



(CONFIDENTIAL)

Government of the People's Republic of Bangladesh  
 Bangladesh Bureau of Statistics  
 Monitoring the Situation of Children and Women Project  
Parisankhyan Bhaban, Agargaon, Dhaka.

**MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2006**

**HOUSEHOLD QUESTIONNAIRE**

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT ONE HOUR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster No. <input type="text"/>	HH2. Household number: <input type="text"/>	
Name:		
HH3. Interviewer name and number: <input type="text"/>	HH4. Supervisor name and number: <input type="text"/>	
Name:	Name:	
HH5. Day/Month/Year of interview: / / 2006		
HH6. Area: Rural .....1 Urban Urban (Municipality).....2 Urban non-slum (Metro) .....3 Urban slum .....4 Tribal.....5	HH7. Region/Division: 1. Barisal ..... 1 2. Chittagong ..... 2 3. Dhaka ..... 3 4. Khulna ..... 4 5. Rajshahi ..... 5 6. Sylhet ..... 6	
HH 7A. District Code <input type="text"/>	HH 7B. Sub-district (Upazila) Code <input type="text"/>	
Name:	Name:	
HH 8. Name of head of household: .....		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed .....1 Not at home .....2 Refused .....3 HH not found/destroyed.....4 Other (specify) ..... 6	HH10. Respondent to HH questionnaire: Name: Line No: <input type="text"/>	
HH12. No. of women eligible (15-49) for interview: <input type="text"/>	HH11. Total number of household members: <input type="text"/>	
HH14. No. of children under age 5: <input type="text"/>	HH13. No. of women questionnaires (WM) completed: <input type="text"/>	
HH15. No. of under-5 questionnaires (UF) completed: <input type="text"/>		
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: Name:		No. <input type="text"/>

**HOUSEHOLD LISTING FORM** **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.  
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).  
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.  
 Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick (✓) here if continuation sheet used

																Eligible for:													
																WOMEN'S INTERVIEW		CHILD LABOUR MODULE		UNDER-5 INTERVIEW		For children age 0-17 years ask HL9-HL12						For age 5-18 years	
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.		HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11  (CIRCLE THE ANSWER)			HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record Line no. of mother or 00 for 'no'			HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE  (CIRCLE THE ANSWER)			HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS household? Record Line no. of father or 00 for 'no'		HL13. CAN THE CHILD SWIM?									
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER	Y	N											
01		01	1	2		01			1	2	8		1	2	8		1	2											
02			1	2		02			1	2	8		1	2	8		1	2											
03			1	2		03			1	2	8		1	2	8		1	2											
04			1	2		04			1	2	8		1	2	8		1	2											
05			1	2		05			1	2	8		1	2	8		1	2											
06			1	2		06			1	2	8		1	2	8		1	2											
07			1	2		07			1	2	8		1	2	8		1	2											
08			1	2		08			1	2	8		1	2	8		1	2											

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL9. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO ⇒ HL11 8 DK ⇒ HL11  (CIRCLE THE ANSWER)	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE  (CIRCLE THE ANSWER)	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS household? Record Line no. of father or 00 for 'no'	HL13. CAN THE CHILD SWIM?
09		<input type="text"/>	1 2	<input type="text"/>	09	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
10		<input type="text"/>	1 2	<input type="text"/>	10	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
11		<input type="text"/>	1 2	<input type="text"/>	11	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
12		<input type="text"/>	1 2	<input type="text"/>	12	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
13		<input type="text"/>	1 2	<input type="text"/>	13	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
14		<input type="text"/>	1 2	<input type="text"/>	14	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2
15		<input type="text"/>	1 2	<input type="text"/>	15	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2

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

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

Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 UnderFive.

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

\* Codes for HL3: Relationship to head of household:

01 = Head  
02 = Wife or Husband  
03 = Son or Daughter  
04 = Son or Daughter In-Law

05 = Grandchild  
06 = Parent  
07 = Parent-In-Law  
08 = Brother or Sister

09 = Brother or Sister-In-Law  
10 = Uncle/Aunt  
11 = Niece/Nephew By Blood  
13 = Other Relative

