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| **700px-Flag_of_the_IFRC_svg** | **COMMUNITY-BASED HEALTH AND FIRST AID**  **BASELINE / ENDLINE SURVEY QUESTIONNAIRE** | RC NATIONAL SOCIETY LOGO |

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| --- | --- | --- | --- |
| household information panel CODE: HH | | | |
| HH1. Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | HH2. District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| HH3. Village: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | HH4. Household number: \_\_\_ \_\_\_ | |
| HH5. Interviewer name and number: | | HH6. Supervisor name and number: | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ | | Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ | |
| HH7. Day / Month / Year of final interview: | | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ | |
| Attempt 1: Date  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  Result:\_\_\_\_\_\_\_\_ | Attempt 2: Date  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  Result:\_\_\_\_\_\_\_\_ | | Attempt 3: Date  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  Result:\_\_\_\_\_\_\_\_ |
| HH8. Final result[[1]](#footnote-1) of household interview: \_\_\_\_\_\_\_\_\_\_ Result code:  1 Completed 3 Postponed 5 Partly Completed 7 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 Not At Home 4 Refused 6 Incapacitated | | | |

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| **Respondent selection**  **Objective: Select appropriate respondents for survey topics. A snapshot of appropriate respondents is presented on page 2.** |

**INFORM AND CONSENT**

“We are from **[RC NS]**. We are working on a project concerned with family health. I would like to talk to you about this. The interview will take about XX[[2]](#footnote-2) minutes. This information will help the Red Cross/Red Crescent to help identify health priorities in your communities and assess whether it is meeting its goals. 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.

“At this time, do you want to ask me anything about the survey? May I start now?”

**🞎** Yes, permission is given ⇨ *Go to BC1 and then b*egin the interview.

**🞎** No, permission is not given ⇨ Complete HH8. Discuss this result with your supervisor.

**Respondent selection for the CBHFA survey**

|  |  |  |
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| **Topic** | **Respondent** | **Selection** |
| Safe motherhood | Women with children under 2 years of age | 1. Randomly select HH with children under 2. 2. Interview mother of children under 2. 3. If there are 2 children of the same women in the household, refer questions to the younger one. 4. If there are 2 or more children with different women in the household interview both separately |
| Care of newborns | Caretakers of children under 2 years of age | 1. Randomly select HH with children under 2. 2. Interview primary caretaker (preferably mother) of children under 2. |
| Immunization and vaccination Campaigns | Caretakers of children under 2 years of age |
| Nutrition | Caretakers of children under 2 years of age |
| Family planning | Married women of age 15-49 years | 1. Randomly select HH 2. Randomly select a married woman |
| Acute Respiratory Infections (ARI) | Caretakers of children under 5 years of age | 1. Randomly select HH with children under 5. 2. Interview primary caretaker (preferably mother) of children under 5. |
| Diarrhoea & dehydration | Caretakers of children under 5 years of age |
| Avian influenza | Any adult member of HH | 1. Randomly select HH 2. Randomly select any adult member of HH (preferably)[[3]](#footnote-3). 3. If random selection is not possible talk to head of household or any other adult available (preferably female) |
| Tuberculosis (TB) | Any adult member of HH |
| HIV & sexually transmitted infections (STI) | Any adult member of HH |
| Reducing stigma & discrimination | Any adult member of HH |
| Safe water, hygiene and sanitation | Any adult member of HH |
| Malaria prevention & control | Any adult member of HH |
| dengue prevention & control | Any adult member of HH |
| First aid | Any adult member of HH |
| Disaster risk and response plan | Any adult member of HH |
| Blood donation | Any adult member of HH |
| Road safety | Any adult member of HH |
| Excessive substance use | Any adult member of HH |

**Start speaking with an adult member of household**

| topic: SELECTION of RESPONDENT[[4]](#footnote-4) code | | | SL |
| --- | --- | --- | --- |
| **#** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| SL1 | How many people aged 18 or older currently live in this household? |  | If 1, go to next topic |
| SL2 | Among all household members whose birthday has occurred most recently? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME) | If respondent names him/her self go to next topic |
| SL3 | Can I talk to him/her? | YES 1  NO/NOT AVAILABLE NOW 2 | NEXT TOPIC |
| SL4 | When he/she will be available for this survey?  (RECORD DATE AND TIME) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **THANKS THE RESPONDENT AND REVISIT HOUSEHOLD ON GIVEN DATE AND TIME TO COMPLETE INTERVIEW** | | | |

| topic: BACKGROUND CHARACTERISTICS OF RESPONDENT code | | | | | BC |
| --- | --- | --- | --- | --- | --- |
| **#** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | **SKIP** |
| BC1 | Number of people in household  (ALL PERSONS LIVING UNDER ONE ROOF OR OCCUPYING A SEPARATE HOUSING UNIT, WHERE THE MEMBERS ARE RELATED BY BLOOD OR LAW/PARTNERSHIP, SO CONSTITUTE A FAMILY, AND NOT INCLUDING MEMBERS WHO MAY HAVE A DIFFERENT FAMILY HEAD[S]) |  | Male | Female |  |
| INFANTS 0-11 months |  |  |
| CHILDREN 1-4 years |  |  |
| CHILDREN 5-14 years |  |  |
| AGE 15-49 years |  |  |
| Above 50 years |  |  |
| BC2 | Sex of the respondent | MALE 1  FEMALE 2 | | |  |
| BC3 | What is your caste/ethnicity?  (WRITE CASTE/ETHNICITY ON LINE PROVIDED AND CODE[[5]](#footnote-5)) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (CASTE/ETHNICITY) | | |  |
| BC4 | How old are you?  (AGE OF RESPONDENT WRITE IN COMPLETED YEARS) |  | | |  |
| BC5 | Have you ever been to school? | YES 1  NO 2 | | | BC6 |
| BC6 | What is the highest grade[[6]](#footnote-6) that you have completed? | PRIMARY 1  MIDDLE 2  SECONDARY 3  GRADUATE OR ABOVE 4 | | |  |
| BC7 | What is your current marital status | CURRENTLY MARRIED 1  WIDOWED 2  DIVORCED 3  SEPARATED 4  NEVER MARRIED 5 | | |  |
| BC8 | Do you work outside of the home to earn money?  IF NO, CIRCLE “A” (NO OUTSIDE WORK)  IF YES, What kind of work do you do? | NO OUTSIDE WORK A  HANDICRAFTS B  HARVESTING C  SELLING FOODS D  SHOP KEEPER/STREET VENDOR E  SERVANT/HOUSEHOLD WORKER F  SALARIED WORKER G  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X | | |  |

