

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.

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 border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
| | | | | | |
| | | | | | |
| NAME OF HOUSEHOLD HEAD: _____ | AGE OF ELIGIBLE WOMAN: <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | |
| | | | | | |
| | | | | | |
| 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 | | | | <table border="1"><tr><td></td></tr></table> | |
| | | | | | |

*** 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 border="1"><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 | <p>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.</p> <p>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.</p> | | | | | | | | |
| | LINE NO. | NAME OF CHILD | TYPE OF BIRTH | DATE OF BIRTH | | | SURVIVAL STATUS | | |
| | (1) | (2) | (3) | (4) | | | (5) | | |
| | | | | MO. | DAY | YEAR | Yes | No | |
| | 1 | _____ | <input type="checkbox"/> | <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"/> | Alive? | 1 | 2 |
| | 3 | _____ | <input type="checkbox"/> | <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"/> | Alive? | 1 | 2 |
| | 5 | _____ | <input type="checkbox"/> | <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"/> | Alive? | 1 | 2 |
| CHECK A02. ENTER BELOW THE NAME AND LINE NUMBER OF EACH CHILD BORN FROM FEBRUARY 1, 2005 TO PRESENT. IF NONE, GO TO MODULE B | | | | | | | | | |
| 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"/> DON'T KNOW98 | MONTHS <input type="text"/> DON'T KNOW98 | MONTHS <input type="text"/> DON'T KNOW98 | | | | | |
| A05 | How many times did you receive prenatal care during this pregnancy? | NO. OF TIMES <input type="text"/> DON'T KNOW98 | NO. OF TIMES <input type="text"/> DON'T KNOW98 | NO. OF TIMES <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="text"/> DON'T KNOW8 | TIMES <input type="text"/> DON'T KNOW8 | TIMES <input type="text"/> 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="text"/> | TIMES <input type="text"/> | TIMES <input type="text"/> | | | | | |
| A08 | When you were pregnant with (NAME OF CHILD) did you take: | 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 | | | | | |

| 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"/> |
| | | (1) | (2) | (3) |
| A08A | In the first two months after the birth of (NAME OF CHILD), did you receive : 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 |
| 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, GO TO MODULE B | | | | |
| 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"/> |
| | | (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. | Y N DK A. VITAMIN SUPPLEMENTS? 1 2 8 B. PLAIN WATER? 1 2 8 C. SWEETENED WATER OR JUICE? 1 2 8 D. ORS? 1 2 8 E. INFANT FORMULA? 1 2 8 F. MILK? 1 2 8 G. OTHER LIQUIDS? 1 2 8 H. SOLID OR SEMI- SOLID FOOD? 1 2 8 | Y N DK A. VITAMIN SUPPLEMENTS? 1 2 8 B. PLAIN WATER? 1 2 8 C. SWEETENED WATER OR JUICE? 1 2 8 D. ORS? 1 2 8 E. INFANT FORMULA? 1 2 8 F. MILK? 1 2 8 G. OTHER LIQUIDS? 1 2 8 H. SOLID OR SEMI- SOLID FOOD? 1 2 8 | Y N DK A. VITAMIN SUPPLEMENTS? 1 2 8 B. PLAIN WATER? 1 2 8 C. SWEETENED WATER OR JUICE? 1 2 8 D. ORS? 1 2 8 E. INFANT FORMULA? 1 2 8 F. MILK? 1 2 8 G. OTHER LIQUIDS? 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) |
| 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 MODULE E

| 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 ← | YES,1 GO TO MODULE C ← | YES,1 GO TO MODULE C ← |
| | | NO2 | NO2 | NO2 |
| | | DON'T KNOW8 GO TO B04 ← | DON'T KNOW8 GO TO B04 ← | 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 MODULE E

| 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"/> |
| | LINE NUMBER FROM A02 | (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 | MODULE 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 | |

