

Republic of the Philippines
NATIONAL STATISTICS OFFICE
2007 SUB-REGIONAL MULTIPLE INDICATOR CLUSTER SURVEY
February 2007
INDIVIDUAL WOMAN’S QUESTIONNAIRE

Set ____ of ____ Sets

AUTHORITY: Commonwealth Act No. 591 authorizes this survey and the National Statistics Office to collect information on maternal and child health.	CONFIDENTIALITY: Sec. 4 of CA No. 591 provides that all information furnished on this form is held STRICTLY CONFIDENTIAL.
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GEOGRAPHIC IDENTIFICATION

REGION _____				
PROVINCE _____				
CITY/MUNICIPALITY _____				
BARANGAY _____				
PSU _____				
STRATUM _____				
EA NUMBER _____				
SR-MICS HOUSING UNIT SERIAL NUMBER _____				
SR-MICS HOUSEHOLD SERIAL NUMBER _____				
SR-MICS HOUSEHOLD CONTROL NUMBER _____				

NAME OF ELIGIBLE RESPONDENT: _____	LINE NO. OF ELIGIBLE WOMAN: <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
	AGE OF ELIGIBLE WOMAN: <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
NAME OF HOUSEHOLD HEAD: _____					
ADDRESS: _____					

INTERVIEW RECORD				
	1	2	3	FINAL VISIT
DATE				DATE
Time Began:				MONTH
Time Ended:				YEAR
INTERVIEWER’S NAME				INTERVIEWER CODE
RESULT *				RESULT *
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

* RESULT CODES	
1 – COMPLETED	5 – PARTLY COMPLETED
2 – NOT AT HOME	6 – RESPONDENT INCAPACITATED
3 – POSTPONED	7 – OCW/OFW
4 – REFUSAL	8 – OTHERS, SPECIFY _____

PROCESSING RECORD						
	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYER’S CODE <table><tr><td></td><td></td></tr></table>		
NAME						
SIGNATURE						
DATE						

A. MATERNAL AND CHILD HEALTH MODULE									
A01	Have you ever given birth?				YES 1 NO 2 → GO TO MODULE E				
A01A	Have you given birth since February 2002?				YES 1 NO 2 → GO TO MODULE E				
A02	Now, I would like to record all your children who were born alive in the past 5 years from February 2002 to present, including those who are no longer alive or living elsewhere, if any. I will start from the oldest. IN COLUMN 2, ENTER THE NAME OF THE CHILD. IN COLUMN 3, ENTER '1' IF A SINGLE BIRTH, '2' IF TWINS AND SO ON. IN COLUMN 4, ENTER THE MONTH, DAY AND YEAR OF BIRTH. IN COLUMN 5, ENCIRCLE '1' IF STILL ALIVE AND '2' IF NO LONGER ALIVE.								
	LINE NO.	NAME OF CHILD	TYPE OF BIRTH	DATE OF BIRTH			SURVIVAL STATUS		
	(1)	(2)	(3)	(4)			(5)		
				MO.	DAY	Y E A R	Yes	No	
	1	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2	
	2	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2	
	3	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2	