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| --- | --- | --- | --- |
| topic: BACKGROUND CHARACTERISTICS OF CHILDREN[[7]](#footnote-7) code | | | BC |
| **#** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| BC9 | What is the name of your youngest child? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| BC10 | In what month and year was (NAME) born?  Probe:  What is his / her birthday?  IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY MONTH AND YEAR MUST BE RECORDED. | DATE OF BIRTH  ⬜⬜ ⬜⬜ ⬜⬜⬜⬜  DAY MONTH YEAR |  |
| BC11 | How old is (NAME)?  Probe:  How old was (NAME) at his / her last birthday?  RECORD AGE IN COMPLETED YEARS.  RECORD ‘0’ IF LESS THAN 1 YEAR.  COMPARE AND CORRECT AG1 AND/OR AG2 IF INCONSISTENT. | AGE (IN COMPLETED YEARS) ⬜⬜ |  |
| BC12 | Sex of child | MALE 1  FEMALE 2 |  |

| topic: SAFE MOTHERHOOD code | | | SM |
| --- | --- | --- | --- |
| **#** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| SM1 | During your pregnancy with (NAME[[8]](#footnote-8)), did you see anyone for antenatal care? | YES 1  NO 2 | SM7 |
| SM2 | Whom did you see?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. | DOCTOR/MEDICAL ASSISTANT A  NURSE B  MIDWIFE C  TRADITIONAL BIRTH ATTENDANT D  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY) |  |
| SM3[[9]](#footnote-9) | During your pregnancy with (NAME), where did you receive antenatal care?  CIRCLE ALL MENTIONED.  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | HOME  YOUR HOME A  MIDWIFE/TBA HOME B  OTHER HOME C  PUBLIC SECTOR  HOSPITAL D  HEALTH CENTRE E  HEALTH POST F  OUTREACH G  OTHER PUBLIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H  (SPECIFY)  PRIVATE SECTOR  PRIVATE HOSPITAL I  PRIVATE CLINIC J  OTHER PRIVATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K  (SPECIFY)  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY) |  |
| SM47 | During your pregnancy with (NAME), how many months pregnant were you when you first received antenatal care? | MONTHS ⬜⬜  DON’T KNOW 9 |  |
| SM5 | During your pregnancy with (NAME), how many times did you receive antenatal care? | TIMES ⬜⬜  DON’T KNOW 99 |  |
| SM6 | As part of your antenatal care during this pregnancy, were any of the following done at least once?  A. Was your height taken?  B. Was your blood pressure measured?  C. Did you give a urine sample?  D. Did you give a blood sample? | YES NO  A. HEIGHT 1 2  B. BP 1 2  C. URINE 1 2  D. BLOOD 1 2 |  |
| SM7 | During your pregnancy with (NAME) did you receive an injection in the arm to prevent the baby from getting tetanus, that is convulsions after birth? | YES 1  NO 2  DON’T KNOW 9 | **SM9**  **SM9** |
| SM8 | While pregnant with (NAME), how many times did you receive such an injection? | ONE 1  TWO 2  THREE OR MORE 3  DON’T KNOW 9 |  |
| SM9 | Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | DOCTOR A  NURSE B  MIDWIFE C  AUXILIARY MIDWIFE D  OTHER HEALTH STAFF WITH  MIDWIFERY SKILLS E  TRAINED TRADITIONAL BIRTH ATTENDANT F  TRAINED COMMUNITY HEALTH WORKER G  TRADITIONAL BIRTH ATTENDANT H  COMMUNITY HEALTH WORKER I  RELATIVE/FRIEND J  OTHER SPECIFY X  NO ONE Y |  |
| SM10 | During pregnancy, women may encounter severe problems or illnesses and should go or be taken immediately to a health facility.  What types of symptoms would cause you to seek immediate care at a health facility (right away)?  ASK: ANYTHING ELSE?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | VAGINAL BLEEDING A  FAST/DIFFICULT BREATHING B  HIGH FEVER C  SEVERE ABDOMINAL PAIN D  HEADACHE/BLURRED VISION E  CONVULSIONS F  FOUL SMELLING DISCHARGE/FLUID FROM VAGINA G  BABY STOPS MOVING H  LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA I  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: CARE OF NEWBORN code | | | NB |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| NB1 | What are the important things for home based care of a newborn baby (immediately when born)?  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | WASH HANDS WITH SOAP AND WATER BEFORE DELIVERY A  WASH HANDS WITH SOAP AND WATER BEFORE HANDLING THE NEWBORN B  KEEP THE CORD CLEAN AND DRY C  KEEP THE NEWBORN BABY WARM D  WRAP THE BABY IMMEDIATELY OR DRY AND PUT AGAINST THE MOTHER’S SKIN WITH A CLOTH COVERING E  DELAY BATHING FOR 3 DAYS F  BABIES SHOULD BE PUT TO THE BREAST IMMEDIATELY AFTER BIRTH (WITHIN THE FIRST HOUR). G  GIVE THE BABY THE FIRST BREAST MILK (THICK AND YELLOW) THAT COMES IMMEDIATELY AFTER BIRTH H  PLANNED FOR INSTITUTIONAL DELIVERY I  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| NB2 | Did you ever breastfeed (NAME)? | YES 1  NO 2 | NB4 |
| NB3 | How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD 00 HOURS,  IF LESS THAN 24 HOURS RECORD THE HOURS,  OTHERWISE RECORD DAYS | IMMEDIATE 00  HOURS ⬜⬜  DAYS ⬜⬜  DON’T REMEMBER 99 |  |
| NB4 | Did you give the baby the first liquid (Colostrum) that came from your breasts? | YES 1  NO 2  DON’T KNOW 9 |  |
| NB5 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1  NO 2  DON’T KNOW 9 |  |
| NB6 | Sometimes newborns have severe illnesses within the first month of life and should be taken immediately to a health facility.  What types of symptoms would cause you to take your newborn to a health facility right away?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | CONVULSIONS A  HIGH FEVER B  POOR SUCKLING OR FEEDING C  FAST/DIFFICULT BREATHING D  BABY FEELS COLD E  BABY TOO SMALL/TOO EARLY F  YELLOW PALMS/SOLES/EYES G  SWOLLEN ABDOMEN H  UNCONSCIOUS I  PUS OR REDNESS OF THE UMBILICAL STUMP, EYES OR SKIN J  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |
| NB7 | Did (NAME) receive any vaccine within first six weeks after birth? | YES 1  NO 2  DON’T KNOW 9 |  |