14 = Adopted/Foster/Stepchild  
15 = Not Related  
98 = Don't Know

EDUCATION MODULE														ED				
For household members age 5 and above														For household members age 5-24 years				
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE/CLASS (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK GRADE/CLASS: 98 DK If less than 1 grade, enter 00.		ED4. SINCE JANUARY/06 TO PRESENT, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE/CLASS IS/WAS (name) ATTENDING?  LEVEL: 0 PRESCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK  CLASS: 98 DK			ED6C. TYPE OF SCHOOL 1 FORMAL SCHOOL 2 NON-FORMAL SCHOOL 3 FORMAL MADRASAH 4 NON-FORMAL MADRASAH			ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE JANUARY-DECEMBER, 2005?  1 YES 2 NO 8 DK			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/CLASS DID (name) ATTEND? LEVEL: 0 PRESCHOOL (NURSERIES) 1 PRIMARY (I-V) 2 SECONDARY (VI-XII) 3 HIGHER (DEGREE & ABOVE) 6 NGO/MOSQUE BASED/ADULT LITERACY PROGRAMME 8 DK CLASS: 98 DK	
LINE		YES NO	LEVEL	CLASS	YES	NO	DAYS	LEVEL	CLASS	F	NF	M	Y	N	DK	LEVEL	CLASS	
01		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
02		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
03		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
04		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
05		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
06		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
07		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
08		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
09		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
10		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
11		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
12		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
13		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
14		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	
15		1 2⇒NEXT LN	0 1 2 3 6 8	<input type="text"/>	1	2	<input type="text"/>	0 1 2 3 6 8	<input type="text"/>	1	2	3	1	2	8	0 1 2 3 6 8	<input type="text"/>	

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe .....13 Tubewell .....21 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring .....42 Rainwater collection .....51 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 Bottled water .....91 Other ( <i>specify</i> ) .....96	11⇒WS5 12⇒WS5 ⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe .....13 Tubewell .....21 Dug well Protected well .....31 Unprotected well .....32 Water from spring Protected spring.....41 Unprotected spring .....42 Rainwater collection .....51 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81 Other ( <i>specify</i> ) .....96	11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... <input type="text"/> Water on premises .....995 DK.....998	995⇒WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman(15 & above) ..... 1 Adult man(15 & above).....2 Female child (under 15).....3 Male child (under 15).....4 DK.....8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1 No .....2 DK.....8	2⇒WS6_1 8⇒WS6_1
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?  ANYTHING ELSE?  <i>Record all items mentioned.</i>	Boil.....A Add bleach/chlorine .....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.) .....D Let it stand and settle .....F Alum.....G Other ( <i>specify</i> ) .....X DK.....Z	

