

Individual Women's Survey (English) 2016

I. COVER PAGE

WOMEN MASTER ID (LL – NN – NNNN): - -

Instructions to create a Master ID:

1. Indicate country: Cambodia (C), Guatemala (G), Kenya (K), and Zambia (Z) **(1 Letter: C, G, K, Z)**
2. Indicate survey type: Household (H), Individual Women (W) Health Facility Assessment (F) or New Patient Sick Child Observation/Exit Interview (N) **(1 Letter: H, W, F, or N)**
3. Indicate Area Development Program (ADP) code **(2 digits, 01-04)**
4. Indicate identification number starting with 1000 **(4 digits)**
5. L = Letter N=Number **Example: CH-01-1000** [This is the same line number as the Household Survey.]

Household Master ID (Copy from HH Survey): - -

Household head name and line number: _____ Line number:

Province/County name: _____ Code:

District name: _____ Code:

Community Unit name (Kenya only): _____ Code:

Area Development Program (ADP) name: _____ Code:

Cluster/village name: _____ Code:

Name and line number of woman from household survey: _____ Line number:

Interviewer visits	1	2	3
Date (MM/DD/YYYY)			
Interviewer name and code	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Result*	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Result codes: 1. Completed 2. Not at home 3. Refused 4. Partly completed 5. Incapacitated 6. Other (specify) _____	Start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 00:00-24:00		
	End time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 00:00-24:00		

****ALL ELIGIBILITY QUESTIONS MUST BE ASKED AND RECORDED****

Eligibility Screener (Eligible women include women who are currently pregnant or have delivered during the previous two years) **IF MORE THAN 1 ELIGIBLE WOMAN RANDOMLY SELECT ONE WOMAN**

1. Are you between the ages of 15-49 years? Yes No
2. Are you currently pregnant? Yes No
3. Have you delivered during the previous two years? Yes No
4. Are you a caretaker of children under five? Yes No

IF Q1 AND (Q2 OR Q3) AND Q4 are checked "yes" proceed to Module 4, Q401

IF ONLY Q1 AND Q4 OR Q4 proceed to Module 9, Q901. IF MORE THAN 1 CHILD UNDER FIVE YEARS, RANDOMLY SELECT ONE CHILD

If proceeding directly to Module 9, is the respondent the biological mother of the child under 5? Yes No

Language of survey** : _____ Code:

Language of interview** : _____ Code:

Primary language of respondent** : _____ Code:

Translator used? Yes No

**Language codes:		4.Lozi	7.Swahili
1.English		5.Nyanja	8.Tonga
2. Khmer		6.Spanish	9.Other(Specify)_____
3. Kaqchiquel			

Supervisor: <input type="text"/>	Field Editor: <input type="text"/>	Office Editor: <input type="text"/>	Keyed By: <input type="text"/>
Name: _____	Name: _____		
Date: _____	Date: _____		
Signature: _____	Signature: _____		

Instructions to interviewers:

*For ALL questions, read each question option, except "Don't know" **unless otherwise instructed**. For your response, select only one option per question **unless otherwise instructed**. Do not read instructions in italics aloud.*

NO.	QUESTIONS AND FILTERS
000	Throughout the survey you will see the symbol next to a question. This refers to a <u>STOP AND CHECK</u> point for the survey and will require the surveyor to check on a previous question. <u>DO NOT LEAVE THIS PART BLANK</u> . Surveyors must answer this question.

Module 4: Female Respondents Background and Reproductive History

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
401	In what month and year were you born?	Month..... <input type="text"/> Year <input type="text"/> Don't know.....98	
402	What is your current marital status?	Currently married..... 1 Divorced 2 Separated..... 3 Widowed..... 4 Never married 5 Refusal 6	→404 →404 →404 →404
403	At what age did you get married?	Age in years..... <input type="text"/> Don't know.....98	
404	Have you ever given birth?	Yes 1 No 2	→412
405	At what age did you give birth to your first live-born child (even if he/she died later)?	Age in years..... <input type="text"/> Don't know.....98	
406	Do you have any children to whom you have given birth who are now living with you?	Yes 1 No 2	→408
407	A. How many sons live with you? B. How many daughters live with you?	Sons at home <input type="text"/> Daughters at home..... <input type="text"/> <i>[If none, record 00]</i>	
408	Do you have children to whom you have given birth but who do not live with you?	Yes 1 No 2	→410
409	A. How many sons live elsewhere? B. How many daughters live elsewhere?	Sons elsewhere..... <input type="text"/> Daughters elsewhere <input type="text"/> <i>[If none, record 00]</i>	
410	Have you ever given birth to a child who was born alive but later died? <i>[Explain: A baby born alive is one that cried, moved, or breathed after birth, even if died only a few minutes later]</i>	Yes 1 No 2	→412
411	A. How many sons died? B. How many daughters died?	Sons who died..... <input type="text"/> Daughters who died <input type="text"/> <i>[If none, record 00]</i>	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
412	Women sometimes have pregnancies that do not result in a live-born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	Yes 1 No 2	→414
413	How many pregnancies have you had that did not end in a live birth?	Pregnancy losses _ _ [If none, record 00]	
C 414	Sum answers to 407, 409, and 411	A. 407A + 407B _ _ B. 409A + 409B _ _ C. 411A + 411B _ _ D. Total (A+B+C) _ _ [If none, record 00]	
C 415	Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is this correct?	Yes 1 No 2	
C 416	Check 414 : One or more live births [proceed to Module 5] No births [skip to Module 6: 601]	One or more live births 1 No births 2	→M5 →M6