| topic: IMMUNIZATION AND VACCINATION CAMPAIGNS code | | | | | | | | | | IM |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | | | | | **SKIP** |
| IM1 | Do you have a card or child health booklet where (NAME’S) vaccinations are written down?  IF YES: May I see it please? | YES, SEEN BY INTERVIEWER 1  YES, NOT SEEN 2  NO CARD 3 | | | | | | | | 🡆 IM3  🡆 IM5 |
| IM2 | Did you ever have a vaccination card for (NAME)? | YES 1  NO 2 | | | | | | | | 🡆 IM5  🡆 IM5 |
| IM3 | May I copy the information from the card?  (1) COPY DATES OF ALL VACCINATIONS FROM THE CARD. 2 1  (2) WRITE ‘44’ IN DAY/MONTH/YEAR COLUMNS IF CARD SHOWS THAT VACCINATION WAS GIVEN BUT NO DATE RECORDED. | | | | | | | | |  |
|  | **Date of Immunization** | **DATE** | | **MONTH** | | **YEAR** | | | |  |
| A | **BCG** BCG |  |  |  |  |  |  |  |  |  |
| B | **POLIO 0 (POLIO GIVEN AT BIRTH OR**  **BEFORE 6 WEEKS)** OPV0 |  |  |  |  |  |  |  |  |
| C | **POLIO 1** OPV1 |  |  |  |  |  |  |  |  |
| D | **POLIO 2** OPV2 |  |  |  |  |  |  |  |  |
| E | **POLIO 3** OPV3 |  |  |  |  |  |  |  |  |
| F | **DTP 1** DTP1 |  |  |  |  |  |  |  |  |
| G | **DTP 2** DTP2 |  |  |  |  |  |  |  |  |
| H | **DTP 3** DTP3 |  |  |  |  |  |  |  |  |
| J | **HepB 1** HepB 1 |  |  |  |  |  |  |  |  |
| K | **HepB 2** HepB 2 |  |  |  |  |  |  |  |  |
| L | **HepB 3** HepB 3 |  |  |  |  |  |  |  |  |
| M | **Measles** Measles |  |  |  |  |  |  |  |  |
| IM4 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | | 🡆IM6  🡆IM7  🡆IM7 |
| IM5 | Did (NAME) ever receive any vaccinations, including vaccinations given during immunization campaigns? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | | 🡆IM6  🡆IM7  🡆IM7 |
| IM6 | Please tell me if (NAME) received any of the following vaccinations2.  WRITE ‘66’ IN THE CORRESPONDING DAY/MONTH/YEAR COLUMNS OF **IM3** IF THE MOTHER REPORTS THAT THE CHILD HAS RECEIVED THE VACCINE IN QUESTIONS 6A-6J**.** | | | | | | | | |  |
| IM6A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?3 | YES 1  NO 2  DON’T KNOW 8 | | | | | | | |  |
| IM6B | Polio vaccine, that is, drops like these, in the mouth? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | | 🡆IM6E  🡆IM6E |
| IM6C | When was the first polio vaccine received? [In the first two weeks after birth or later?] | FIRST TWO WEEKS AFTER BIRTH 1  LATER 2 | | | | | | | |  |
| IM6D | How many times was the polio vaccine received? | NUMBER OF TIMES ⬜ | | | | | | | |  |
| IM6E | DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | | 🡆IM6G  🡆IM6G |
| IM6F | How many times? | NUMBER OF TIMES ⬜ | | | | | | | |  |
| IM6G | HepB vaccine? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | | 🡆IM6J  🡆IM6J |
| IM6H | How many times? | NUMBER OF TIMES ⬜ | | | | | | | |  |
| IM6J | Did (NAME) ever receive an injection in the arm to prevent measles? | YES 1  NO 2  DON’T KNOW 8 | | | | | | | |  |
| 1 Please modify this question to the document most commonly used in country to describe where vaccinations are recorded. This may be a card, a booklet or another document. If more than one document is used ask for either of these terms.  2 Please modify questions IM3 and IM6 so that they are compatible with national immunization schedules, which vary from country to country. Add yellow fever, rubella, MMR and HepB in project areas where these vaccinations are listed on the vaccination card. Also list pentavalent instead of DTP, HIB and HepB or tetravalent instead of DTP and HepB where they are used. Similarly if there is another combination vaccine, list it instead of the individual antigens that make up the combination.  3  For question IM6A, please adapt the questionnaire to the most commonly used injection site or sites for vaccination. | | | | | | | | | | |
| IM7 | Can you tell me what diseases can be prevented using immunisations?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | **STANDARD CHILDHOOD[[10]](#footnote-10)**  TUBERCULOSIS (TB) A  POLIO B  DIPHTHERIA C  WHOOPING COUGH (PERTUSIS) D  TETANUS E  MEASLES F  HEPATITIS B G  HEPATITIS A H  **ADDITIONAL**  YELLOW FEVER I  MENINGITIS J  ROTAVIRUS K  PNEUMOCOCCAL DISEASE L  JAPANESE ENCEPHALITIS M  HUMAN PAPILOMA VIRUS N  RABIES O  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X | | | | | | | |  |

| topic: NUTRITION code | | | | | | NU |
| --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | **SKIP** |
| NU1 | Are you still breastfeeding (NAME)? | YES 1  NO 2 | | | | 🡆NU3 |
| NU2 | For how many months did you breastfeed (NAME)?  IF LESS THAN ONE MONTH, RECORD “00” MONTHS. RECORD AGE OF CHILD WHEN BRESTFEEING WAS COMPLETELY STOPPED. | MONTHS ⬜⬜ | | | | 🡆NU4 |
| NU3 | Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or at night.  Did (NAME) drink/eat:  READ THE LIST OF LIQUIDS (A THROUGH E, STARTING WITH “BREAST MILK”). |  | | | |  |
|  | YES | NO | DON’T KNOW |
| A. Breast milk? | A | 1 | 2 | 9 |
| B. Plain water? | B | 1 | 2 | 9 |
| C. Commercially produced infant formula? | C | 1 | 2 | 9 |
| D. Any fortified, commercially available infant and young child food” [e.g. Cerelac]? | D | 1 | 2 | 9 |
| E. Any (other) porridge or gruel? | E | 1 | 2 | 9 |
| NU4 | How many times did (NAME) eat solid, semi-solid[[11]](#footnote-11), or soft foods other than liquids yesterday during the day or at night?  IF CAREGIVER ANSWERS SEVEN OR MORE TIMES, RECORD “7”  USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY | NUMBER OF TIMES ⬜⬜  DON’T KNOW 99 | | | |  |
| NU5 | In the last 24 hours did you give cereal[[12]](#footnote-12) to (NAME)? | YES 1  NO 2 | | | |  |
| NU6 | In the last 24 hours did you give pulses/lentils to (NAME)? | YES 1  NO 2 | | | |  |
| NU7 | In the last 24 hours did you give vegetables to (NAME)? | YES 1  NO 2 | | | |  |
| NU8 | In the last 24 hours did you give milk/curd/butter milk to (NAME)? | YES 1  NO 2 | | | |  |
| NU9 | In the last 24 hours did you give fruits to (NAME)? | YES 1  NO 2 | | | |  |
| NU10 | In the last 24 hours did you give egg to (NAME)?  Instruction: If the family does not eat eggs, mark "Don't eat" | YES 1  NO 2  DON’T EAT 9 | | | |  |
| NU11 | In the last 24 hours did you give fish to (NAME)?  Instruction: If the family does not eat fish, mark "Don't eat" | YES 1  NO 2  DON’T EAT 9 | | | |  |
| NU12 | In the last 24 hours did you give meat to (NAME)?  Instruction: If the family does not eat meat, mark "Don't eat" | YES 1  NO 2  DON’T EAT 9 | | | |  |
| NU13 | What are the signs that a child that would suggest s/he was malnourished and should be referred to health facility?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | UNDERWEIGHT A  NO FAT ON THE BODY, AND RIBS VISIBLE B  LOOSE SKIN AROUND THE BUTTOCKS C  EASILY IRRITATED D  USUALLY APPETITE AND NORMAL HAIR E  FREQUENT ILLNESSES F  SEVERE SWELLING (OEDEMA) ON BOTH LIMBS OR BOTH ARMS G  SWOLLEN “MOON” FACE H  DAMAGED SKIN OR DIFFERENT SKIN COLOUR I  HAIR COLOUR CHANGES (YELLOW/REDDISH OR DISCOLOURED) J  HAIR BECOMES DRY, CAN BE EASILY PULLED OUT AN LEAVES BALD PATCHES K  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y | | | |  |

