligible woman in the household? ☐ **Yes** ⟶ **Go to Women's questionnaire** ☐ **No** ⟶ **Go to Under 5 Child questionnaire**		

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

1. UF. UNDER-FIVE CHILD INFORMATION PANEL

No.	Questions	Answers' code	step
	This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) *who care a child that lives with them and is under the age of 5 years (see household listing, column HL5).* A separate questionnaire should be used for each eligible child Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.		
UF1	Cluster number:	.... ☐☐☐	
UF2	Household number:	.... ☐☐	
UF3	Child's Name:	....	
UF4	Child's Line Number:	.... ☐☐	
UF5	Mother's/Caretaker's Name:	....	
UF6	Mother's/Caretaker's Line Number:	.... ☐☐	
UF7	Interviewer name and number:	.... ☐☐	
UF8	Day/Month/Year of interview:	............./........../....../Year/Month/Date/.........	
UF9	Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed .... 1 Not at home .... 2 Refused .... 3 Partly completed .... 4 Incapacitated .... 5 Other (specify) 6	
	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.		
UF10	In what month and year was (*name*) born? If the mother/caretaker knows the exact birth date also enter the day; otherwise, circle 98 for day.	Year ☐☐☐☐ DK year .... 9998 → UF11 Month ☐☐ DK month .... 98 Day ☐☐ DK day 98	
UF11	How old was (*name*) at his/her last birthday?	Age in completed years ☐☐	

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

No.	Questions	Answers' code	step
BR1	Does (*name*) have a birth certificate? May I see it?	Yes, seen .... 1 → BR5 Yes, not seen .... 2 No .... 3 DK 8	BR5
BR2	Has (*name's*) birth been registered with the civil registraion and information office?	Yes .... 1 → BR5 No .... 2 DK .... 8 → BR4	BR5 BR4
BR3	Why is (*name's*) birth not registered?	Costs too much .... 1 Must travel too far .... 2 Did not know it should be registered .... 3 Did not want to pay fine .... 4 Does not know where to register .... 5 Other (*specify*) .... 6 DK 8	

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

No.	Questions	Answers' code	step
BR4	Do you know how to register your child's birth?	Yes .... 1 No 2	
BR5	Check age of child in UF11: Child is 3 or 4 years old?	Yes .... 1 No .... 2 →	**BR8**
BR6	Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility,including kindergarten or community child care?	Yes .... 1 No .... 2 DK .... 8 →	**BR8**
BR7	Within the last seven days, about how many hours did (name) attend?	No. of hours .... ☐☐	
BR8	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (*name*): *Circle all that apply.*		
BR8a	Read books or look at picture books with (*name*)?	Mother Father Other No one Books .... A .... B .... X .... Y	
BR8b	Tell stories to (*name*)?	Mother Father Other No one Stories .... A .... B .... X .... Y	
BR8c	Sing songs with (*name*)?	Mother Father Other No one Songs .... A .... B .... X .... Y	
BR8d	Take (*name*) outside the home, compound, yard or enclosure?	Mother Father Other No one Take outside ... A .... B .... X .... Y	
BR8e	Play with (*name*)?	Mother Father Other No one Play with .... A .... B .... X .... Y	
BR8f	Spend time with (*name*) naming, counting, and/or drawing things?	Mother Father Other No one Spend time with ... A .... B .... X .... Y	

3. CE. CHILD DEVELOPMENT

No.	Questions	Answers' code	step
	Question CE1 is to be administered only once to each caretaker		
CE1	How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books If 'none' enter 00	Number of non-children's books Less than 10 .... 0 Ten or more non-children's books 10	
CE2	How many children's books or picture books do you have for (name)? If 'none' enter 00	Number of children's books Less than 10 .... 0 Ten or more books 10	
CE3	What does (name) play with when he/she is at home ?	Household objects (bowls, plates, cups, pots) .... A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) .. B Homemade toys (dolls, cars and other toys made at home) .... C Toys that came from a store .... D No playthings mentioned .... Y	
CE4	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others. since last (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times ☐☐	
CE5	In the past week, how many times was (name) left alone? If 'none' enter 00	Number of times ☐☐	

4. VA. VITAMIN A MODULE

No.	Questions	Answers' code	step
VA1	Has (name) ever received a vitamin A capsule (supplement) like this one? Show capsule or dispenser for different doses — *100.000 IU for those 6-11 months old,* *200,000 IU for those 12-59 months old.*	Yes .... 1 No .... 2 DK 8	Module BF
VA2	How many months ago did (name) take the last dose?	Months ago ☐☐ DK 98	
VA3	Where did (name) get this last dose?	On routine visit to health facility ..... 1 Sick child visit to health facility ...... 2 National Immunization Day campaign ... 3 At home .... 4 Other (specify) .... 6 DK 8	