WATER AND SANITATION MODULE		WS
WS 6_1. HAVE YOU HEARED OF ARSENIC IN WATER?	Yes .....1 No .....2	2⇒WS7
WS 6_2. WHAT ARE THE PROBLEM OR DISEASES CAUSED BY ARSENIC CONTAMINATION?  (MULTIPLE RESPONSE)	Black, white or red spot over the body ..... A Hand and feet become rough to touch ..... B Legs swells up ..... C Losing the feelings of hands and legs ..... D Sore over hand and leg ..... E Others ..... X Nothing/ don't know ..... Z	
WS 6_3. ARE YOU DOING ANYTHING TO PROTECT YOURSELF FROM ARSENIC CONTAMINATION? IF YES, WHAT ARE YOU DOING FOR THIS?  (MULTIPLE RESPONSE)	Using water from arsenic free TW ..... A Using boiled pond/river/ canal water ..... B Using rain water ..... C Using pond/sand filter water ..... D Using SIDKO filter ..... E Others ..... X Nothing/ Don't know ..... Z	
WS 6_4. IF IT IS TW, WAS IT'S WATER TESTED FOR ARSENIC AND TW MARKED BY ANY COLOR?	Not tested ..... 1 Tested (marked red) ..... 2 Tested (marked green) ..... 3	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If "flush" probe:</i> WHERE DOES IT FLUSH TO?  <i>If necessary, ask permission to observe the facility.</i>	Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else ..... 14 Flush to unknown place/not sure/DK where ..... 15  Pit latrine with slab ..... 22 Pit latrine without slab/open pit ..... 23 Bucket ..... 41 Hanging toilet/hanging latrine ..... 51 No facilities or bush or field ..... 95  Other ( <i>specify</i> ) ..... 96	95⇒ WS9A.
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes ..... 1 No ..... 2	2⇒ WS9A.
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10).... <input type="text" value="0"/>  Ten or more households ..... 10 DK ..... 98	
WS9A. HOW DO YOU USUALLY WASH YOUR HAND AFTER OWN OR CHILD'S DEFAECATION ?	Only water ..... 1 Water and soil ..... 2 Water and ash ..... 3 Water and soap ..... 4 Others ..... 6	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Religion 1 Islam .....1 Religion 2 Hindu .....2 Religion 3 Christian .....3 Religion 4. Buddhist.....4 Other religion ( <i>specify</i> ) ..... 6 No religion .....7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Ethnic group 1 Bengali.....1 Ethnic group 2 Chakma .....2 Ethnic group 3 Saotal.....3 Ethnic group 4 Marma.....4 Ethnic group 5 Tripura .....5 Ethnic group 6 Garo.....7 Other ethnic group ( <i>specify</i> ) ..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... <input type="text"/>	
HC3. Main material of the dwelling floor <i>Record observation.</i>	Natural floor Earth/sand..... 11 Rudimentary floor Wood planks .....21 Palm/bamboo.....22 Finished floor Polished wood .....31 Ceramic tiles/Mojaic .....33 Cement .....34 Carpet.....35 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof <i>Record observation.</i>	Natural roofing Thatch/ Sod/Leaf .....12 Rudimentary Roofing Rustic mat/Plastic sheet/Polythine .....21 Palm/bamboo.....22 Finished roofing Metal .....31 Wood .....32 Ceramic tiles .....34 Cement .....35 Other ( <i>specify</i> ) ..... 96	
HC5. Main material of the walls <i>Record observation.</i>	Natural walls Cane/palm/trunks/Leaf/Jute stick/Sod...12 Dirt/Mud ..... 13 Rudimentary walls Bamboo/Bamboo with mud .....21 Stone with mud .....22 Tin sheet..... 25 Finished walls Cement/Cement block .....31 Bricks .....33 Other ( <i>specify</i> ) ..... 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity .....01 Liquid Propane Gas (LPG) .....02 Natural gas .....03 Biogas.....04 Kerosene .....05 Wood .....08 Straw/shrubs/grass.....09 Animal dung.....10 Agricultural crop residue.....11 Other ( <i>specify</i> ) ..... 96	

<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i></p>	<p>Open fire .....1 Open stove .....2 Closed stove .....3 Other (<i>specify</i>) .....6</p>	<p>3⇒HC8 6⇒HC8</p>																																	
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes .....1 No .....2</p>																																		
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house .....1 In a separate building .....2 Outdoors .....3 Other (<i>specify</i>) .....6</p>																																		
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>A. Electricity .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Radio .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Television .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Mobile phone .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Non-Mobile Telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Refrigerator .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. Electric Fan .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. Computer .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. Washing machine .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. Air conditioner/ cooler .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	A. Electricity .....	1	2	B. Radio .....	1	2	C. Television .....	1	2	D. Mobile phone .....	1	2	E. Non-Mobile Telephone.....	1	2	F. Refrigerator .....	1	2	G. Electric Fan .....	1	2	H. Computer .....	1	2	I. Washing machine .....	1	2	J. Air conditioner/ cooler .....	1	2	
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H. Computer .....	1	2																																	
I. Washing machine .....	1	2																																	
J. Air conditioner/ cooler .....	1	2																																	
<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>A. Watch .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. Bicycle .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Motorcycle or scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Animal-drawn cart .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Car/truck/bus/micro-bus .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Boat with a motor/ trawler.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. Sofa.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. Rickshaw van.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	A. Watch .....	1	2	B. Bicycle .....	1	2	C. Motorcycle or scooter.....	1	2	D. Animal-drawn cart .....	1	2	E. Car/truck/bus/micro-bus .....	1	2	F. Boat with a motor/ trawler.....	1	2	G. Sofa.....	1	2	H. Rickshaw van.....	1	2							
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H. Rickshaw van.....	1	2																																	
<p>HC11A. DID ANY BOY/GIRL UNDER 18 YEARS OF YOUR HOUSEHOLD GET INJURED/ACCIDENT /DROWNED IN THE LAST ONE YEAR?</p>	<p>Yes .....1 No .....2</p>	<p>2⇒ HC11D</p>																																	
<p>HC11B. IF YES, WHAT HAPPENED TO HOW MANY OF THEM? (WRITE THE NUMBER OF CASES FOR EACH ITEM IN THE BOXES SEPARATELY FOR BOYS AND GIRLS) (WRITE 0 FOR CASES NO IN ANY BOX)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Boy</td> <td style="text-align: center;">Girl</td> </tr> <tr> <td>A. Fall</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>B. Burn</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>C. Accidental poisoning</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>D. Animal/snake/insect</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>E. Rd. Accident</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>F. Drowned</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>G. Acid victim</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>X. Other _____</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>		Boy	Girl	A. Fall	<input type="text"/>	<input type="text"/>	B. Burn	<input type="text"/>	<input type="text"/>	C. Accidental poisoning	<input type="text"/>	<input type="text"/>	D. Animal/snake/insect	<input type="text"/>	<input type="text"/>	E. Rd. Accident	<input type="text"/>	<input type="text"/>	F. Drowned	<input type="text"/>	<input type="text"/>	G. Acid victim	<input type="text"/>	<input type="text"/>	X. Other _____	<input type="text"/>	<input type="text"/>							
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X. Other _____	<input type="text"/>	<input type="text"/>																																	
<p>HC11C. HOW IS SHE/HE NOW? (WRITE 0 FOR CASES NO IN ANY BOX)</p>	<table border="0"> <tr> <td>A. Recovered</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>B. Still suffering</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>C. Died</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	A. Recovered	<input type="text"/>	<input type="text"/>	B. Still suffering	<input type="text"/>	<input type="text"/>	C. Died	<input type="text"/>	<input type="text"/>																									
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B. Still suffering	<input type="text"/>	<input type="text"/>																																	
C. Died	<input type="text"/>	<input type="text"/>																																	
<p>HC11D. WAS THERE ANY MARRIAGE IN THE HOUSEHOLD IN LAST THREE YEARS? IF YES, WAS THE MARRIAGE REGISTERED?</p>	<p>No marriage ..... 1 Registered ..... 2 Not registered ..... 3 Don't know ..... 8</p>																																		