Module 5: Birth History

Now I would like to record the names of all your live births, whether they are still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 501. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 14 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING FROM THE SECOND ROW).

501	502	503	504	505	506	507	508	509	510
What name was given to your first/next baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF ALIVE, RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS IF GREATER THAN 2 YEARS OF AGE AT DEATH	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 If NO, go to 509	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> (skip to 510)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]

501	502	503	504	505	506	507	508	509	510
What name was given to your first/next baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS IF GREATER THAN 2 YEARS OF AGE AT DEATH	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
13	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]
14	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 <i>If NO, go to 509</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <i>(skip to 510)</i>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 [Add birth] NO 2 [Next birth]

Module 6: Family Planning

Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid pregnancy.

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES AND SKIP	SKIP
601	Are you pregnant now?	Yes 1 No 2 Don't know 8	→603 →603
602	How many months pregnant are you? <i>[Record number of completed months.]</i>	Number of months..... _ _	
603	Have you ever heard of ways or methods that a couple can use to delay or avoid a pregnancy?	Yes 1 No 2 Don't know 8	→701 →701
604	Which ways or methods have you heard about? <i>[Do not read out. For methods not mentioned spontaneously, ask: have you ever heard of (method)? Then proceed to 604A – 604X, reading the name of each method not previously mentioned.]</i>		
	A. Female sterilization	Yes 1 No 2	
	B. IUD	Yes 1 No 2	
	C. Pill	Yes 1 No 2	
	D. Injections	Yes 1 No 2	
	E. Condom	Yes 1 No 2	
	F. Lactational amenorrhea method	Yes 1 No 2	
	G. Periodic abstinence	Yes 1 No 2	
	H. Withdrawal	Yes 1 No 2	
	I. Implants	Yes 1 No 2	
	X. Other	Yes 1 No 2 (Specify) _____ X	
605	Have you ever done something or used any method to delay or avoid getting pregnant?	Yes 1 No 2	→701
C 606	Check 601 for pregnancy status, the next series of questions (607 - 608) are ONLY FOR WOMEN NOT CURRENTLY PREGNANT.	Yes 1 No 2	→701

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES AND SKIP	SKIP
607	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2	→701
608	Which method are you using now? <i>[Record all mentioned. If none are mentioned do not record anything.]</i>		
	A. Female sterilization	Yes 1 No 2	
	B. IUD	Yes 1 No 2	
	C. Pill	Yes 1 No 2	
	D. Injections	Yes 1 No 2	
	E. Condom	Yes 1 No 2	
	F. Lactational amenorrhea method	Yes 1 No 2	
	G. Periodic abstinence	Yes 1 No 2	
	H. Withdrawal	Yes 1 No 2	
	I. Implants	Yes 1 No 2	
	X. Other	Yes 1 No 2 (Specify) _____ X	

Module 7: Antenatal, Delivery and Postnatal Care

Now, I would like to talk about your most recent pregnancy that resulted in a live birth.

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
701 C	Did you deliver in the previous two years?	Yes 1 No 2	→ 801
702 C	Did this pregnancy result in a live birth?	Yes 1 No 2 <i>[If NO, check if second-recent child was also delivered in the previous two years and resulted in a live birth, if none, skip to Module 8; 801]</i>	
703 C	Check 501 : Record birth history number from module 5 of most recent child delivered in the previous two years and resulted in a live birth.	Birth history number _ _	
704	Who makes the decision about whether to go for ANC?	Respondent 1 Husband/partner 2 Respondent and husband/partner jointly 3 Other 4 (Specify) 4A	
705	Did you consult anyone for antenatal care for this pregnancy with (NAME)?	Yes 1 No 2	→ 708
706	Whom did you see for antenatal care for this pregnancy (NAME)? Anyone else? <i>[PROBE to identify each type of person and record all mentioned]</i>	Doctor A Clinical officer B Nurse C Midwife D Community Health Worker E Other F (Specify) X	
707	Where did you receive antenatal care for this pregnancy (NAME)?	Government clinic 1 Govt/Social security hospital 2 Private clinic/hospital 3 Health post 4 CHW's house 5 Home 6 Other 7 (Specify) 7A	→ 709 → 709 → 709
708	Why didn't you seek antenatal care in a clinic or hospital? <i>[Do not read out. Record all mentioned. After answering 708, skip to 714]</i>	Didn't think it was necessary A Transport too expensive B Too far, no transportation C Services too expensive D No female provider at facility E Unfriendly staff F Inconvenient service hours G Religious belief H No one to accompany I Other J (Specify) X	→ 714