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| --- | --- | --- | --- |
| topic: famiLY PLANNING code | | | FP |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| FP1 | Are you pregnant now? | YES, CURRENTLY PREGNANT 1  NO 2  UNSURE OR DON’T KNOW 8 | 🡆FP4 |
| FP2 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1  NO 2 | 🡆FP4 |
| FP3 | What are you (or your partner) doing to delay or avoid a pregnancy?  DO NOT PROMPT.  IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE. | FEMALE STERILIZATION A  MALE STERILIZATION B  IUD C  INJECTABLES D  IMPLANTS E  PILL F  MALE CONDOM G  FEMALE CONDOM H  DIAPHRAGM I  FOAM / JELLY J  LACTATIONAL AMENORRHOEA METHOD (LAM) K  PERIODIC ABSTINENCE / RHYTHM L  WITHDRAWAL M  OTHER (*SPECIFY*)\_\_\_\_\_\_\_\_\_\_\_ X |  |
| FP4 | Do you know of a place where you could obtain a method of child spacing/family planning?  IF NO, CIRCLE “Y” [DON’T KNOW]  IF YES, ASK “Where is that?”  RECORD ALL MENTIONED.  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HEALTH FACILITY**  HOSPITAL A  HEALTH CENTRE B  PVO CENTRE C  HEALTH POST D  FAMILY PLANNING CLINIC E  FIELD/COMMUNITY HEALTH WORKER F  PHARMACY G  OTHER HEALTH FACILITY (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_ H  **OTHER SOURCE**  SHOP I  CHURCH J  FRIEND/RELATIVE K  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY)  DON’T KNOW Y |  |

| topic: ACUTE RESPIRATORY INFECTIONS code | | | AR |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| AR1 | Has (NAME) had an illness with a cough at any time in the last two weeks? | YES 1  NO 2  DON’T KNOW 8 | 🡆AR6  🡆AR6 |
| AR2 | When (NAME) had an illness with a cough, did he/she have trouble breathing or breathe faster than usual with short, fast breaths? | YES 1  NO 2  DON’T KNOW 8 | 🡆AR6  🡆AR6 |
| AR3 | Did you seek advice or treatment for the cough/fast breathing? | YES 1  NO 2 | 🡆AR6 |
| AR4 | How long after you noticed (NAME’s) cough and fast breathing did you seek treatment? | SAME DAY 0  NEXT DAY 1  TWO DAYS 2  THREE OR MORE DAYS 3 |  |
| AR5 | Where did you first go for advice or treatment?[[13]](#footnote-13)  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HEALTH FACILITY**  HOSPITAL 01  HEALTH CENTRE 02  HEALTH POST 03  PVO CENTRE 04  CLINIC 05  FIELD/COMMUNITY HEALTH  WORKER 06  OTHER HEALTH FACILITY (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 07  **OTHER SOURCE**  TRADITIONAL PRACTITIONER 08  SHOP 09  PHARMACY 10  COMMUNITY DISTRIBUTORS 11  FRIEND/RELATIVE 12  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 88 |  |
| AR6 | Do you know how can you prevent childhood pneumonia (and ARIs – acute respiratory infections)?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | BREASTFEEDING BABIES A  IMMUNIZING CHILDREN B  PROTECTING INFANTS FROM EXPOSURE TO COLD AND DAMP C  AVOIDING INDOOR POLLUTION /SMOKE D  AVOID SMOKING NEAR CHILDREN E  AVOIDING OUTDOOR POLLUTION F  EATING NUTRITIOUS FOODS G  PRACTISING GOOD HYGIENE AND HAND WASHING H  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| AR7 | Do you know the signs of pneumonia or ARI – acute respiratory infections a child should be taken immediately to a health facility?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | FAST BREATHING A  DRAWING IN THE CHEST WHEN TAKING A BREATH B  HARSH SOUND WHEN BREATHING IN (STRIDOR) C  LETHARGIC/UNCONSCIOUS D  UNABLE TO DRINK / BREASTFEED E  VOMITS EVERYTHING F  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: AVIAN INFLUENZA code | | | AI |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| AI1 | Have you ever heard about the illness called avian influenza or bird flu?  Probe: Explain avian influenza (commonly called bird flu) is an illness in chickens, ducks, geese, turkeys, quails, pet birds and wild birds and it can spread to humans. | YES 1  NO 2 | 🡆AI4 |
| AI2 | What can you do to avoid transmitting avian influenza or bird flu in the home?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | COOK POULTRY THOROUGHLY (NO EATING PINK MEAT OR CONSUMING RAW BLOOD) A  COOK EGGS WELL – NO RUNNY OR RAW EGGS B  WASH HANDS AND EQUIPMENT WITH SOAP BEFORE AND AFTER HANDLING LIVE POULTRY AND PREPARING FOR COOKING C  AVOID CONTACT WITH SICK OR DEAD BIRDS D  REPORT FLU-LIKE SICKNESS IN HUMANS WHO WORK WITH BIRDS IMMEDIATELY TO THE AUTHORITIES AND AVOID CONTACT WITH THESE PERSONS E  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: AVIAN INFLUENZA code | | | AI |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| AI3 | What can you do to avoid transmitting avian influenza or bird flu on the farm?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | SEPARATE WILD AND DOMESTIC/FARMED BIRDS A  REPORT DEAD OR SICK BIRDS IMMEDIATELY TO THE AUTHORITIES B  REGULARLY CLEAN WITH SOAP AND WATER, AND DISINFECT SURFACES, EQUIPMENT AND CLOTHING WHICH HAVE COME INTO CONTACT WITH BIRDS AND THEIR BY-PRODUCTS C  DO NOT TRANSPORT SICK OR DEAD BIRDS D  HANDLE AND SLAUGHTER ALL BIRDS SAFELY (EVEN IF THEY APPEAR HEALTHY) - WEAR MASK, GLOVES, USE DISINFECTANT E  AVOID HOME SLAUGHTERING – HAVE A SPECIAL SPACE FOR DOING THIS F  AVOID CONTACT WITH FEATHERS, DROPPINGS, MUCUS, BLOOD OF ALL BIRDS (EVEN IF THEY APPEAR HEALTHY) G  DO NOT SLAUGHTER SICK POULTRY H  IF YOU MUST, DESTROY DEAD BIRDS BY BURNING OR BURYING DEEP G  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| AI4 | Do you currently keep birds/poultry in your house? | YES 1  NO 2 | 🡆NEXT TOPIC |
| AI5 | Who are the primary caregivers of the birds? | ADULT MALE A  ADULT FEMALE B  MALE CHILD (UNDER 18 YRS) C  FEMALE CHILD (UNDER 18 YRS) D  EVERYBODY IN THE HOUSE E |  |
| AI6 | How often do they wash their hands with soap and water **before** handling the birds? | ALWAYS 1  OFTEN 2  SOMETIMES 3  NEVER 4  DON'T KNOW 9 |  |
| AI7 | How often do they wash their hands with soap and water **after** handling the birds? | ALWAYS 1  OFTEN 2  SOMETIMES 3  NEVER 4  DON'T KNOW 9 |  |

| topic: TUBERCULOSIS (TB) code | | | TB |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| TB1 | Have you heard about the disease called tuberculosis? | YES 1  NO 2 | 🡆NEXT TOPIC |
| TB2 | What symptoms can show that a person has TB? (Multiple answers)  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | COUGH THAT LASTS A LONG TIME (MORE THAN 3 WEEKS) A  COUGHING UP BLOOD B  FEVERS C  PAIN IN THE CHEST D  NIGHT SWEATS E  LOSS OF APPETITE F  RAPID WEIGHT LOSS G  FEELING TIRED H  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_ X |  |
| TB3 | Is TB contagious (can spread easily from one person to another)? | YES 1  NO 2  DON’T KNOW 9 | 🡆TB6  🡆TB6 |
| TB4 | How is TB transmitted?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | THROUGH THE AIR WHEN COUGHING A  THROUGH BLOOD B  THROUGH HANDSHAKE WITH AN INFECTED PERSON C  SEXUALLY TRANSMITTED D SHARING FOOD WITH INFECTED PERSON E YOU’RE BORN WITH IT F  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |
| TB5 | What ways can you reduce the spread of TB?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | OPENING WINDOWS A  PEOPLE WITH TB COVERING THEIR MOUTH AND NOSE WHEN COUGHING AND SNEEZING B  RECOGNIZING SIGNS OF TB ILLNESS C  GETTING PROMPT MEDICAL ATTENTION FOR EVALUATION AND TREATMENT D  GOING TO THE HEALTH CENTRE IF EXPOSED TO SOMEBODY WITH TB E  INFECTED PEOPLE COMPLETING ALL OF THE TB TREATMENT F  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| TB6 | Do you know where somebody can get treatment for Tuberculosis?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | HOME  YOUR HOME A  MIDWIFE/TBA HOME B  OTHER HOME C  PUBLIC SECTOR  HOSPITAL D  HEALTH CENTRE E  HEALTH POST F  OUTREACH G  OTHER PUBLIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H  (SPECIFY)  PRIVATE SECTOR  PRIVATE HOSPITAL I  PRIVATE CLINIC J  OTHER PRIVATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K  (SPECIFY)  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY)  DON’T KNOW Y |  |

