

CHILD HEALTH / IMCI

HOUSEHOLD BASELINE SURVEY

DRAFT GENERIC TOOL

Prepared by EPP/Evaluation and Health Section of UNICEF
In Collaboration with IMCI Inter-Agency Working Groups

28 September 1999

IMCI HOUSEHOLD LEVEL SURVEY QUESTIONNAIRE

INSTRUCTIONS FOR INTERVIEWERS

Note: Questions to be asked of respondents are written in **bold**; instructions for the interviewers are written in *italics*; items to be considered or referred to, but not spoken out loud, are written in plain type.

This questionnaire focuses on the IMCI “12 key family practices” and is presented as such. With the exception of key practices 8 through 11, which are addressed as a whole, all key practices are addressed individually. All sections are to be carried out at the household level. Some questions pertain directly or indirectly to children residing within the household who are less than five years of age (meaning up to 4 years, 11 months and 29 days). If possible, the age of all children so involved in this survey should be confirmed using a birth certificate, health card or other type of document. In communities where age ascertainment is difficult, special methods will have to be used based on local practices. If in doubt, complete the questionnaire and check with your supervisor later.

Ideally, the person to be interviewed should be the children’s primary caregiver (usually, the mother). However, data collected from fathers and other caregivers is also important and can be collected. If the mother, father or other primary caregiver is not available, move on to the next household and later check with your supervisor to clarify whether a return visit would be appropriate.

NOTE: *Depending on the country carrying out the survey, permission of respondents may be required, in either written or verbal form. Placing respondents in any kind of situation that may make them feel uncomfortable or compromised is not acceptable. This item should be discussed with the National level IMCI Household and Community Committee.*

Throughout the questionnaire, various codes are used to distinguish the data collected. With the exception of Key Practices 8 through 11, each question is coded with respect to the Key Practice being addressed. For example, question 1.5 is the fifth question being asked with regard to Key Practice number 1. Key Practices 8 through 11, all begin with the code 811 (representing key practices 8 through 11).

Underneath the question number, you will find an abbreviation which represents where the question originated from. These are as follows:

MICS: UNICEF’s MICS2 Questionnaire.

MCE: WHO’s Multi-Country Evaluation of IMCI effectiveness at the Household Level.

DHS: Questions from the newly revised Demographic Health Survey.

TNZ: Questions formulated by UNICEF Tanzania’s IMCI Household and Community assessment team.

EGP: Questions formulated by Egypt’s IMCI Household and Community Working Group.

CNI: Questions adapted from the CARE Nutrition Initiative used by both WHO and UNICEF.

HQ : Questions suggested by UNICEF HQ staff who reviewed the instrument and provided comment.

Below the coding indicating the source of the question, you will find a small box with a letter inside. These letters represent whether the question pertains to practice, knowledge, practice and/or knowledge, or experience and/or perception. These are as follows:

: Practice

: Knowledge

: Practice and/or Knowledge

EP : Experience and/or Perception

Sometimes, you will be asked to circle a number, write down a number or apply a tick to a particular box or statement. In general, the number 1 represents a response of yes, 0 represents a response of no, and 9 represents a response of doesn't know.

With several questions, there are instructions for skipping additional questions, depending on the answer given. When skipping questions, draw an oblique line through them so that your supervisor knows that they were intentionally skipped and not just overlooked.

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

Household Information Form

Name of District:

Name of Community:

Name of Village:

Household Code Number:

Surveyor Code Number:

Date:

Introduce yourselves: We are from _____ . We are working on a project concerned with child health, particularly for those children who are less than five years of age. We would like to talk with you (or the primary caregiver) about this. If you (or the primary caregiver) have the time, the interview will take about one hour.

If there is agreement, proceed. If not, ask the person you are speaking with if another time would be better. Make note of the suggested time and move on to the next household. Later, check with your supervisor to see if you should return to the household.

NOTE: In a polygamous household, interview each mother (or respective caregiver) as a single household.