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
709	How many months pregnant were you when you first received antenatal care for this pregnancy with (NAME)?	Number of months..... _ _ Don't know.....98	
710	How many times did you receive antenatal care during this pregnancy with (NAME)?	Number of times..... _ _ Don't know.....98	
711	How many months pregnant were you when you went for your last antenatal care visit for this pregnancy with (NAME)?	Number of months..... _ _ Don't know.....98	
712	As part of your antenatal care during this pregnancy with (NAME), were any of the following done at least once? <i>[Read out loud. Record all mentioned.]</i>	Weight A Blood pressure B Urine sample C Blood sample..... D None of the above E	
713	As part of your antenatal care, were you given any advice about what to eat or not eat while pregnant with (NAME)?	Yes 1 No 2 Don't know..... 8	
714	During your pregnancy, how many meals did you eat every day on average?	Number of meals..... _ _	
715	Is this number of meals more than usual, less than usual, or same as usual?	More than usual..... 1 Less than usual 2 Same as usual..... 3	
716	During any of your antenatal care visit(s), were you told about pregnancy warning/danger signs?	Yes 1 No 2 Don't know..... 8	→ 718 → 718
717	Were you told where to go if you had any complications?	Yes 1 No 2 Don't know..... 8	
718	Do you know any symptoms during pregnancy that indicate the need to seek immediate care?	Yes 1 No 2 Don't know..... 8	→ 720 → 720
719	Can you name any signs or symptoms that indicate the need for you to seek urgent care? <i>[Do not read out. Record all mentioned]</i>	Fever A Bleeding..... B Swelling of body/hands/ face.... C Headaches D Other..... E (Specify) X	
720	During the pregnancy with (NAME), were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	Yes 1 No 2 Don't know..... 8	→ 722 → 722
721	During the pregnancy with (NAME), how many times did you get this tetanus injection?	Number of times..... _ _ Don't know.....98	
722	At any time before this pregnancy with (NAME), did you receive any tetanus injections, either to protect yourself or another baby?	Yes 1 No 2 Don't know..... 8	→ 725 → 725
723	Before this pregnancy with (NAME), how many other times did you receive a tetanus injection?	Number of times..... _ _ Don't know.....98	
724	How many months ago did you receive your last tetanus injection? <i>[PROBE by reminding of important events that might have taken place around that year or age of her child.]</i>	Number of months..... _ _ Don't know.....98	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
725	During this pregnancy, were you advised about when to start breastfeeding?	Yes 1 No 2	
726a	During this pregnancy, were you given or did you buy any iron/iron folate tablets like these? <i>[Show photo of iron/folate tablets. Explain that these tablets are given to prevent or treat anemia or low iron.]</i>	Yes 1 No 2 Don't know 8	
726b	During this pregnancy, were you given or did you buy any iron syrup?	Yes 1 No 2 Don't know 8	
727	Did you take any iron/folate tablets during your pregnancy with (NAME)?	Yes 1 No 2	→ 731
728	For how long did you take the iron/folate tablets?	Less than 1 month 1 One to two months 2 Two to three months 3 Three months or more 4	
729	On average, how often did you take these iron/folate tablets during this pregnancy?	Daily 1 Weekly 2 Not often 3 Other 4 (Specify) 4A	
730	Where did you get the iron/folate tablets from?	Public sector Govt/Social security hospital A Health center/clinic B Village health worker/ City health promoters C Mobile / outreach clinic D Facility council E Other public F (Specify) F1 Private Medical Sector Private hospital G Private clinic H Pharmacy I Other private medical J (Specify) J1	
731	During this pregnancy, did you take any medicine to keep you from getting malaria?	Yes 1 No 2	→ 733
732	What medicines did you take? <i>[Record all mentioned. If type of medicine is not determined, show photo of typical antimalarial medicines to respondent]</i>	SP/Fansidar A Chloroquine B Other C (Specify) X Don't know D	
733	During any of your antenatal visits, did anyone talk to you about babies getting the AIDS virus from their mother?	Yes 1 No 2	
734	Were you offered a test for the AIDS virus as part of your antenatal care?	Yes 1 No 2	→ 737
735	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	Yes 1 No 2	
736	I don't want to know the results, but did you get the results of the test?	Yes 1 No 2	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
737	During this pregnancy, did you take any medicine for intestinal worms?	Yes 1 No 2	
738a	Does your household have any mosquito nets that can be used while sleeping?	Yes 1 No 2	→742
738b	Is this mosquito net a long-lasting insecticide-treated net (LLIN)?	Yes 1 No 2	→741
739	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	Yes 1 No 2	→741
740	How many months ago was the net last soaked or dipped?	Months..... __ __	
741	Did you sleep under this net last night?	Yes 1 No 2	
742	During your pregnancy, were you visited by a CHW? [use local term for CHW (SMAG, Madres Guias, VHSG)]	Yes 1 No 2 Don't know 8	→801 →801
743	When you were pregnant with (NAME), which month did the CHW first visit you?	Month pregnant __ Don't know 8	
744	Where did you receive counseling from the CHW? [Select all that apply]	At home A Outside the home B	
745	During your pregnancy with (NAME), how many times did a CHW visit you?	Number of times __ __ Don't know 98	
746	How many times has a CHW visited you since you had (NAME)?	Number of times __ __ Don't know 98	
747	When was the last time a CHW visited? (Example 3 days ago, circle A and record 3 days)	A. Day __ __ B. Week __ __ C. Month __ __ D. Year __ __ Don't know 98	
748	Did the CHW use storybooks to communicate about women's or child health?	Yes 1 No 2	
749	Did the CHW discuss any difficulties you were having in following the recommended practices?	Yes 1 No 2	
750a	Did the CHW try to help you find solutions to the problems you have identified?	Yes 1 No 2	
750b	Were your decisions about the recommended practices written down in a household handbook?	Yes 1 No 2	
751	Did the CHW encourage influential family members to participate in discussions?	Yes 1 No 2	
752	At any time did the CHW check you or (NAME) and ask about any health problems you or (NAME) experienced recently?	Yes 1 No 2	→754
753	Did the CHW help you get access to treatment that you needed?	Yes 1 No 2	
754	If you were referred at any time by the CHW, did the CHW also return to visit you after you returned from the facility?	Yes 1 No 2 Not referred 3	
755	If you were referred at any time by the CHW, did you go to the referred facility?	Yes 1 No 2	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
		Not referred 3	
756	Was the CHW courteous and respectful?	Yes 1 No 2	
757	Were you satisfied with the CHW services?	Yes 1 No 2	