| topic: HIV & SEXUALLY TRANSMITTED INFECTIONS (STI) code | | | | | | HA |
| --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | | **SKIP** |
| HA1 | Have you ever heard of an illness called AIDS? | YES 1  NO 2 | | | | 🡆HA9 |
| HA2 | Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA3 | Can people get HIV because of witchcraft or other supernatural means? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA4 | Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA5 | Can people get HIV from mosquito bites[[14]](#footnote-14)? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA6 | Can people get HIV by sharing food with a person who has HIV ? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA7 | Is it possible for a healthy-looking person to have HIV? | YES 1  NO 2  DON’T KNOW 9 | | | |  |
| HA8 | Can the virus that causes AIDS be transmitted from a mother to her baby: |  | | | |  |
|  |  |  | YES | NO | DON’T KNOW |  |
| [A] During pregnancy?  [B] During delivery?  [C] By breastfeeding? | DURING PREGNANCY | 1 | 2 | 9 |  |
| DURING DELIVERY | 1 | 2 | 9 |  |
| BY BREASTFEEDING | 1 | 2 | 9 |  |
|  | **CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.** | | | | |  |
| HA9 | NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  How old were you when you had sexual intercourse for the very first time? | NEVER HAD INTERCOURSE 00  AGE IN YEARS ⬜⬜  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95 | | | | 🡆NEXT TOPIC |
| HA10 | NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR RECENT SEXUAL ACTIVITY. LET ME ASSURE YOU AGAIN THAT YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE TOLD TO ANYONE. IF WE SHOULD COME TO ANY QUESTION THAT YOU DON'T WANT TO ANSWER, JUST LET ME KNOW AND WE WILL GO TO THE NEXT QUESTION.  When was the last time you had sexual intercourse?  RECORD ‘YEARS AGO’ ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 ⬜⬜  WEEKS AGO 2 ⬜⬜  MONTHS AGO 3 ⬜⬜  YEARS AGO 4 ⬜⬜ | | | | 🡆NEXT TOPIC |
| HA11 | The last time you had sexual intercourse, was a condom used? | YES 1  NO 2 | | | |  |
| HA12 | What was your relationship to this person with whom you last had sexual intercourse?  PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE  If ‘boyfriend’, then ask:  Were you living together as if married?  If ‘yes’, circle ‘2’. If ‘no’, circle‘3’. | HUSBAND 1  COHABITING PARTNER 2  BOYFRIEND 3  CASUAL ACQUAINTANCE 4  OTHER (SPECIFY) 6 | | | |  |
| HA13 | Have you had sexual intercourse with any other person in the last 12 months? | YES 1  NO 2 | | | | 🡆NEXT TOPIC |
| HA14 | The last time you had sexual intercourse with this other person, was a condom used? | YES 1  NO 2 | | | |  |
| HA15 | What was your relationship to this person with whom you last had sexual intercourse?  PROBE TO ENSURE THAT THE RESPONSE REFERS TO THE RELATIONSHIP AT THE TIME OF SEXUAL INTERCOURSE  If ‘boyfriend’, then ask:  Were you living together as if married?  If ‘yes’, circle ‘2’. If ‘no’, circle‘3’. | HUSBAND 1  COHABITING PARTNER 2  BOYFRIEND 3  CASUAL ACQUAINTANCE 4  OTHER (SPECIFY) 6 | | | |  |
| HA16 | Other than these two persons, have you had sexual intercourse with any other person in the last 12 months? | YES 1  NO 2 | | | | 🡆NEXT TOPIC |
| HA17 | In total, with how many different people have you had sexual intercourse in the last 12 months? | Number of partners ⬜⬜ | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| topic: REDUCING STIGMA & DISCRIMINATION code | | | SD |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| SD1 | Have you ever heard of an illness called AIDS? | YES 1  NO 2 | 🡆NEXT TOPIC |
| SD2 | In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in school? | YES 1  NO 2  DON’T KNOW / Not sure / Depends 9 |  |
| SD3 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES 1  NO 2  DON’T KNOW / Not sure / Depends 9 |  |
| SD4 | If a member of your family got infected with HIV, would you want it to remain a secret? | YES 1  NO 2  DON’T KNOW / Not sure / Depends 9 |  |
| SD5 | If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? | YES 1  NO 2  DON’T KNOW / Not sure / Depends 9 |  |