4	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2		
5	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2		
6	_____	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Alive?	1 2		
CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM FEBRUARY 1, 2005 TO PRESENT. IF NONE, <u>GO TO MODULE B</u>									
NO.	QUESTION	CHILDREN 0 – 23 MONTHS OLD							
		NAME OF YOUNGEST CHILD: _____		NAME OF 2 ND TO THE YOUNGEST: _____		NAME OF 3 RD TO THE YOUNGEST: _____			
	LINE NUMBER FROM A02	LINE NO. <input type="checkbox"/>		LINE NO. <input type="checkbox"/>		LINE NO. <input type="checkbox"/>			
		(1)		(2)		(3)			
PRENATAL CARE									
A03	Did you see anyone for prenatal care when you were pregnant with (NAME OF CHILD)? IF YES: Whom did you see? Anyone else?	HEALTH PROFESSIONAL: DOCTORA NURSEB MIDWIFEC HILOTD RELATIVE/FRIENDE OTHERX (SPECIFY) NO ONEY GO TO A06 ←		HEALTH PROFESSIONAL: DOCTORA NURSEB MIDWIFEC HILOTD RELATIVE/FRIENDE OTHERX (SPECIFY) NO ONEY GO TO A06 ←		HEALTH PROFESSIONAL: DOCTORA NURSEB MIDWIFEC HILOTD RELATIVE/FRIENDE OTHERX (SPECIFY) NO ONEY GO TO A06 ←			
A04	How many months pregnant were you with (NAME OF CHILD) when you first received prenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98		MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98		MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98			
A05	How many times did you receive prenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW98		NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW98		NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW98			
A06	During this pregnancy with (NAME OF CHILD), were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES1 NO2 GO TO A07 ← DON'T KNOW8		YES1 NO2 GO TO A07 ← DON'T KNOW8		YES1 NO2 GO TO A07 ← DON'T KNOW8			
A06A	During this pregnancy with (NAME OF CHILD), how many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW8		TIMES <input type="checkbox"/> DON'T KNOW8		TIMES <input type="checkbox"/> DON'T KNOW8			
A07	Prior to this pregnancy with (NAME OF CHILD), have you received Tetanus Toxoid Injection?	YES1 NO2 GO TO A08 ← DON'T KNOW8		YES1 NO2 GO TO A08 ← DON'T KNOW8		YES1 NO2 GO TO A08 ← DON'T KNOW8			
A07A	How many times? DO NOT INCLUDE INJECTION(S) RECEIVED DURING THIS PREGNANCY.	TIMES <input type="checkbox"/>		TIMES <input type="checkbox"/>		TIMES <input type="checkbox"/>			
A08	When you were pregnant with (NAME OF CHILD) did you take: a) Vitamin A? b) Iron supplement?	YES NO DK VITAMIN A 1 2 8 IRON 1 2 8		YES NO DK VITAMIN A 1 2 8 IRON 1 2 8		YES NO DK VITAMIN A 1 2 8 IRON 1 2 8			