Module 8: Delivery, Immediate Maternal Postpartum and Neonatal Care, and Breastfeeding

Now, I would like to talk about (NAME), your most recent birth.

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
801 C	Check 701 : Did you deliver in the previous two years?	Yes 1 No 2	→901
802	Who was the primary person to assist you during your delivery in the past 2 years?	Doctor 1 Clinical officer 2 Nurse 3 Midwife 4 Community Health Worker 5 Relative/neighbor/friend 6 No one 7 Other 8 (Specify) 8A	
803	Where did you deliver?	Government clinic 1 Govt/Social security hospital 2 Private clinic/hospital 3 Health post 4 CHW's house 5 Home 6 Other 7 (Specify) 7A	→805 →805 →805
804	What was the reason for not delivering in a clinic or hospital, government or private? <i>[Do not read out. Record all mentioned.]</i>	Didn't think it was necessary A Transport too expensive B Too far, no transportation C Services too expensive D No female provider at facility E Unfriendly staff F Inconvenient service hours G Religious belief H No one to accompany I Other J (Specify) X	
805	Who made the decision about where you should deliver? <i>[Do not read out. Record the primary decision maker.]</i>	Myself 1 Husband 2 My mother 3 Mother-in-law 4 Father-in-law 5 Friends/neighbors 6 CHW 7 Midwife 8 Other health care provider 9 Other 10 (Specify) 10A	
806	Was the birth delivered by cesarean section? <i>[EXPLAIN: It's when a child is delivered through a surgery.]</i>	Yes 1 No 2	
807	Immediately after (NAME) was born, was s/he dried and wrapped in a warm cloth or blanket?	Yes 1 No 2 Don't know 8	
808	Immediately after (NAME) was born, was the child's cord kept clean and dry?	Yes 1 No 2 Don't know 8	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
809	I would like to talk to you about follow-ups on your health after delivery, for example, someone asking you questions about your health or examining you. After (NAME) was born, did any one follow-up on your health and your newborn right after delivery?	Yes 1 No 2 Don't know 8	→814 →814
810	How long after (NAME) was born, did anyone follow up on your health? <i>[If less than one day, record hours. If less than one week, record days.]</i>	A. Hours B. Days C. Weeks	
811	Who made the follow up visit for your health and (NAME's) health the first time?	Doctor 1 Clinical officer 2 Nurse 3 Midwife 4 Community Health Worker 5 No one 6 Other 7 (Specify) 7A	
812	When did you receive postnatal care after the delivery? <i>Choose only one answer.</i>	Within 24 hours 1 >24 to <48hours..... 1a 48-72 hours 2 7-14 days 3 6 weeks 4 Don't know 5 None of the above 6	
813	Where did this follow-up take place? (Government clinic can mean Health center, health clinic or health facility)	Government clinic 1 Govt/Social security hospital 2 Private clinic/hospital 3 Health post 4 CHW's house 5 Home 6 Other 7 (Specify) 7A	→815 →815 →815
814	What was the reason for not having a postnatal check up in a clinic or hospital after this delivery? <i>[Do not read out. Record all mentioned.]</i>	Didn't think it was necessary A Transport too expensive B Too far, no transportation C Services too expensive D No female provider at facility E Unfriendly staff F Inconvenient service hours G Religious belief H No one to accompany I Other J (Specify) X	
815	After the delivery, were you given or did you buy any iron tablets or iron syrup?	Yes 1 No 2 Don't know 8	
816	After the birth did you receive a vitamin A dose (like this)? <i>[Show photo of vitamin A dose]</i>	Yes 1 No 2 Don't know 8	→820 →820
817	In the first 2 months after delivery did you receive a vitamin A dose?	Yes 1 No 2	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
		Don't know..... 8	