A1 *NOTE to Interviewer: What is the gender of the caregiver being interviewed? Tick off the box that applies. Female Male*

A2 *If the caregiver has agreed to the interview, ask: **How many children less than 5 years old (that is less than 4 years, 11 months and 29 days), including newborns, are living in this household?** Record the number of children who are less than five years of age: _____. If there are no children in this age bracket, proceed to question A10.*

*If there are children less than five years, ask: **Could you please tell us the name, age and gender of each child who is less than five years?** Record this information in the table below. Also be sure, either or now or later today, to transfer this information to all sheets requiring the name, age and gender of children.*

<i>Child's Name, Age and Gender (less than 5 years)</i>	<i>Name/ Age/ Gender</i>	<i>Name/ Age/ Gender</i>	<i>Name/ Age/ Gender</i>	<i>Name/ Age/ Gender</i>	<i>Name/ Age/ Gender</i>	<i>Name/ Age/ Gender</i>
On the three lines to the right, record from top to bottom the child's name (first name and family name), age and gender.						

A3 **Who is the primary caregiver for the children during the day?** *Tick off the box that applies.*
 Mother Father Female Relative Male Relative
 Female Neighbour Male Neighbour Female Household Help
 Male Household Help Other Female Other Male

A4 **What is the age of daytime caregiver?**
Enter the age of the daytime caregiver in the space provided. If the age is unknown, mark down the number 9 and place a circle around it.
 AGE (in years): _____

A5 Who is the primary caregiver for the children at night? *Tick off the box that applies.*

Mother Father Female Relative Male Relative
Female Neighbour Male Neighbour Female Household Help
Male Household Help Other Female Other Male

A6 What is the age of night-time caregiver?

Enter the age of the night-time caregiver in the space provided. If the age is unknown, mark down the number 9 and place a circle around it.

AGE (in years): _____

A7 Who is the head of this household?

Do not prompt. Tick off responses mentioned, as per those listed below.

Mother Father Female Relative Male Relative
Female Child Male Child Other Female Other Male

A8 Is this a single-headed household?

Circle the appropriate number. If the response was "yes," circle 1; if "no," circle 0.

YES 1 NO 0

A9 What is the age of household head?

Enter the age of the household head in the space provided. If the age is unknown, mark down the number 9 and place a circle around it.

AGE (in years): _____

Thank you. We would now like to proceed with the interview. *Refer to the first section of the questionnaire (Key Practice 1) and proceed.*

A10 *If there are no children in the household who are less than five years, and you are speaking with the mother of the household, ask: **Would you mind telling us whether or not you have been pregnant within the last ten years?** If the response is no, thank the respondent for her time and proceed to the next household.*

*If the response is yes, ask: **Could we ask you a few questions about the care you received during your last pregnancy?** If the response is no, thank the respondent for her time and proceed to the next household.*

If the response is yes, proceed to Key Practice 12.

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IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
Key Practice 1: Breastfeed infants exclusively for at least four months and, if possible up to six months. (Mothers found to be HIV positive require counseling about possible alternatives to breastfeeding.)							
Indicator: Child under four months of age is exclusively breastfed.							
1.1 MICS/ MCE <input type="checkbox"/>	Has (child's name) ever been breastfed? <i>Circle the number that applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i> <i>If the response is "no" or "doesn't know," proceed to question 1.3.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
1.2 MICS/ MCE <input type="checkbox"/>	Is (child's name) still being breastfed? <i>Circle the number that applies. If the child is "still being breastfed," circle 1; if the child is "no longer being breastfed," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
1.3 MICS/ MCE compa- tible <input type="checkbox"/>	Since this time yesterday, did (child's name) receive any of the following? <i>Prompt and code for all items mentioned.</i> YES 1 NO 0 DOESN'T KNOW 9						
	Vitamin, mineral supplementation or medicine.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Plain water.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Sweetened, flavoured water or fruit juice or tea or infusion.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Oral rehydration solution (ORS).	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Tinned, powdered or fresh milk or infant formula.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Any other liquids (specify):	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Solid or semi-solid (mushy) food.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
1.4 MICS/ MCE <input type="checkbox"/>	Since this time yesterday, has (child's name) been given anything to drink from a bottle with a nipple or teat? <i>Circle the number that applies. If the response is "yes," circle 1; if "no," circle</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<i>0; if "doesn't know," circle 9.</i> YES 1 NO 0 DOESN'T KNOW 9						