A. MATERNAL AND CHILD HEALTH MODULE											
NO.		QUESTION		CHILDREN 0 – 23 MONTHS OLD							
				NAME OF YOUNGEST CHILD:		NAME OF 2 ND TO THE YOUNGEST:		NAME OF 3 RD TO THE YOUNGEST:			
		LINE NUMBER FROM A02		LINE NO. <input type="text"/>		LINE NO. <input type="text"/>		LINE NO. <input type="text"/>			
				(1)		(2)		(3)			
A08A		In the first two months after the birth of (NAME OF CHILD), did you receive :		YES NO DK		YES NO DK		YES NO DK			
		a) Vitamin A?		VITAMIN A 1 2 8		VITAMIN A 1 2 8		VITAMIN A 1 2 8			
		b) Iron supplement?		IRON 1 2 8		IRON 1 2 8		IRON 1 2 8			
A09		Who assisted with the delivery of (NAME OF CHILD)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.		HEALTH PROFESSIONAL: DOCTOR.....A NURSE.....B MIDWIFE.....C HILOT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y		HEALTH PROFESSIONAL: DOCTOR.....A NURSE.....B MIDWIFE.....C HILOT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y		HEALTH PROFESSIONAL: DOCTOR.....A NURSE.....B MIDWIFE.....C HILOT.....D RELATIVE/FRIEND.....E OTHER.....X (SPECIFY) NO ONE.....Y			
A10		Where did you give birth to (NAME OF CHILD)? SPECIFY THE LOCATION OR WRITE THE NAME OF THE FACILITY AND ENCIRCLE THE APPROPRIATE CODE.		(SPECIFY LOCATION/FACILITY) HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOV'T. HOSPITAL.....21 GOV'T HEALTH CENTER.....22 OTHER PUBLIC.....26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 OTHER PVT. MEDICAL.....36 OTHER.....96		(SPECIFY LOCATION/FACILITY) HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOV'T. HOSPITAL.....21 GOV'T HEALTH CENTER.....22 OTHER PUBLIC.....26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 OTHER PVT. MEDICAL.....36 OTHER.....96		(SPECIFY LOCATION/FACILITY) HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOV'T. HOSPITAL.....21 GOV'T HEALTH CENTER.....22 OTHER PUBLIC.....26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 OTHER PVT. MEDICAL.....36 OTHER.....96			
CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM FEBRUARY 1, 2005 TO PRESENT AND STILL ALIVE (YES IN COL. 5 [SURVIVAL STATUS]). IF NONE, <u>GO TO MODULE B</u>											
NO.		QUESTION		CHILDREN 0 – 23 MONTHS OLD							
				NAME OF YOUNGEST CHILD:		NAME OF 2 ND TO THE YOUNGEST:		NAME OF 3 RD TO THE YOUNGEST:			
		LINE NUMBER FROM A02		LINE NO. <input type="text"/>		LINE NO. <input type="text"/>		LINE NO. <input type="text"/>			
				(1)		(2)		(3)			
BREASTFEEDING											
A11		Did you ever breastfeed (NAME OF CHILD)?		YES.....1 NO.....2 GO TO A14 ←		YES.....1 NO.....2 GO TO A14 ←		YES.....1 NO.....2 GO TO A14 ←			
A12		Are you currently breastfeeding (NAME OF CHILD)?		YES.....1 NO.....2		YES.....1 NO.....2		YES.....1 NO.....2			
A13		For how many months have you been breastfeeding/did you breastfeed (NAME OF CHILD)?		NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98		NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98		NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98			
A14		Since this time yesterday, did he/she receive any of the following: READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.									
		A. Vitamin, Mineral Supplements or medicines?		A. VITAMIN SUPPLEMENTS? Y N DK 1 2 8		A. VITAMIN SUPPLEMENTS? Y N DK 1 2 8		A. VITAMIN SUPPLEMENTS? Y N DK 1 2 8			
		B. Plain water?		B. PLAIN WATER? 1 2 8		B. PLAIN WATER? 1 2 8		B. PLAIN WATER? 1 2 8			
		C. Sweetened, flavoured water or fruit juice or tea or infusion?		C. SWEETENED WATER OR JUICE? 1 2 8		C. SWEETENED WATER OR JUICE? 1 2 8		C. SWEETENED WATER OR JUICE? 1 2 8			
		D. Oral Rehydration Solution (ORS)?		D. ORS? 1 2 8		D. ORS? 1 2 8		D. ORS? 1 2 8			
		E. Infant formula?		E. INFANT FORMULA? 1 2 8		E. INFANT FORMULA? 1 2 8		E. INFANT FORMULA? 1 2 8			
		F. Tinned, powdered or fresh milk?		F. MILK? 1 2 8		F. MILK? 1 2 8		F. MILK? 1 2 8			
		G. Any other liquids?		G. OTHER LIQUIDS? 1 2 8		G. OTHER LIQUIDS? 1 2 8		G. OTHER LIQUIDS? 1 2 8			
		H. Solid or semi-solid (mushy) food?		H. SOLID OR SEMI- SOLID FOOD? 1 2 8		H. SOLID OR SEMI- SOLID FOOD? 1 2 8		H. SOLID OR SEMI- SOLID FOOD? 1 2 8			