SECURITY OF TENURE AND DURABILITY OF HOUSING		HC
HC15. HOW MANY YEARS DO YOU LIVE IN THIS PROPERTY/LAND ?  (IF LESS THAN ONE YEAR WRITE 00)	Duration of living (In Yrs.) ..... <input type="text"/>	
HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own .....1 Rent .....2 Rent free/squatter/other.....3	2⇒HC15D 3⇒HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes.....1 No .....2	1⇒HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING?  ANYTHING ELSE?  Record all items mentioned.	Certificate of occupation (or adjudication certificate) ..... A Property tax certification ..... B Utility bills ..... C Other (specify) ..... X None/No document..... Y	⇒HC15F
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes.....1 No .....2	1⇒HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING?  If Yes, WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING?  ANYTHING ELSE? Record all items mentioned.	Informal agreement (written) ..... A Verbal agreement (no document)..... B  Occupied rent free With knowledge of owner ..... C Without knowledge of owner ..... D  Other (specify) ..... X None/No document..... Y	
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes.....1 No .....2 DK.....8	
HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS?	Yes.....1 No .....2	
HC15H. Dwelling located in or near:  Observe, and circle all items that describe the location of dwelling.	Landslide area ..... A Flood-prone area ..... B River bank ..... C Steep hill ..... D Garbage mountain/pile ..... E Industrial pollution area ..... F Railroad ..... G None of the above ..... Y	
HC15I. Condition of dwelling:  Record observation.  Record all that apply.	Cracks/openings in walls ..... A No windows ..... B Windows with broken glass/no glass..... C Visible holes in the roof ..... D Incomplete roof ..... E Insecure door..... F Squatter (Jhupri)..... G None of the above ..... Y	
HC15J. Dwelling surroundings:  Record observation.  Record all that apply.	Very narrow passage between houses instead of road ..... A Too many power cables connecting to neighborhood's main distribution post.... B None of the above ..... Y	

**CHILD LABOUR MODULE**

**CL**

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.  
 Now I would like to ask about any work children in this household may do.

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL4. <i>If yes:</i> 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?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇒ CL.6</i>	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?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO CL8		CL7. <i>If yes:</i> 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?)  1 YES 2 NO ⇒ NEXT LINE		CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
		LINE NO.	NAME	YES			NO. HOURS	YES			YES	NO	NO. HOURS	YES
		PAID	UNPAID	NO		PAID	UNPAID	NO	YES	NO		YES	NO	
01		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
02		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
03		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
04		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
05		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
06		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
07		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
08		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
09		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
10		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
11		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
12		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
13		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
14		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>
15		1	2	3	<input type="text"/>	1	2	3	1	2	<input type="text"/>	1	2	<input type="text"/>

**DISABILITY**

**DA**

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

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HE/SHE HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	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?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
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 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SALT IODIZATION MODULE		SI
<p>S11. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized.....1            Iodized salt .....4            No salt in home.....6            Salt not tested.....7</p>	

S12. Does any eligible woman age 15-49 reside in the household?  
 Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* to administer the questionnaire to the first eligible woman.