818	Who provided you with the vitamin A dose?	Doctor 1 Clinical officer 2 Nurse 3 Midwife 4 CHW 5 Pharmacist..... 6 Relative/friend/neighbor 7 Other..... 8 (Specify) _____ 8A	
819	How many total doses did you receive in the first 6 months after delivery?	Number of doses _ _ Don't know.....98	
820	Has (NAME) ever been breastfeed?	Yes 1 No 2	→829
821	How long after birth did you first put (NAME) to the breast?	Immediately 1 Less than one hour after birth ... 2 Within 24 hours of birth 3 Other..... 4	
822	In the first 3 days after delivery, was (NAME) given anything to drink besides your breast milk?	Yes 1 No 2	→824
823	What was (NAME) given to drink before your milk began to flow regularly? Anything else? <i>[Do not read out. Record all mentioned. If none of the items from A to X are mentioned, mark breast milk only.]</i>	Milk (not breast milk) A Plain water..... B Sugar or glucose water C Gripe water..... D Sugar-salt-water solution..... E Fruit juice F Tea/infusions G Honey H Infant formula I Breast milk only J Other..... K (Specify) _____ X	
824	C CHECK 505: Is (NAME) still living?	Yes, living 1 No, died 2	→839
825	Are you still breastfeeding (NAME)?	Yes 1 No 2	
826	For how many months did you breastfeed (NAME)? <i>[Record in months. If less than one month, record '00']</i>	Months..... _ _	
827	At what age do you think children should start receiving foods and liquids in addition to breast milk?	Less than 4 months 1 Between 4 – 6 months..... 2 Greater than 6 months 3	
828	Was (NAME) breastfed yesterday during the day or at night?	Yes 1 No 2 Don't know..... 8	
829	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or at night?	Yes 1 No 2 Don't know..... 8	

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES			SKIP
830	Was (NAME) given [LOCAL NAME FOR ORS] yesterday during the day or night?	Yes	1		
		No	2		
		Don't know	8		
831	Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or at night. Did (NAME) drink/eat:	Yes	No	DK	
	A. Plain water?	1	2	8	
	B. Commercially produced infant formula?	1	2	8	
	C. Any fortified, commercially available infant and young child food" [e.g. Cerelac]?	1	2	8	
	D. Any (other) porridge or gruel?	1	2	8	
832	Now I would like to ask you about (other) liquids or foods that (NAME) may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods. Did (NAME) drink/eat:	Yes	No	DK	
	A. Milk (tinned, powdered, or fresh animal milk)?	1	2	8	
	B. Cheese, yogurt, or other milk products?	1	2	8	
	C. Bread, rice, noodles, or other grain foods?	1	2	8	
	D. White potatoes, white yams, manioc, cassava, or any other foods made from roots?	1	2	8	
	E. Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	1	2	8	
	F. Any dark green leafy vegetables?	1	2	8	
	G. Ripe mangoes, papayas or <i>[insert any other locally available vitamin a-rich fruits]</i> ?	1	2	8	
	H. Foods made with red palm oil, palm nut, palm nut pulp sauce?	1	2	8	
	I. Any other fruits or vegetables like oranges, grapefruit or pineapple?	1	2	8	
	J. Eggs?	1	2	8	
	K. Liver, kidney, heart or other organ meats?	1	2	8	
	L. Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	8	
	M. Fresh or dried fish or shellfish?	1	2	8	
	N. Grubs, snails, insects, other small protein food?	1	2	8	
	O. Any foods made from beans, peas, lentils, or nuts?	1	2	8	
	P. Any oils, fats, or butter, or foods made with any of these?	1	2	8	
	Q. Tea or coffee?	1	2	8	
	R. Any other liquids?	1	2	8	
	S. Any sugary foods, such as chocolates, candy, sweets, pastries, cakes, or biscuits?	1	2	8	
	T. Any other solid or soft food?	1	2	8	
833	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or night? If yes, PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat? <i>[Fill out category in 832]</i>	Yes	1		
		No	2		
		Don't know	8		