A. MATERNAL AND CHILD HEALTH MODULE

NO.	QUESTION	CHILDREN 0 – 23 MONTHS OLD		
		NAME OF YOUNGEST CHILD: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 2 ND TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 3 RD TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>
	LINE NUMBER FROM A02	(1)	(2)	(3)
IMMUNIZATION				
A15	Do you have a card where (NAME OF CHILD)'S vaccinations are written down? IF YES: May I see it please?	YES, SEEN..... 1 YES, NOT SEEN..... 2 GO TO A18 ← NO CARD..... 3	YES, SEEN..... 1 YES, NOT SEEN..... 2 GO TO A18 ← NO CARD..... 3	YES, SEEN..... 1 YES, NOT SEEN..... 2 GO TO A18 ← NO CARD..... 3
A16	1. COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. 2. WRITE '44' IN MONTH COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES HEPA B1 HEPA B2 HEPA B3	MONTH DAY YEAR BCG..... POLIO 1..... POLIO 2..... POLIO 3..... DPT 1..... DPT 2..... DPT 3..... MEASLES..... HEPA B1..... HEPA B2..... HEPA B3.....	MONTH DAY YEAR BCG..... POLIO 1..... POLIO 2..... POLIO 3..... DPT 1..... DPT 2..... DPT 3..... MEASLES..... HEPA B1..... HEPA B2..... HEPA B3.....	MONTH DAY YEAR BCG..... POLIO 1..... POLIO 2..... POLIO 3..... DPT 1..... DPT 2..... DPT 3..... MEASLES..... HEPA B1..... HEPA B2..... HEPA B3.....
A17	Has (NAME OF CHILD) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, HEPA B 1-3 AND/OR MEASLES VACCINE	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH IN A16) GO TO MODULE B ← NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH IN A16) GO TO MODULE B ← NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING MONTH IN A16) GO TO MODULE B ← NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8
A18	Did (NAME OF CHILD) receive any vaccinations to prevent him/her from getting diseases?	YES..... 1 NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8	YES..... 1 NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8	YES..... 1 NO..... 2 GO TO MODULE B ← DON'T KNOW..... 8
A19	Please tell me if (NAME OF CHILD) received any of the following vaccinations:			
A19A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES..... 1 NO..... 2 GO TO A19C ← DON'T KNOW..... 8	YES..... 1 NO..... 2 GO TO A19C ← DON'T KNOW..... 8	YES..... 1 NO..... 2 GO TO A19C ← DON'T KNOW..... 8
A19B	Did (NAME OF CHILD) receive BCG vaccine before his/her first birthday?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2

A. MATERNAL AND CHILD HEALTH MODULE				
NO.	QUESTION	CHILDREN 0 – 23 MONTHS OLD		
		NAME OF YOUNGEST CHILD: LINE NO. <input type="checkbox"/>	NAME OF 2 ND TO THE YOUNGEST: LINE NO. <input type="checkbox"/>	NAME OF 3 RD TO THE YOUNGEST: LINE NO. <input type="checkbox"/>
	LINE NUMBER FROM A02			
		(1)	(2)	(3)
A19C	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 GO TO A19G ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A19G ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A19G ← DON'T KNOW.....8
A19D	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
A19E	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
A19F	Did (NAME OF CHILD) receive the <u>third (last) polio</u> vaccine before his/her first birthday?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
A19G	A DPT vaccination, that is, an injection in the thigh or buttocks, sometimes given at the same time as polio vaccine?	YES.....1 NO.....2 GO TO A19J ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A19J ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A19J ← DON'T KNOW.....8
A19H	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
A19I	Did (NAME OF CHILD) receive <u>the third (last) DPT</u> vaccine before his/her first birthday?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
A19J	An injection to prevent measles?	YES.....1 NO.....2 GO TO A20 ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A20 ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO A20 ← DON'T KNOW.....8
A19K	Did (NAME OF CHILD) receive the <u>measles</u> vaccine before his/her first birthday?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
A20	Did (NAME OF CHILD) receive an injection to prevent Hepatitis B?	YES.....1 NO.....2 GO TO MODULE B ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO MODULE B ← DON'T KNOW.....8	YES.....1 NO.....2 GO TO MODULE B ← DON'T KNOW.....8
A20A	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
A20B	Did (NAME OF CHILD) receive the <u>third (last) Hepatitis B</u> vaccine before his/her first birthday?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