No. ⇒ Continue (S13)

S13. Does any child under the age of 5 reside in the household?  
 Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page (HH12-15).



WOMEN'S QUESTIONNAIRE

WOMEN'S INFORMATION PANEL		WM
<p><i>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.</i></p>		
WM1. Cluster No	<input type="text"/>	WM2. Household number:
Name:		
WM3. Woman's Name:		WM4. Woman's Line Number:
WM5. Interviewer number:	<input type="text"/>	WM6. Day/Month/Year of interview <input type="text"/> / <input type="text"/> / 2006
Name:		
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (specify) ..... 6	

Repeat greeting if not already read to this woman :

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (HALF AN HOUR). ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... <input type="text"/> DK month ..... 98 Year ..... <input type="text"/> DK year ..... 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... <input type="text"/>	
WM9A. WHAT IS YOUR MARITAL STATUS ?	Unmarried ..... 1 Married ..... 2 Divorced ..... 3 Separate ..... 4 Widow ..... 5	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No ..... 2	2⇒CM1
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary (Class I-V) ..... 1 Secondary (High/Intermediate) ..... 2 HIGHER (DEGREE & ABOVE) ..... 3 Non-standard curriculum ..... 6	
WM12. WHAT IS THE HIGHEST CLASS YOU COMPLETED AT THAT LEVEL?	Class ..... <input type="text"/>	



<b>TETANUS TOXOID (TT) MODULE</b>		<b>TT</b>
<i>This module is to be administered to all women (15-49) with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) .....1 Yes (card not seen) .....2 No .....3 DK.....8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes.....1  No .....2  DK.....8	2⇒TT5  8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times ..... <input type="text"/>  DK.....8	8⇒TT5
TT4. <i>How many TT doses during last pregnancy were reported in TT3?</i> <input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes.....1 No .....2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... <input type="text"/> DK.....98	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?  <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month..... <input type="text"/> DK month.....98  Year ..... <input type="text"/>  DK year.....9998	⇒NEXT MODULE ⇓TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago ..... <input type="text"/>	

**MATERNAL AND NEWBORN HEALTH MODULE** **MN**

*This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Use this child's name in the following questions, where indicated.*

<p>MN1. IN THE FIRST 42 DAYS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsuler.</i></p>	<p>Yes.....1                  No .....2                  DK.....8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional:                  Doctor ..... A                  Nurse/midwife ..... B                  Other person                  Traditional birth attendant ..... F                  Community health worker ..... G                  Relative/friend ..... H                  Other (<i>specify</i>) ..... X                  No one ..... Y</p>	<p style="text-align: right;">Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED?                  MN3B. WAS YOUR BLOOD PRESSURE MEASURED?                  MN3C. DID YOU GIVE A URINE SAMPLE?                  MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Weight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Weight.....	1	2	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample.....	1	2	
	Yes	No															
Weight.....	1	2															
Blood pressure .....	1	2															
Urine sample .....	1	2															
Blood sample.....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes.....1                  No .....2                  DK.....8</p>																
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:                  Doctor..... A                  Nurse/midwife ..... B                  Other person                  Traditional birth attendant ..... F                  Community health worker ..... G                  Relative/friend ..... H                  Other (<i>specify</i>) ..... X                  No one ..... Y</p>																
<p>MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>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.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Name of place)</i></p>	<p>Home                  Your home .....11                  Other home.....12                  Public sector                  Govt. hospital.....21                  Govt. clinic/health center .....22                  Other public (<i>specify</i>) ..... 26                  Private Medical Sector                  Private hospital .....31                  Private clinic.....32                  Private maternity home.....33                  Other private                  _____ medical (<i>specify</i>)                  _____ 36Other (<i>specify</i>)                  96</p>	<p style="text-align: right;">Deleted: ¶</p>															
<p>MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large .....1                  Larger than average .....2                  Average .....3                  Smaller than average .....4                  Very small .....5                  DK.....8</p>																
<p>MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?</p>	<p>Yes.....1                  No .....2</p>	<p style="text-align: right;">2⇒MN12</p>															