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES	SKIP
834	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? <i>[We want to find out how many times the child ate enough to be full. Small snacks and feeds such as one or two bites of mother's/sister's food should not be counted. Liquids do not count. Do not include thin soups or broth, watery gruels, or other liquid.]</i>	Number of times _ _ Don't know98 <i>[If caregiver answers seven or more times, record "7."]</i>	
835	When do you wash your hands with soap/ash? <i>[Do not prompt. Circle all mentioned.]</i>	Never A Before food preparation..... B After defecation C After attending to a child who has defecated..... D Before feeding children E Other..... F (Specify) X	
836	The last time (NAME) passed stools, what was done to dispose of the stools?	Child used toilet or latrine..... 1 Put into toilet/latrine 2 Put into drain/ditch..... 3 Thrown into garbage 4 Buried 5 Left in the open..... 6 Other..... 9 (Specify) 9A	
837	Was (NAME) measured against a growth chart by health worker either at home or at a health facility during the last 3 months?	Yes 1 No 2 Don't know 8	
838	Did (NAME) receive an iron table or syrup in the last in the last week? <i>[Show common types of tablets/syrups]</i>	Yes 1 No 2 Don't know 8	
839	Who usually makes decisions about major household purchases?	Respondent 1 Husband/partner..... 2 Respondent and husband/ partner jointly 3 Someone else 4 Other..... 5 (Specify) 5A	
840	Who usually makes decision about healthcare for yourself?	Respondent 1 Husband/partner..... 2 Respondent and husband/ partner jointly 3 Other..... 4 (Specify) 4A	
841	Who usually makes decisions about your child's healthcare?	Respondent 1 Husband/partner..... 2 Respondent and husband/ partner jointly 3 Someone else 4 Other..... 5 (Specify) 5A	

Module 9: Child Illnesses and Immunization

****STOP AND CHECK****

C **THIS MODULE IS TO BE ADMINISTERED TO THE CAREGIVER (USUALLY THE MOTHER) OF CHILDREN RECORDED IN THE HOUSEHOLD ROSTER AS LESS THAN FIVE YEARS OF AGE. IF THERE IS MORE THAN ONE ELIGIBLE CHILD UNDER FIVE YEARS, SELECT ONE RANDOMLY**

Now, I would like to talk about (NAME).

NO.	QUESTIONS AND FILTERS	CODED CATEGORIES
<p>901</p> <p>C</p>	<p>VERIFICATION:</p> <p>1. Check the respondents name and line number from household survey.</p> <p>2. Check that the respondent is the primary caregiver (which is usually the mother) of (NAME).</p> <p>3. Define the relationship of the respondent to (NAME).</p>	<p>Name _____</p> <p>Line number from household survey __ __ </p> <p>Yes 1 No..... 2</p> <p><i>[If the person you are speaking to is not that individual ask to speak with the correct respondent].</i></p> <p>Biological Mother..... 1 Female Caretaker 2</p>
IF MODULE 4-8 IS COMPLETED PROCEED TO Q902 AND 903, IF NOT PROCEED TO Q 903A		
<p>902</p> <p>C</p>	<p>Check 501: Birth history number from Module 5 [IF MODULE 4-8 IS COMPLETED]</p>	<p>Birth history number __ __ </p>
<p>903</p> <p>C</p>	<p>Check from 501 to 505 [IF MODULE 4-8 IS COMPLETED]</p>	<p>1) Name _____</p> <p>2) Is [Name] alive? 1. Living __ 2. Dead __ </p>
<p>903a</p> <p>C</p>	<p>Check HH line number for child U5 [IF MODULE 4-8 IS NOT COMPLETED]</p>	<p>Name _____</p> <p>Line number from household survey __ __ </p>

904	Did (NAME) sleep under a mosquito net last night?	Yes 1 No..... 2
905	Do you have a child vaccination/welfare card with (NAME)'s vaccination? If yes, may I see it?	Yes, seen 1 [skip to 907] Yes, not seen 2 [skip to 910] No card 3
906	Did you ever have a vaccination card for (NAME)?	Yes 1 No..... 2 [If no, skip to 910]