5. BF. BREASTFEEDING MODULE

No.	Questions	Answers' code	step
BF1	Has (name) ever been breastfed?	Yes .... 1 No .... 2 DK .... 8 → **BF3**	
BF2	Is he/she still being breastfed?	Yes .... 1 No .... 2 DK 8	
BF3	Since this time yesterday, did he/she receive any of the following: *Read each item aloud and record response before proceeding to the next item*	Yes No DK A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk, milk products 1 2 8 G. Other liquids 1 2 8 H. Solid or semi-solid food 1 2 8	
BF4	Check BF3H: Child received solid or semi-solid (mushy) food?	Yes .... 1 No .... 2 DK .... 8 → **Module CA**	
BF5	Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids? If 7 or more times, record '7'.	No. of times ☐ DK 8	

6. CA. CARE OF ILLNESS MODULE

No.	Questions	Answers' code	step
CA1	Has (*name*) had diarrhoea in the last two weeks, that is, since (*day of the week*) of the week before last? *Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool*	Yes .... 1 No .... 2 DK .... 8 → **CA 5**	
CA2	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.*	Yes No DK A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid 1 2 8	
CA3	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 8	
CA4	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 8	

No.	Questions	Answers' code	step
CA4A	**Check CA2A: ORS packet used?**	Yes .... 1 No .... 2 DK 8	**CA5**

CA4B	Where did you get the *(local name for ORS packet from CA2A)*?	Public sector
		    Govt. hospital 11
		    Govt. health centre 12
		    Family clinic 13
		    Soum/bagh health worker 14
		    Mobile clinic 15
		    Other public *(specify)* 16
		Private medical sector
		    Private hospital/clinic 21
		    Private physician 22
		    Private pharmacy 23
		    Mobile clinic 24
		    Other *(specify)* 26
		Other source
		    Relative or friend 31
		    Traditional practitioner 33
		Other *(specify)* 96
		DK 98	

CA4C	How much did you pay for the *(local name for ORS packet from CA2A)*?	Tugrug ⬚⬚⬚⬚ Free .... 9996 DK 9998	
CA5	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?	Yes .... 1 No .... 2 DK 8	**CA12**
CA6	When *(name)* had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes .... 1 No .... 2 DK 8	**CA12**
CA7	Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest .... 1 Blocked nose .... 2 Both .... 3 Other *(specify)* .... 6 DK 8	**CA12** **CA12**
CA8	Did you seek advice or treatment for the illness outside the home?	Yes .... 1 No .... 2 DK 8	**CA10**

CA9	From where did you seek care?
	    Anywhere else?
	
	Circle all providers mentioned
		Public sector
		    Govt. hospital .... A
		    Govt. health centre .... B
		    Family clinic C
		    Soum/bagh health worker .... D
		    Mobile clinic .... E
		    Other public *(specify)* .... H
		Private medical sector
		    Private hospital/clinic I
		    Private physician .... J
		    Private pharmacy .... K
		    Mobile clinic L
		    Other private .... O
		Other source
		    Relative or friend .... P
		    Traditional practitioner .... Q
		Other *(specify)* X	

5

No.	Questions	Answers' code	step
CA10	Was (name) given medicine to treat this illness?	Yes .... 1 No .... 2 DK 8	**CA12**
CA11	What medicine was (name) given? Circle all medicines given.	Antibiotic .... A Paracetamol/Panadol/Acetaminophen .... P Aspirin .... Q Ibuprofen .... R Other (specify) .... X DK .... Z	
CA11A	**Check CA11:** Antibiotic given?	Yes .... 1 No 2	**CA12**

CA11B	Where did you get the antibiotic?	Public sector
		   Govt. hospital 11
		   Govt. health centre 12
		   Family clinic 13
		   Soum/bagh health worker 14
		   Mobile clinic 15
		   Other public (specify) 16
		 Private medical sector
		   Private hospital/clinic 21
		   Private physician 22
		   Private pharmacy 23
		   Mobile clinic 24
		   Other private (specify) 26
		 Other source
		   Relative or friend 31
		   Traditional practitioner 33
		
		 Other (specify) 96
		 DK 98	

CA11C	How much did you pay for the antibiotic?	Tugrug [ ][ ][ ][ ][ ] Free .... 99996 DK 99998	
CA12	**Check UF11:** Child aged under 3?	Yes .... 1 No 2	**CA14**
CA13	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 (solid waste) .... 04 Buried .... 05 Left in the open .... 06 Other (specify) .... 96 DK 98	
	Ask the following question (CA14) only once for each caretaker.		