	DK.....8	8⇒MN12
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MN11. HOW MUCH DID (name) WEIGH? <i>Record weight from health card, if available.</i>	From card ..... 1 (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> 2 (lb) ..... <input type="text"/> <input type="text"/> <input type="text"/> From recall.... 3 (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> 4 (lb) ..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....8 ..... 99998	
MN12. DID YOU EVER BREASTFEED (name)?	Yes ..... 1 No ..... 2	2⇒MN14
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	Immediately ..... 0 00 Hours ..... 1 <input type="text"/> <i>or</i> Days ..... 2 <input type="text"/> Don't know/remember ..... 8 98	
MN14. HOW LONG AFTER BIRTH DID YOU FIRST BATHE YOUR BABY (name)? <i>If less than 24 hours, record hours. Otherwise, record days.</i>	With in 24 Hours ..... 1 <input type="text"/> 1-3 Days..... 2 <input type="text"/> More than 3 days..... 3 <input type="text"/> Not bathed ..... 4 <input type="text"/> Don't know/remember ..... 8 98	

MARRIAGE MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED ?	Yes ..... 1 No ..... 3	3⇒MA5
MA2. HOW OLD WAS YOUR HUSBAND ON HIS LAST BIRTHDAY?	Age in years..... <input type="text"/> <input type="text"/> DK.....98	
MA5. HAVE YOU BEEN MARRIED ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY?	Month..... <input type="text"/> <input type="text"/> DK month.....98 Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year.....9998	
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND ?	Age in years..... <input type="text"/> <input type="text"/>	



**QUESTIONNAIRE FOR CHILDREN UNDER FIVE**

<b>UNDER-FIVE CHILD INFORMATION PANEL</b>		<b>UF</b>
<p><i>This questionnaire is to be administered preferably to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</i></p> <p><i>A separate questionnaire should be used for each eligible child.</i></p> <p><i>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.</i></p>		
UF1. Cluster Number <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	UF2. Household number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Name:		
UF3. Child's Name:	UF4. Child's Line Number: <input type="text" value=""/> <input type="text" value=""/>	
UF5. Mother's/Caretaker's Name:	UF6. Mother's/Caretaker's Line Number: <input type="text" value=""/> <input type="text" value=""/>	
UF7. Interviewer name and number: <input type="text" value=""/> <input type="text" value=""/>	UF8. Day/Month/Year of interview: <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / 2006	
UF9. Result of interview for children under 5  <i>(Codes refer to mother/caretaker.)</i>	Completed .....1 Not at home .....2 Refused .....3 Partly completed .....4 Incapacitated .....5 Other (specify) .....6	

*Repeat greeting if not already read to this respondent:*

WE ARE FROM BANGLADESH BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT FIFTEEN MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT <i>(name)</i> . IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?  <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day ..... <input type="text" value=""/> <input type="text" value=""/> DK day .....98 Month ..... <input type="text" value=""/> <input type="text" value=""/> Year ..... <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?  Record age in completed years and complete months. <i>Probe: age/date of birth checking in the field for consistency.</i>	Age in completed years ..... <input type="text" value=""/> Age in completed months ..... <input type="text" value=""/> <input type="text" value=""/>	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen.....1 Yes, not seen.....2 No.....3 DK.....8	1⇒BR5
BR2. HAS (name's) BIRTH BEEN REGISTERED WITH THE LOCAL GOVERNMENT (CITY CORPORATION, MUNICIPALITY, UNION PARSHAD) ?	Yes.....1 No.....2 DK.....8	1⇒BR5 8⇒BR4
BR3. WHY IS (name's) BIRTH NOT REGISTERED ?	Costs too much.....01 Must travel too far.....02 Did not know it should be registered.....03 Does not know where to register.....05 Don't feel it necessary.....07 Other (specify).....96 DK.....98	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes.....1 No.....2	2⇒BR5
BR4A. WHERE CAN YOU REGISTER YOUR CHILD'S BIRTH?	City corporation.....1 Pourasava.....2 Union Parishad.....3 Other.....6 DK.....8	
BR5. Check age of child in UF11: Child is 3 or 4 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to 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 LIKE MOSQUE/MOKTOB?	Yes.....1 No.....2 DK.....8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (name) ATTEND?	No. of hours..... <input type="text" value="1"/>	
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):  If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?  Circle all that apply.		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (name)?	Books	Mother A B X Y Father B X Y Other X Y No one Y
BR8B. TELL STORIES TO (name)?	Stories	A B X Y
BR8C. SING SONGS WITH (name)?	Songs	A B X Y
BR8D. TAKE (name) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH (name)?	Play with	A B X Y
BR8F. SPEND TIME WITH (name) NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR9. Do you think there is something you can do to develop the Intelligence of this child?	Yes.....1 No .....2	2⇒BR11
BR10. <i>what are you doing for (name)?</i>  (Multiple response)	Give warm and responsive care ..... A Encourage any participation ..... B Let child play and socialize with others ..... C Set good example by modeling good behaviors and morals ..... D Discipline/punish the child physically ..... E Scold the child ..... F Stimulate attachment by providing consistent & responsive care..... G Development of learning abilities ..... H Others ..... X	
BR10A. Check UF11: Child aged under 3years? <input type="checkbox"/> Yes. ⇒ Go to Next module <input type="checkbox"/> No. ⇒ Continue with BR11		
BR11. Are you doing anything to prepare (name) to go to school?	Yes.....1 No .....2	2⇒NEXT MODULE
BR12. If yes, how are preparing him/her?  (MULTIPLE RESPONSE)	Develop speaking .....A Develop writing .....B Follow rules & regulations .....C Sending to school at appropriate age .....D Prepare mentally .....E Opportunity for playing ..... F Encourage by comparing other children ..... G Development of learning abilities .....H Others .....X	