B. BIRTH REGISTRATION MODULE				
CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM FEBRUARY 1, 2002 TO PRESENT. IF NONE, GO TO <u>MODULE E</u>				
NO.	QUESTION	CHILDREN BELOW 5 YEARS OLD		
		NAME OF YOUNGEST CHILD: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 2 ND TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 3 RD TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>
		(1)	(2)	(3)
B01	Does (NAME OF CHILD) have a birth certificate? May I see it? IF CERTIFICATE IS PRESENTED, VERIFY THE REPORTED BIRTHDATE. IF NO BIRTH CERTIFICATE IS PRESENTED, TRY TO VERIFY THE DATE USING ANOTHER DOCUMENT (HEALTH CARD, ETC.) CORRECT THE STATED AGE AND THE DATE OF BIRTH, IF NECESSARY.	YES, SEEN1 GO TO MODULE C ←	YES, SEEN1 GO TO MODULE C ←	YES, SEEN1 GO TO MODULE C ←
		YES, NOT SEEN2	YES, NOT SEEN2	YES, NOT SEEN2
		NO3	NO3	NO3
		DON'T KNOW8	DON'T KNOW8	DON'T KNOW8
B02	Has (NAME OF CHILD)'s birth been registered?	YES,1 GO TO MODULE C ← NO2 DON'T KNOW8 GO TO B04 ←	YES,1 GO TO MODULE C ← NO2 DON'T KNOW8 GO TO B04 ←	YES,1 GO TO MODULE C ← NO2 DON'T KNOW8 GO TO B04 ←
B03	Why is (NAME OF CHILD)'s birth not registered? Anything else? RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES.	COSTS TOO MUCHA MUST TRAVEL TOO FARB DID NOT KNOW IT SHOULD BE REGISTEREDC LATE, AND DID NOT WANT TO PAY FINED DOES NOT KNOW WHERE TO REGISTERE OTHERF (SPECIFY)	COSTS TOO MUCHA MUST TRAVEL TOO FARB DID NOT KNOW IT SHOULD BE REGISTEREDC LATE, AND DID NOT WANT TO PAY FINED DOES NOT KNOW WHERE TO REGISTERE OTHERF (SPECIFY)	COSTS TOO MUCHA MUST TRAVEL TOO FARB DID NOT KNOW IT SHOULD BE REGISTEREDC LATE, AND DID NOT WANT TO PAY FINED DOES NOT KNOW WHERE TO REGISTERE OTHERF (SPECIFY)
B04	Do you know how to register your child's birth?	YES1 NO2	YES1 NO2	YES1 NO2
C. VITAMIN A MODULE				
CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM AUGUST 1, 2002 TO PRESENT AND STILL ALIVE (YES IN COL. 5. [SURVIVAL STATUS]). IF NONE, GO TO <u>MODULE E</u>				
NO.	QUESTION	CHILDREN BELOW 6-59 MONTHS OLD		
		NAME OF YOUNGEST CHILD: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 2 ND TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 3 RD TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>
		(1)	(2)	(3)
C01	Has (NAME OF CHILD) ever received: a) Vitamin A?	YES NO DK VITAMIN A 1 2 8 GO TO MODULE D ←	YES NO DK VITAMIN A 1 2 8 GO TO MODULE D ←	YES NO DK VITAMIN A 1 2 8 GO TO MODULE D ←
C02	How many months ago did (NAME OF CHILD) take the last dose of Vitamin A?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98
C03	Where did (NAME OF CHILD) get this last dose of Vitamin A?	ON ROUTINE VISIT TO HEALTH FACILITY1 SICK CHILD VISIT TO HEALTH FACILITY2 IMMUNIZATION CAMPAIGN3 OTHER6 (SPECIFY) DON'T KNOW8	ON ROUTINE VISIT TO HEALTH FACILITY1 SICK CHILD VISIT TO HEALTH FACILITY2 IMMUNIZATION CAMPAIGN3 OTHER6 (SPECIFY) DON'T KNOW8	ON ROUTINE VISIT TO HEALTH FACILITY1 SICK CHILD VISIT TO HEALTH FACILITY2 IMMUNIZATION CAMPAIGN3 OTHER6 (SPECIFY) DON'T KNOW8