CA14	Sometimes children have severe illnesses and should be taken immediately to a health facility.
	 What types of symptoms would cause you to take your child to a health facility right away?
	
	 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.
		Child not able to drink or breastfeed .... A
		 Child becomes sicker .... B
		 Child develops a fever C
		 Child has fast breathing .... D
		 Child has difficult breathing .... E
		 Child has blood in stool .... F
		 Child is drinking poorly .... G
		
		 Other (specify) X
		
		 Other (specify) .... Y
		
		 Other (specify) .... Z	

7. IMMUNIZATION MODULE

No.	Questions		Answers' code			step
	If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.					
IM1	Is there a vaccination card for (*name*)?		Yes, seen ------------------------------------ 1 Yes, not seen ------------------------------- 2 No --- 3			IM10
IM2	(a) Copy dates for each vaccination from the card (b) Write '44' in day column if card shows that vaccination was given but no date recorded BCG	BCG	**Date of Immunization** **Year**	**Month**	**Day**	
IM3A	Polio at birth	OPV0	☐☐☐☐	☐☐	☐☐	
IM3B	Polio 1	OPV1	☐☐☐☐	☐☐	☐☐	
IM3C	Polio 2	OPV2	☐☐☐☐	☐☐	☐☐	
IM3D	Polio 3	OPV3	☐☐☐☐	☐☐	☐☐	
IM4A	DPT1	DPT1	☐☐☐☐	☐☐	☐☐	
IM4B	DPT2	DPT2	☐☐☐☐	☐☐	☐☐	
IM4C	DPT3	DPT3	☐☐☐☐	☐☐	☐☐	
IM4D	DPT4	DPT4	☐☐☐☐	☐☐	☐☐	
IM5A	(DPT)H1 HepB1	(DPT)H1	☐☐☐☐	☐☐	☐☐	
IM5B	(DPT)H1 HepB2	(DPT)H2	☐☐☐☐	☐☐	☐☐	
IM5C	(DPT)H1 HepB2	(DPT)H3	☐☐☐☐	☐☐	☐☐	
IM6	Measles (or MMR)	MEASLES	☐☐☐☐	☐☐	☐☐	
IM8A	Vitamin A (1)	VITA1	☐☐☐☐	☐☐	☐☐	
IM8B	Vitamin A (2)	VITA2	☐☐☐☐	☐☐	☐☐	
IM9	In addition to the vaccinations and vitamin A capsules shown on this card, did (name) receive any other vaccinations - including vaccinationsreceived in campaigns or immunization days? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles Yellow Fever vaccine(s), or Vitamin A supplements.		Yes -- 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No --- 2 DK --- 8			IM19
IM10	Has (*name*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?		Yes -- 1 No --- 2 DK --- 8			IM19
IM11	Has (*name*) ever been given a BCG vaccination against tuberculosis - that is, an injection in the arm or shoulder that caused a scar?		Yes -- 1 No --- 2 DK --- 8			
IM12	Has (*name*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases — that is, polio?		Yes -- 1 No --- 2 DK --- 8			IM15

7. IM. IMMUNIZATION MODULE, continue

No.	Questions	Answers' code	step
IM13	How old was he/she when the first dose was given - just after birth (within two weeks) or later?	Just after birth (within two weeks) .... 1 Later 2	
IM14	How many times has he/she been given these drops?	No. of times ☐☐	
IM15	Has (name) ever been given "DPT vaccination injections" -that is, an injection in the thigh or buttocks — to prevent him/her from getting tetanus whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes .... 1 No .... 2 DK 8	IM17
IM16	How many times?	No. of times ☐☐	
IM17	Has (name) ever been given "Measles vaccination injections" - that is a shot in the arm at the age of 8 months or older - to prevent him/her from getting measles?	Yes .... 1 No .... 2 DK 8	
IM19	Please tell me if (name) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:	Yes No DK a.May immunization day 1 2 8 b.October immunization day 1 2 8	
IM20	Does another eligible child reside in the household for whom this respondent is mother/caretaker? 1 Yes ⟶ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child 2 No ⟶ End the interview If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE		

8. AN. ANTHROPOMETRY MODULE

No.	Questions	Answers' code	step
	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 household listing before recording measurements		
AN1	Child's weight.	Kilograms (kg) _ _ . _	
AN2	Child's length or height. Check age of child in UF11: 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 .... _ _ _ . _	
AN3	Measurer's identification code	Measurer code ☐☐	
AN4	Result of measurement	Measured .... 1 Not present .... 2 Refused .... 3 Other (specify) 6	
AN5	Is there another child in the household who is eligible for measurement?	Yes .... 1 No 2	Record measurements for next child The end

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page.
Tally on the Household Information Panel the number of interviews completed.
The result of interview to be filled in UF9.