VITAMIN A MODULE		VA
VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?  Show capsule for different doses – 100,000 IU for those 9-11 months old, 200,000 IU for those 12-59 months old.	Yes.....1 No .....2  DK.....8	2⇒NEXT MODULE  8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST DOSE?	Months ago..... <input type="text"/> <input type="text"/> 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 Vitamin 'A' Campaign.....4 Other (specify) .....6 DK.....8	

BREASTFEEDING MODULE		BF
BF1. HAS ( <i>name</i> ) EVER BEEN BREASTFED	Yes.....1 No.....2 DK.....8	2⇒BF3 8⇒BF3
<i>BF4. Check age of child in UF11: Child is 0-23 months?</i> <input type="checkbox"/> Yes. ⇒ Continue with BF1A <input type="checkbox"/> No. ⇒ Go to BF2		
BF1A. DID YOU GIVE HONEY /SUGAR WATER/ MASTERED OIL ETC TO YOUR CHILD ( <i>name</i> ) IMMEDIATELY AFTER BIRTH?	Yes.....1 No.....2 DK.....8	
BF1B. HOW SOON AFTER THE BIRTH DID YOU BEGIN BREAST FEEDING YOUR CHILD ( <i>name</i> ) ?	Immediately .....0 00 Hours..... 1 <input type="text"/> <i>or</i> Days ..... 2 <input type="text"/> Don't know/remember 8 .....98	
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: <i>Read each item aloud and record response before proceeding to the next item.</i>		
BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE?	A. Vitamin supplements.....1 2 8	Y N DK
BF3B. PLAIN WATER?	B. Plain water .....1 2 8	
BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION?	C. Sweetened water or juice.....1 2 8	
BF3D. ORAL REHYDRATION SOLUTION (ORS)?	D. ORS .....1 2 8	
BF3E. INFANT FORMULA?	E. Infant formula .....1 2 8	
BF3F. TINNED, POWDERED OR FRESH MILK?	F. Milk .....1 2 8	
BF3G. ANY OTHER LIQUIDS?	G. Other liquids.....1 2 8	
BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	H. Solid or semi-solid food.....1 2 8	
<i>BF4. Check BF3H: Child received solid or semi-solid (mushy) food?</i> <input type="checkbox"/> Yes. ⇒ Continue with BF5 <input type="checkbox"/> No or DK. ⇒ Go to Next Module		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID ( <i>name</i> ) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times ..... <input type="text"/> Don't know.....8	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (<i>local name for ORS packet solution</i>)?</p> <p>CA2B. SALT-SUGAR-WATER FLUID</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Yes No DK</p> <p>A. Fluid from ORS packet.....1 2 8</p> <p>B. Salt-Sugar-Water fluid.....1 2 8</p> <p>C. Pre-packaged ORS fluid .....1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	<p>Much less or none .....1</p> <p>About the same (or somewhat less).....2</p> <p>More.....3</p> <p>DK.....8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	<p>None .....1</p> <p>Much less.....2</p> <p>Somewhat less .....3</p> <p>About the same .....4</p> <p>More.....5</p> <p>DK.....8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest.....1</p> <p>Blocked nose .....2</p> <p>Both .....3</p> <p>Other (<i>specify</i>) .....6</p> <p>DK.....8</p>	<p>2⇒CA12</p> <p>6⇒CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes.....1</p> <p>No .....2</p> <p>DK.....8</p>	<p>2⇒CA10</p> <p>8⇒CA10</p>