| topic: SAFE WATER, HYGIENE AND SANITATION code | | | **WS** |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| WS1 | What is the main source of drinking water for members of this household?  (CIRCLE ONE) | PIPED WATER INTO DWELLING 11  PIPED WATER INTO YARD/PLOT/BUILDING 12  PUBLIC TAP/STANDPIPE 13  TUBEWELL/BOREHOLE 14  PROTECTED DUG WELL 15  UNPROTECTED DUG WELL 16  PROTECTED SPRING 17  UNPROTECTED SPRING 18  RAIN WATER COLLECTION 19  CART WITH SMALL TANK/DRUM 20  TANKER TRUCK 21  BOTTLED WATER 22  SURFACE WATER (RIVER /POND/LAKE/DAM/ STREAM/CANAL/IRRIGATION CHANNELS) 23  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |  |
| WS2 | Do you treat your water in any way to make it safer for drinking? | YES 1  NO 2 | 🡺WS4 |
| WS3 | What do you usually do to the water to make it safer to drink?  (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) | LET IT STAND AND SETTLE/SEDIMENTATION A  STRAIN IT THROUGH CLOTH B  BOIL C  ADD BLEACH/CHLORINE D  WATER FILTER (CERAMIC, SAND, COMPOSITE) E  SOLAR DISINFECTION F  OTHER (SPECIFY) X  DON’T KNOW Y |  |
| WS4 | What kind of toilet facility does this household use?  (CIRCLE ONE) | FLUSH/POUR-FLUSH TOILET  TO PIPED SEWER SYSTEM 11  TO SEPTIC TANK 12  TO PIT 13  TO ELSEWHERE 14  TO DON’T KNOW WHERE 15  VENTILATED IMPROVED PIT LATRINE (VIP) 21  SIMPLE PIT LATRINE WITH SLAB 22  PIT LATRINE WITHOUT SLAB/OPEN PIT 23  COMPOSTING/DRY TOILET 24  SERVICE OR BUCKET LATRINE (WHERE EXCRETA ARE MANUALLY REMOVED) 25  HANGING LATRINE 26  NO FACILITY, FIELD, BUSH, PLASTIC BAG 27 | 🡺WS11 |
| WS5 | Where is this toilet facility located? | INSIDE OR ATTACHED TO DWELLING 1  ELSEWHERE INSIDE YARD 2  OUTSIDE YARD 3 |  |
| WS6 | How many households share this toilet facility?  (ASK REGARDLESS OF LOCATION) | NUMBER ⬜⬜  NOT SHARED 01  10 OR MORE 10  DON’T KNOW 98 |  |
| WS7 | May I see the toilet facility? | YES 1  NO 2 | 🡺WS11 |
| WS8 | TOILET FACILITY OBSERVATION:  OBSERVE ACCESS TO THE FACILITY; ARE THERE OBSTACLES IN THE PATH, ARE THERE SIGNS OF REGULAR USE?  FOR TOILET FACILITIES IN THE DWELLING ONLY CATEGORIES “G, H, I, X” APPLY. | DENSE VEGETATION IN ITS PATH A  WASTE OR DEBRIS IN ITS PATH B  MAJOR CREVICES OR POTHOLES IN ITS PATH C  MUD IN ITS PATH D  PATH IS CLEAR E  PATH WELL WORN AS SIGN OF REGULAR USE F  ENTRANCE IS CLEAR/DOOR NOT LOCKED G  ENTRANCE IS OBSTRUCTED H  FACILITY IS LOCKED I  OTHER OBSERVATION X  CANNOT ASSESS Z |  |
| WS9 | TOILET FACILITY OBSERVATION:  Is there faecal matter present inside the facility - on seat, floor, door or walls (human or animal)? | YES 1  NO 2  CANNOT ASSESS 8 |  |
| WS10 | TOILET FACILITY OBSERVATION:  Is there any overflow of leach lines or soak ways? | YES 1  NO 2  CANNOT ASSESS 8 |  |
| WS11 | Can you show me where you usually wash your hands and what you use to wash hands?  ASK TO SEE AND OBSERVE | INSIDE/NEAR TOILET FACILITY 1  INSIDE/NEAR KITCHEN/COOKING PLACE 2  ELSEWHERE IN YARD 3  OUTSIDE YARD 4  NO SPECIFIC PLACE 5  NO PERMISSION TO SEE 8 | 🡺WS16  🡺WS16 |
| WS12 | OBSERVATION ONLY:  IS THERE SOAP OR DETERGENT OR LOCALLY USED CLEANSING AGENT?  THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NONE, EVEN IF BROUGHT OUT LATER. | SOAP 1  DETERGENT 2  ASH 3  MUD/SAND 4  NONE 5  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6 |  |
| WS13 | OBSERVATION ONLY:  Is there water?  INTERVIEWER: TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT  THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NO, EVEN IF BROUGHT OUT LATER. | YES 1  NO 2 |  |
| WS14 | OBSERVATION ONLY:  Is there a handwashing device such as a tap, basin, bucket, sink, or tippy tap?  THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NO, EVEN IF BROUGHT OUT LATER. | YES 1  NO 2 |  |
| WS15 | OBSERVATION ONLY:  Is there a towel or cloth to dry hands?  THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN ONE MINUTE. IF THE ITEM IS NOT PRESENT WITHIN ONE MINUTE CHECK NO, EVEN IF BROUGHT OUT LATER. | YES 1  NO 2 |  |
| WS16 | Do you know when to wash hands with soap/ash?  MULTIPLE ANSWERS POSSIBLE.  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | NEVER A  AFTER DEFECATING B  AFTER URINATING C  BEFORE FOOD PREPARATION D  BEFORE EATING E  BEFORE FEEDING CHILDREN/BABY F  AFTER CLEANING BABY/CHANGING DIAPER/NAPPY G  AFTER HANDLING ANIMALS H  AFTER CARING FOR AN ILL PERSON I  NO SPECIAL TIME, WHEN THEY ARE DIRTY J  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: DIARRHOEA & DEHYDRATION code | | | DI |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| DI1 | Has (NAME) had diarrhoea in the last 2 weeks? | YES 1  NO 2  DON’T KNOW 8 | 🡆DI8  🡆DI8 |
| DI2 | What was given to treat the diarrhoea?  Anything else?  If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine  RECORD ALL MENTIONED. | NOTHING A  FLUID FROM ORS PACKET B  HOME-MADE FLUID C  PILL OR SYRUP, ZINC D  PILL OR SYRUP, NOT ZINC E  INJECTION F  (IV) INTRAVENOUS G  HOME REMEDIES/HERBAL MEDICINES H  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| DI3 | When (NAME) had diarrhoea, did you breastfeed him/her less than usual, about the same amount, or more than usual? | LESS 1  SAME 2  MORE 3  CHILD NOT BREASTFED 4  DON’T KNOW 9 |  |
| DI4 | When (NAME) had diarrhoea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? | LESS 1  SAME 2  MORE 3  NOTHING TO DRINK 4  DON’T KNOW 8 |  |
| DI5 | Was (NAME) offered less than usual to eat, about the same amount, or more than usual to eat? | LESS 1  SAME 2  MORE 3  NOTHING TO EAT 4  DON’T KNOW 8 |  |
| DI6 | Did you seek advice or treatment from someone outside of the home for (NAME’S) diarrhoea? | YES 1  NO 2 | 🡆DI8 |
| DI7 | Where did you first go for advice or treatment?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | **HEALTH FACILITY**  HOSPITAL 01  HEALTH CENTRE 02  HEALTH POST 03  PVO CENTRE 04  CLINIC 05  FIELD/COMMUNITY HEALTH WORKER 06  OTHER HEALTH FACILITY\_\_\_\_\_\_\_\_\_\_\_ 07  **OTHER SOURCE**  TRADITIONAL PRACTITIONER 08  SHOP 09  PHARMACY 10  COMMUNITY DISTRIBUTORS 11  FRIEND/RELATIVE 12  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 88 |  |
| DI8 | Have you heard of ORS? | YES 1  NO 2 | 🡆DI13 |
| DI9 | ASK MOTHER TO DESCRIBE[[15]](#footnote-15) ORS PREPARATION FOR YOU.  ONCE MOTHER HAS PROVIDED A DESCRIPTION, RECORD WHETHER SHE DESCRIBED ORS PREPARATION CORRECTLY OR INCORRECTLY.  CIRCLE 1 [CORRECTLY] IF THE MOTHER MENTIONED THE FOLLOWING:  • USE 1 LITER OF CLEAN DRINKING WATER (1 LITER=3 SODA BOTTLES)  • USE THE ENTIRE PACKET  • DISSOLVE THE POWDER FULLY | DESCRIBED CORRECTLY 1  DESCRIBED INCORRECTLY 2  DON’T KNOW 3 |  |
| DI10 | When do you use ORS?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | WHEN CHILD IS SUFFERING FROM  DIARRHOEA A  WHEN CHILD IS THIRSTY B  WHEN CHILD IS SUFFERING FROM FEVER C  WHEN CHILD IS HAVING VOMITING D  OTHER (SPECIFY) \_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |
| DI11 | Once the ORS is ready, for how long you can use that solution? | LESS THAN 8 HOURS 1  8 -12 HOURS 2  12 – 24 HOURS 3  MORE THAN 24 HOURS 4  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_ 8  DON’T KNOW 9 |  |
| DI12 | At what frequency ORS should be given to a child suffering from diarrhoea? | ONCE A DAY 1  TWICE A DAY 2  THRICE A DAY 3  AFTER EVERY STOOL/VOMIT 4  QUITE FREQUENTLY 5  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_ 8  DON’T KNOW 9 |  |
| DI13 | How will you know that a child suffering from diarrhoea is dehydrated?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | SUNKEN EYES WITH LITTLE OR NO TEARS WHEN CRYING A  DRY MOUTH AND TONGUE. B  THIRST C  LITTLE OR NO URINE. D  DRY SKIN OR SKIN WITH LITTLE ELASTICITY F  FEELING WEAK AND VERY TIRED. G  MUSCLE CRAMPS H  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |
| DI14 | Do you know when to wash hands with soap/ash?  MULTIPLE ANSWERS POSSIBLE.  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | NEVER A  AFTER DEFECATING B  AFTER URINATING C  BEFORE FOOD PREPARATION D  BEFORE EATING E  BEFORE FEEDING CHILDREN/BABY F  AFTER CLEANING BABY/CHANGING DIAPER/NAPPY G  AFTER HANDLING ANIMALS H  AFTER CARING FOR AN ILL PERSON I  NO SPECIAL TIME, WHEN THEY ARE DIRTY J  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: MALARIA PREVENTION & CONTROL code | | | | | ML |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | | | **SKIP** |
| ML1 | Does your household have any mosquito nets that can be used while sleeping? | YES 1  NO 2 | | | ML7 |
| ML2 | How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD ‘7’. | NUMBER OF NETS ⬜ | | |  |
| ML3 | When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes? | YES 1  NO 2  DON’T KNOW 9 | | |  |
| ML4 | How many months ago was that net obtained?  IF LESS THAN 1 MONTH AGO, RECORD ‘00'.  IF ANSWER IS “12 MONTHS” OR “1 YEAR”, PROBE TO DETERMINE IF NET WAS OBTAINED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER. | MONTHS ⬜⬜  MORE THAN 2 YEARS AGO 95  DON’T KNOW 99 | | |  |
| ML5 | Can you show me the net? | SEEN NET(S) IS HANGING ABOVE SLEEPING PLACE 1  SEEN NET(S) STORED 2  NOT SEEN 3  NOT AVAILABLE 4 | | |  |
| ML5 | Who slept under a mosquito net last night?  PROBE: ANYONE ELSE?  IF ANYONE OTHER THAN THE CHILD AND PREGNANT WOMEN IS MENTIONED, RECORD OTHER. | NO ONE 0  CHILD LESS THAN 5 YEAR OF AGE 1  PREGNANT WOMEN 2  OTHER Specify (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 3 | | | ML7 |
| ML6 | Total number of household members present in the household last night and total slept under mosquito net last night  (REFER TO BC1) |  | Total present in HH last night | Slept under net last night |  |
| Children under 5 year |  |  |
| Pregnant women |  |  |
| Others |  |  |
| ML7 | What are the signs/symptoms of malaria?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | FEVER A  CHILLS B  SWEATS C  HEADACHES D  NAUSEA AND VOMITING E  BODY ACHES F  GENERAL MALAISE G  DIFFICULTY EATING AND DRINKING H  VOMITING I  CONVULSIONS/FITS J  DROWSINESS AND UNCONSCIOUSNESS K  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X | | |  |
| ML8 | Do you know where somebody can get treatment for malaria?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF PLACE) | HOME  YOUR HOME A  MIDWIFE/TBA HOME B  OTHER HOME C  PUBLIC SECTOR  HOSPITAL D  HEALTH CENTRE E  HEALTH POST F  OUTREACH G  OTHER PUBLIC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H  (SPECIFY)  PRIVATE SECTOR  PRIVATE HOSPITAL I  PRIVATE CLINIC J  OTHER PRIVATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ K  (SPECIFY)  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  (SPECIFY)  Don’t Know Y | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| topic: DENGUE PREVENTION & CONTROL code | | | DN |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| DN1 | Have you ever heard of dengue? | YES 1  NO 2 | NEXT TOPIC |
| DN2 | What can you do to prevent dengue fever?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | COVER SKIN WITH CLOTHES A  COVER WATER JARS OR RAINWATER COLLECTION B  CLEAN UP AREAS IN THE COMMUNITY THAT MAY COLLECT STANDING WATER C  CHANGE STANDING WATER IN, AND CLEAN HOUSEHOLD OBJECTS AT LEAST ONCE A WEEK (E.G. FRIDGE, VASES). D  USE MOSQUITO REPELLENTS (SPRAY, LOTION) ON BODY E  SPRAY INTERNAL WALLS WITH MOSQUITO REPELLENT F  PUT UP SCREENS ON DOORS AND WINDOWS G  USE LARVICIDE (E.G. ABATE) OR FISH TO TREAT WATER H  USE BED NETS / INSECTICIDE TREATED BED NETS ESPECIALLY FOR CHILDREN AND ADULTS SLEEPING DURING THE DAY I  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: FIRST AID code | | | FA |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| FA1 | Have you ever attended any training program to learn basic first aid? | YES 1  NO 2 | FA6 |
| FA2 | When did you attend this training program?  IF 24 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS. | MONTHS AGO 1 ⬜⬜  YEARS AGO 2 ⬜⬜ |  |
| FA3 | Who organized this training program? | RED CROSS/RED CRESCENT 1  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_ 2 |  |
| FA4 | After you had assessed the situation, what would you do to administer first aid to a person with minor burns or scalds?  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | **APPROPRIATE**  COOL THE AREA QUICKLY WITH COOL CLEAN WATER (FOR 15-20 MIN) A  REMOVE ANY CLOTHING OR JEWELLERY IF NOT STUCK TO SKIN B  **INAPPROPRIATE**  OPEN UNBROKEN BLISTERS C  APPLY CREAM OF OINTMENTS D  APPLY OIL OR MARGARINE OR OTHER E  DON’T KNOW Y |  |
| FA5 | After you had assessed the situation, what would you do to administer first aid to a person with external bleeding?  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | **KEY**  ASK PERSON TO APPLY PRESSURE TO WOUND AND MAINTAIN PRESSURE THROUGHOUT A  HELP PERSON TO LIE DOWN / REMAIN STILL B  COVER WOUND WITH CLEAN MATERIAL C  APPLY BANDAGE TO STOP BLEEDING BUT NOT TO RESTRICT CIRCULATION (NOT A TOURNIQUET) D  REASSURE / PSYCHOLOGICAL SUPPORT E  **KEY ADDITIONAL**  IF IN SHOCK, KEEP WARM F  IF UNCONSCIOUS ADMINISTER BASIC LIFE SUPPORT G  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |
| FA6 | What will be your first action if you see someone is bleeding?  If the respondent say “will call for help.” Probe what else you will do? | PUT PRESSURE TO STOP BLEEDING A  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |
| FA7 | What will be your first action if you see someone has been burnt?  If the respondent say “will call for help.” Probe what else you will do? | PUT COLD CLEAN WATER ON THE BURNED AREA A  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X  DON’T KNOW Y |  |