- 907.** (1) Copy vaccination date for each vaccine from card
(2) Write '44' in "Day" column if card shows that a vaccination was given, but no date recorded
(3) If more than two vitamin A doses, record dates for most recent and second most recent doses

	DD	MM	YYYY
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check Scar on BCG injected place	1= Yes 2= No		
Hep B Birth Dose	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPV 0	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPV 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
IPV	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-Hep B-Hib 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Congenital immune control of Tetanus (PAB)	1= Yes 2= No		
DPT-Hep B-Hib 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-Hep B-Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCV 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCV 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCV 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR1	<input type="text"/>	<input type="text"/>	<input type="text"/>
MR2	<input type="text"/>	<input type="text"/>	<input type="text"/>
JE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vit A1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vit A2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yellow fever	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotavirus	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Questions	
908	Check 907 , Are all vaccines recorded?	Yes 1 No..... 2 <i>[continue to 909]</i>
909	Has (NAME) received any vaccinations that are not on this card, including vaccinations received in a national immunization campaign? <i>[Record "yes" only if respondent says BCG, OPV 0-3, DPT 1-3 and/or measles vaccine. Probe for vaccinations and write "66" in the corresponding day column in 907]</i>	Yes 1 No..... 2 Don't know 8 <i>If "No" or "DK" skip to 918</i>
910	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	Yes 1 No..... 2 Don't know 8 <i>If "No" or "DK" skip to 919</i>
911	Please tell me if (NAME) received any of these vaccines: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar.	Yes 1 No..... 2 Don't know 8
912	Polio vaccine, that is, drops in the mouth?	Yes 1 No..... 2 Don't know 8 <i>If "No" or "DK" skip to 915</i>
913	Was the first polio vaccine received in the first 2 weeks after birth or later?	First 2 weeks..... 1 Later 2 Don't know 8
914	How many times was the polio vaccine received?	Number of times..... _ Don't know 8
915	A pentavalent vaccination, which is an injection in the thigh, sometimes at the same time as polio drops?	Yes 1 No..... 2 Don't know 8 <i>If "No" or "DK" skip to 917</i>
916	How many times was a Pentavalent vaccination received?	Number of times..... _ Don't know 8
917	A measles injection- that is, a shot in the right upper arm at the age of 9 months or older- to prevent him from getting measles?	Yes 1 No..... 2 Don't know 8
918	Were any of the vaccinations (NAME) received during the last two years as a part of national immunization campaign?	Yes 1 No..... 2 No vaccines in the last two years....3 Don't know 8
919	Has (NAME) ever received a Vit. A dose (like this)? <i>[Show common types of ampules/ capsules/syrups]</i>	Yes 1 No..... 2 Don't know 8 <i>If "No" or "DK" skip to 921</i>

	Questions	
920	Did (NAME) receive a vitamin A dose within the last six months?	Yes 1 No.....2 Don't know8
921a	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like these)? <i>Show common types of pills/sprinkles/syrups</i>	Yes 1 No.....2 Don't know8
921b	Was (NAME) given any medicine for intestinal worms in the last 6 months?	Mebendazole 1 Other antihelminth treatment.....2 No.....3 Don't know8
922	Has (NAME) had diarrhea in the last 2 weeks?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 936</i>
923	Was there any blood in the stools?	Yes 1 No.....2 Don't know8
924	Now I would like to know how much was (NAME) given to drink during diarrhea (including breastmilk). Was he/she offered much less than usual, somewhat less, about the same, more than usual or nothing?	Much less 1 Somewhat less.....2 About the same.....3 Nothing to drink.....4 More5 Don't know8
925	How much was (NAME) offered to eat during this diarrheal illness? Was he/she much less than usual, somewhat less, about the same, more than usual, or nothing?	Much less 1 Somewhat less.....2 About the same.....3 Nothing to eat.....4 More5 Don't know8
926	Did you seek advice or treatment for (NAME) from any source?	Yes 1 No.....2 <i>[If no, skip to 930]</i>
927	Where did you seek advice or treatment first ? <i>[Do not read. Record only one. SS stands for social security.]</i>	Government clinic 1 Govt/SS hospital2 Private clinic/hospital3 Health post.....4 CHW's house5 Pharmacy6 Other9 (Specify) _____ 9A
928	Did you seek advice or treatment anywhere else ? <i>[Do not read. Record only one. SS stands for social security.]</i>	No other place..... 1 Government clinic2 Govt/SS hospital3 Private clinic/hospital4 Health post.....5 CHW's house6 Pharmacy7 Other9