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>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.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector</b>  Govt. hospital/ health centre..... A  Health worker/HA..... D  Mobile/outreach clinic..... E  Other public (<i>specify</i>) _____ H</p> <p><b>Private medical sector</b>  Private hospital/clinic..... I  Private physician..... J  Private pharmacy ..... K  Other private medical (<i>specify</i>) _____ O</p> <p><b>Other source</b>  Relative or friend..... P  Shop ..... Q  Traditional practitioner ..... R  NGO Hospital/ Clinic..... S  Other (<i>specify</i>) _____ X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes..... 1  No ..... 2  DK..... 8</p>	
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Amoxicilin/Sefrocilin/Cafixin ..... A  Paracetamol/Panadol/Acetaminophen ..... P  Aspirin..... Q  Ibuprofen ..... R  Other (<i>specify</i>) _____ X  DK..... Z</p>	<p>Deleted: ¶ ¶</p>
<p>CA12. Check UF11: Child aged under 3?  <input type="checkbox"/> Yes. ⇒ Continue with CA13  <input type="checkbox"/> No. ⇒ Go to CA14</p>		
<p>CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?</p>	<p>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 (<i>specify</i>) _____ 96  DK..... 98</p>	
<p><i>Ask the following question (CA14) only once for each caretaker.</i></p> <p>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?</p> <p><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms.  Circle all symptoms mentioned, But do NOT prompt with any suggestions.</i></p>	<p>Child not able to drink or 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  Animal Bite ..... H  Snake Bite ..... I  Drowning (sink in pond/river/canel/lake water)..... J  Others (Specify)..... X</p>	

IMMUNIZATION MODULE		IM	
<p>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-IM17 are for recording vaccinations that are not recorded on the card. IM10-IM17 will only be asked when a card is not available.</p>			
IM1. IS THERE A VACCINATION CARD FOR (name)?	Yes, seen.....1		
	Yes, not seen.....2	2⇒IM10	
	No .....3	3⇒IM10	
(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.	Date of Immunization		
	DAY	MONTH	YEAR
IM2. BCG	BCG		
IM4A. DPT1	DPT1		
IM4B. DPT2	DPT2		
IM4C. DPT3	DPT3		
IM21A HEPATITIS B1	Hib1		
IM21B HEPATITIS B2	Hib2		
IM21C HEPATITIS B3	Hib3		
IM3A. POLIO AT BIRTH	OPV0		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM3E. POLIO 4	OPV4		
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 VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS?  <i>Record 'Yes' only if respondent mentions BCG, DPT 1-3, Hepatitis B1-3, OPV 0-4, Measles or Vitamin A supplements.</i>	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No .....2 DK.....8	1⇒IM19 2⇒IM19 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	2⇒IM19 8⇒IM19	

IM11. HAS ( <i>name</i> ) 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 ( <i>name</i> ) 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	2⇒IM15 8⇒IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST POLIO 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 POLIO DROPS?	No. of times ..... <input type="text"/>	
IM15. HAS ( <i>name</i> ) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes.....1 No .....2 DK.....8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times ..... <input type="text"/>	
IM17. HAS ( <i>name</i> ) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER ?	Yes.....1 No .....2 DK.....8	
IM19. PLEASE TELL ME IF ( <i>name</i> ) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:		
IM19A. 18/01/2004 AND 29/02/2004 (NID)	A. NID ..... 1 2 8	
IM19B. 22/12/2005, VITAMIN –A CAMPAIGN	B. VITA-A..... 1 2 8	
IM19D. 15/02/2006 TO 15/03/2006, MEASLES CAMPAIGN	D. MEASLES ..... 1 2 8	

IM20. Does another eligible child reside in the household for whom this respondent is mother/caretaker?  
Check household listing, column HL8.

Yes. ⇒ End the current questionnaire and then  
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.

Gather together all questionnaires for this household and tally the number of interviewers completed on the cover page (HH12-15)