| topic: DISASTER RISK AND RESPONSE PLAN code | | | DR |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| DR1 | What would you do to respond safely to a disaster?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | Listen to the media and other reliable sources and follow advice A  Follow advice issued by the government / local authorities B  Move immediately to the nearest safe evacuation place with family members C  Follow safe route to reach shelter site D  Take water, food, and essential items to the shelter site E  Go back home only when authorities declare that the situation is safe F  Help evacuate and/or rescue the others, while not putting self in danger G  Provide first aid if qualified H  Be calm and quiet I  Don’t know Y  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: vOLUNTARY BLOOD DONATION code | | | BD |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| BD1 | Have you donated blood in the last 12 months? | YES 1  NO 2 |  |
| BD2 | Have any of your family member donated blood in the last 12 months? | YES 1  NO 2 |  |
| BD3 | What are the important criteria of voluntary blood donors?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | LEAD HEALTHY LIFESTYLES A  FEEL WELL B  ARE NOT ANAEMIC C  ARE NOT PREGNANT D  HAVE NOT BEEN PREGNANT IN THE LAST YEAR E  DO NOT CURRENTLY BREASTFEED F  DO NOT HAVE HEART DISEASE G  DO NOT HAVE LOW OR HIGH BLOOD PRESSURE H  DO NOT HAVE DIABETES I  DO NOT HAVE EPILEPSY J  ARE NOT TAKING CERTAIN MEDICATION K  DO NOT HAVE MALARIA, HIV, HEPATITIS B OR OTHER SEXUALLY TRANSMITTED INFECTION (STI) OR HISTORY OF THESE L  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: ROAD SAFETY code | | | RS |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| RS1 | Do you currently own a motorcycle or has one been provided for you to use? | YES 1  NO 2 | RS5 |
| RS2 | How frequently do you wear a helmet when you are on a motorcycle?  *Read choices* | ALWAYS 1  USUALLY 2  SOMETIMES 3  NEVER 4 | RS5 |
| RS3 | The last time you rode a motorcycle did you wear a helmet? | YES 1  NO 2  DON’T KNOW 3 | RS5  RS5 |
| RS4 | The last time you rode a motorcycle did you fasten the chin strap on the helmet? | YES 1  NO 2  DON’T KNOW 3 |  |
| RS5 | What actions make road users (walking, driving, riding) safer?  MULTIPLE ANSWERS POSSIBLE.  ASK: Anything else?  DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. | USE A SEATBELT OR HELMETS IN THE CASE OF MOTORCYCLIST A  KEEP A SAFE DISTANCE FROM OTHER VEHICLES B  KEEP TO THE SPEED LIMIT AND ADAPT DRIVING SPEEDS TO WEATHER CONDITIONS, THE STATE OF ROADS AND AMOUNT OF TRAFFIC C  OBEY TRAFFIC LIGHTS AND HIGHWAY CODES D  NEVER DRIVE AFTER DRINKING ALCOHOL OR USING DRUGS E  NEVER USE MOBILE PHONE WHILE DRIVING F  DRIVE CAREFULLY AND PAY SPECIAL ATTENTION TO PEDESTRIANS, CYCLISTS AND TO ALL VULNERABLE ROAD USERS G  DISCOURAGE CHILDREN FROM PLAYING ON BUSY ROADS AND SHOW THEM H  USE A LIGHT WHEN WALKING ON THE ROAD AT NIGHT I  KNOW WHERE TO GO FOR HELP WHEN A ROAD CRASH OCCURS AND KEEP A LIST OF EMERGENCY NUMBERS J  DON’T KNOW Y  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_ X |  |