	Questions	
		(Specify) _____ 9A
929	How many days after diarrhea began did you first seek advice or treatment for (NAME)? <i>If same day record '00</i>	Days _ _
930	Does (NAME) still have diarrhea?	Yes 1 No.....2 Don't know8
931	Was he/she given any of the following to drink at any time since he/she started having diarrhea?	
	A. Fluid from a special packet called Oralite or ORS.	Yes 1 No.....2 Don't know8
	B. Another home-made liquid such as porridge, soup, yoghurt, coconut water, fresh fruit, juice, tea, milk, or rice water?	Yes 1 No.....2 Don't know8
	C. A home-made sugar-salt solution	Yes 1 No.....2 Don't know8
	D. Fruit, juice, tea, milk, or rice water	Yes 1 No.....2 Don't know8
932	Was anything else given to treat diarrhea?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 936</i>
933	What else was given to treat diarrhea? Anything else? <i>[Record all treatments.]</i>	Pill or syrup Antibiotic.....A Antimotility medicine B ZincC OtherD UnknownE Injection Antibiotic.....F Non-antibioticG UnknownH Intravenous fluids.....I Home remedyJ OtherK (Specify) _____ X
934 C	Check 933: Was zinc given?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 936</i>
935	How many times was zinc given?	Number of doses. _ _ Don't know98
936	Has (NAME) been ill with fever any time in the last 2 weeks?	Yes 1 No.....2

	Questions	
		Don't know8
937	In the last 2 weeks, has (NAME) had illness with a cough?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 940</i>
938	When (NAME) had an illness with a cough did (NAME) breathe faster than usual with short, rapid breaths or have difficulty breathing?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 941</i>
939	Was the fast or difficult breathing due to a problem in the chest or due to a blocked and runny nose?	Chest only 1 Nose only2 Both.....3 Don't know8 Other 4 (Specify)_____ 4A
940	A. Check 936 : Had fever? C B. Check 937 : Had cough?	Yes 1 No.....2 Don't know8 Yes 1 No.....2 Don't know8 If YES to either A or B, go to 941 (child had either a cough or a fever) If NO or DK to BOTH A and B, go to 955 (child has not had either a cough or fever)
941	Now I would like to know how much was (NAME) given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? <i>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</i>	Much less 1 Somewhat less.....2 About the same3 Nothing to drink.....4 More5 Don't know8
942	How much was (NAME) offered to eat during this illness with a fever/cough? Was he/she much less than usual, somewhat less, about the same, more than usual, or nothing?	Much less 1 Somewhat less.....2 About the same3 Nothing to eat.....4 More5 Don't know8
943	Did you seek advice or treatment for the illness with fever/cough from any source?	Yes 1 No.....2 <i>[If no, skip to 947]</i>
944	Where did you seek advice or treatment first ? <i>[Do not read. Record only one. SS stands for social security.]</i>	Government clinic 1 Govt/SS hospital2 Private clinic/hospital3

	Questions	
		Health post.....4 CHW's house5 Pharmacy6 Other7 (Specify)_____ 7A
945	Did you seek advice or treatment anywhere else ? <i>[Do not read. Record only one. SS stands for social security.]</i>	No other place.....1 Government clinic2 Govt/SS hospital3 Private clinic/hospital4 Health post.....5 CHW's house6 Pharmacy7 Other8 (Specify)_____ 8A
946	How many days after fever/cough began did you first seek advice or treatment for (NAME)? <i>[If same day record '00]</i>	Days __ __
947	Is (NAME) still sick with the fever/cough?	Fever only1 Cough only2 Both.....3 Neither.....4 Don't know8
948	At any time during the illness, did (NAME) take any medicines for the illness?	Yes1 No.....2 Don't know8 <i>If no or don't know, skip to Q.955</i>
949	What medicines did (NAME) take? Any other medicines? <i>[Record all mentioned.]</i>	Antimalarial Medicines SP/FansidarA Chloroquine.....B AmodiaquineC Al/CoartemD Quinine.....E OtherF (Specify) _____ Fa Antibiotic Medicines Pill/syrup.....G Injection.....H OtherX (Specify) _____ Xa Don't knowZ
950 C	Check 949 : Any code A-F circled?	Yes1 No.....2 <i>[If no, go to 955]</i>

	Questions	
951	How long after the first fever did (NAME) take this medicines?	Days _ _ Don't know98
952	For how many days did (NAME) take this medicines?	Days _ _ Don't know98
953	Was anything else done about (NAME)'s fever?	Yes 1 No.....2 Don't know8 <i>If "No" or "DK" skip to 955</i>
954	What else was done about (NAME)'s fever? <i>[Select all that apply]</i>	Consulted traditional healerA Gave warm sponging...B Gave herbsC OtherD (Specify)_____ X

END: Please thank the respondent for their time.