D. ANTIHELMINTICS MODULE				
CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM FEBRUARY 2003 TO FEBRUARY 2005 AND STILL ALIVE (YES IN COL. 5 [SURVIVAL STATUS]). IF NONE, GO TO MODULE E				
Now, I would like to ask question about your children 2-4 years old.				
NO.	QUESTION	SURVIVING CHILDREN 2-4 YEARS OLD		
		NAME OF YOUNGEST CHILD: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 2 ND TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>	NAME OF 3 RD TO THE YOUNGEST: _____ LINE NO. _____ <input type="checkbox"/>
		(1)	(2)	(3)
D01	Did (NAME OF CHILD) receive anthelmintics (deworming) medicine during the past six months?	YES1 NO2	YES1 NO2	YES1 NO2
E. CHILDREN'S RIGHTS AND CHILD DISCIPLINE MODULE				
Now, I would like to ask you about your awareness of the rights of children.				
WOMEN 15-49 YEARS OLD				
NO.	QUESTION	CODING CATEGORIES		SKIP TO
E01	Do you know if children have their rights?	YES 1 NO 2		MO-DULE F
E02	What are these rights? Anything else? RECORD ALL CHILDREN'S RIGHTS MENTIONED. DO NOT READ OUT RESPONSES.	CANNOT SPECIFY RIGHTS A TO BE BORN, TO HAVE A NAME AND NATIONALITY ... B TO HAVE A FAMILY WHO WILL LOVE AND CARE FOR THE CHILD C TO LIVE IN A PEACEFUL COMMUNITY AND A WHOLESOME ENVIRONMENT D TO HAVE ADEQUATE FOOD AND A HEALTHY AND ACTIVE BODY E TO OBTAIN A GOOD EDUCATION AND DEVELOP THE CHILD'S POTENTIAL F TO BE GIVEN OPPORTUNITIES FOR PLAY AND LEISURE G TO BE PROTECTED AGAINST ABUSE, EXPLOITATION, NEGLECT, VIOLENCE AND DANGER H TO BE DEFENDED AND GIVEN ASSISTANCE BY THE GOVERNMENT I TO BE ABLE TO EXPRESS THE CHILD'S VIEWS J OTHER X (SPECIFY)		
E03	All adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you have used this method in the past month.			
	A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING	YES 1 NO 2		
	B. EXPLAINED WHY SOMETHING WAS WRONG	YES 1 NO 2		
	C. SHOOK HIM/HER	YES 1 NO 2		
	D. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND	YES 1 NO 2		
	E. SHOUTED, YELLED OR SCREAMED AT HIM/HER	YES 1 NO 2		
	F. GAVE HIM/HER SOMETHING ELSE TO DO	YES 1 NO 2		
	G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, STICK, ETC.	YES 1 NO 2		
	H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT	YES 1 NO 2		
	I. HIT OR SLAPPED HIM/HER ON THE FACE, HAND, ARM OR LEG	YES 1 NO 2		
	J. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD)	YES 1 NO 2		

F. HIV/AIDS MODULE

Now, I would like to talk about your awareness on serious illness, in particular, about HIV and AIDS.

F01	Have you ever heard of the HIV virus or an illness called AIDS?	YES..... 1 NO..... 2	MODULE G																
F02	Is there anything a person can do to avoid getting HIV, the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW..... 8																	
F03	Can the virus that causes AIDS be transmitted from a mother to a child: 1. During pregnancy? 2. During delivery? 3. By breastfeeding?	<table border="0"> <tr> <td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr> <td>1. DURING PREGNANCY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>2. DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>3. BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		Yes	No	DK	1. DURING PREGNANCY	1	2	8	2. DURING DELIVERY	1	2	8	3. BREASTFEEDING	1	2	8	
	Yes	No	DK																
1. DURING PREGNANCY	1	2	8																
2. DURING DELIVERY	1	2	8																
3. BREASTFEEDING	1	2	8																
F04	At this time, do you know of a place where you can go for a test to see if you have the AIDS virus?	YES..... 1 NO..... 2																	

G. HUNGER MODULE

G01	Have you experienced not having breakfast, lunch, and dinner in any day during the past week?	YES..... 1 NO..... 2	END INTERVIEW
G02	IF YES, ASK: What is your reason? RECORD MAIN REASON ONLY. DO NOT READ OUT RESPONSES.	NO MONEY..... 1 ON DIET 2 SICK..... 3 POOR APPETITE..... 4 FASTING 5 OTHER 6 (SPECIFY)	

REMARKS

[illegible]