| topic: eXCESSIVE SUBSTANCE USE code | | | ES |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| ES1 | Do you remember any message your heard on stopping or limiting \_\_\_\_\_\_\_\_\_\_ (excessive substance)? | (LIST MESSAGES DISSEMINATED BY PROGRAM) |  |

| topic: Exposure to Red Cross/red Crescent code | | | RC |
| --- | --- | --- | --- |
| **NO.** | **QUESTIONS AND FILTERS** | **CODING CATEGORIES** | **SKIP** |
| RC1 | Are you aware about an organization called “Red Cross/Red Crescent” or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[[16]](#footnote-16) | YES 1  NO 2  DON’T KNOW 9 |  |
| RC2 | In the last 1 year (since last \_\_\_\_\_\_\_\_\_\_[[17]](#footnote-17)), has your household received a visit from a Red Cross/Red Crescent volunteer? | YES 1  NO 2  DON’T KNOW 9 | 🡺RC6  🡺RC6 |
| RC3 | How long ago was the last visit you received from a Red Cross/Red Crescent volunteer?  IF RESPONSE IS GIVEN IN MONTHS, FILL IN BOX 1; IF GIVEN IN WEEKS, FILL IN BOX 2. CONVERT OTHER RESPONSES INTO WEEKS OR MONTHS | MONTH AGO 1  or  WEEKS AGO 2 |  |
| RC4 | Did the Red Cross/Red Crescent volunteer discuss with you or someone in your household any of the following subjects[[18]](#footnote-18):  A. Prevention of malaria  B. Vaccination for children  C. Antenatal care for pregnant women  D. Hand washing  E. Prevention of tuberculosis?  X Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No  A. PREVENTION OF MALARIA 1 2  B. VACCINATION FOR CHILDREN 1 2  C. ANTENATAL CARE 1 2  D. HAND WASH 1 2  E. TUBERCULOSIS 1 2  X. OTHERS 1 2 |  |
| RC5 | Did you talk about what was discussed by the volunteer with any other family members or friends? | YES 1  NO 2  DON’T KNOW 9 |  |
| RC6 | Did you participate in any activity conducted by Red Cross/Red Crescent? | YES 1  NO 2  DON’T KNOW 9 | 🡺END  🡺END |
| RC7 | In which activity[[19]](#footnote-19) have you participated?  Multiple Code | TRAINING A  COMMUNITY MAPPING B  COMMUNITY MEETING C  GROUP DISCUSSION/MEETINGS F  COMMUNITY ACTIVITIES G  OTHER (SPECIFY) X |  |

THANKS

1. Fill in this information after completion of the survey. [↑](#footnote-ref-1)
2. Replace ‘XX’ by appropriate minutes after pretest [↑](#footnote-ref-2)
3. For random selection use KISH Grid, last birthday method or any other appropriate method. [↑](#footnote-ref-3)
4. To be used if survey topic requires a randomly selected adult [↑](#footnote-ref-4)
5. Create appropriate code at the beginning of survey [↑](#footnote-ref-5)
6. Change categories as per requirement [↑](#footnote-ref-6)
7. Optional for safe motherhood, care of newborn, immunization and vaccination campaigns, nutrition, acute respiratory infections (ARI) and diarrhoea & dehydration topics [↑](#footnote-ref-7)
8. Refer to NAME stated in BC9 [↑](#footnote-ref-8)
9. Optional Question [↑](#footnote-ref-9)
10. Provide local names and update as appropriate [↑](#footnote-ref-10)
11. #### ADAPT THIS QUESTION TO USE LOCAL WORDS FOR THE SEMI-SOLID FOODS THAT ARE GIVEN. INCLUDE MASHED OR PUREED FOOD, ALONG WITH PORRIDGES, PAPS, THICK GRUELS, STEWS, ETC. SOLID FOODS – E. G., FAMILY FOODS, BANANAS, MANGOES, POTATOES, BREAD – SHOULD ALSO BE INCLUDED.

    WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER’S OR SISTER’S FOOD SHOULD NOT BE COUNTED.

    LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. [↑](#footnote-ref-11)
12. Replace by local food items [↑](#footnote-ref-12)
13. Modify Response Category as appropriate [↑](#footnote-ref-13)
14. Change HA5 and HA6 to most common myths prevalent in the program area [↑](#footnote-ref-14)
15. Change this question to demonstrated preparation if indicator 2.2.4 is selected. [↑](#footnote-ref-15)
16. Replace by local NAME [↑](#footnote-ref-16)
17. Replace by month [↑](#footnote-ref-17)
18. Change as appropriate [↑](#footnote-ref-18)
19. Replace appropriate CBHFA activities in community as per programme [↑](#footnote-ref-19)