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
<p>Key Practice 2: Starting at about six months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to two years or longer.</p> <p>Indicator: Child aged 6-9 months receives breastmilk and complementary feeding.</p> <p>Indicator: Continued breastfeeding rate at one year.</p> <p>Indicator: Complementary feeding frequency.</p>							
<p>NOTE: This section of the questionnaire should be adapted according to the specific feeding recommendations for the country in question.</p>							
2.1 DHS/ TNZ <input type="checkbox"/>	<p>In the last 24 hours, what foods were offered to (child's name) and how many times did he/she eat these foods?</p> <p><i>Do not prompt.</i></p> <p><i>Under each child's name, tick off food mentioned as per the categories defined below. If more than one food is mentioned per category, provide additional ticks for each food mentioned.</i></p> <p><i>In addition to the ticks, record the number of times the child ate a particular food.</i></p> <p><i>(e.g., if child ate rice two times and porridge once, place 2 ticks and the number 3 in the box for Starches, under the child's name).</i></p>						
	Starches: <i>(Provide list of starches eaten locally.)</i>						
	Leafy vegetables: <i>(Provide list of leafy vegetables eaten locally.)</i>						
	Other vegetables: <i>(Provide list of other vegetables eaten locally.)</i>						
	Fruits: <i>(Provide list of fruits eaten locally.)</i>						
	Protein: <i>(Provide list of protein foods eaten locally.)</i>						
	Fats: <i>(Provide list of fats eaten locally.)</i>						
	Tubers: <i>(Provide list of tubers eaten locally.)</i>						
	Beans: <i>(Provide list of beans eaten locally.)</i>						
	Dairy: <i>(Provide list of dairy eaten locally, excluding breast milk.)</i>						
<p>IMCI Household Survey Questionnaire – 12 Key Family Practices – DRAFT (UNICEF, October 1999)</p>							7

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<p><i>NOTE: Indicate, under each child's name, to the right, the combination of foods being fed to child.</i></p> <p><i>S = Starches, LV = Leafy vegetables, OV = Other vegetables, F = Fruits, P = Proteins, Fa = Fats, D = Dairy</i></p> <p><i>NOTE: If the opportunity arises, observe what foods children are eating. If you see a child eating a food type not mentioned by the caregiver, make a tick in the appropriate box and circle it.</i></p>						
2.2 DHS/ TNZ <input type="checkbox"/>	<p>In the last 24 hours, what liquids were offered to (child's name) and how many times did he/she drink these liquids?</p> <p><i>Do not prompt.</i></p> <p><i>Under each child's name, tick off the liquid mentioned as per the categories defined below.</i></p> <p><i>In addition to the ticks, record the number of times the child drank a particular liquid.</i></p>						
	Water						
	Milk						
	Breast Milk						
	Fruit Juices						
	Other (specify):						
2.3 TNZ/ EGP <input type="checkbox"/>	<p>If speaking with the mother ask: Have you ever provided (child's name) with a substitute for breast milk?</p> <p><i>Circle the number that applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p> <p><i>If the answer is "no," or "doesn't know," proceed to question 2.4. If the answer is "yes," ask:</i></p> <p>What were the reasons?</p> <p><i>Do not prompt. Circle 1 for all responses mentioned; circle 0 for all responses not mentioned.</i></p>						
	YES 1 NO 0 DOESN'T KNOW 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	<i>If the answer is "no," or "doesn't know," proceed to question 2.4. If the answer is "yes," ask:</i>						
	What were the reasons?						
	<i>Do not prompt. Circle 1 for all responses mentioned; circle 0 for all responses not mentioned.</i>						
	Mother did/does not have enough milk.	1 0	1 0	1 0	1 0	1 0	1 0
Mother has cracked, sore nipples, or is not able to breastfeed.	1 0	1 0	1 0	1 0	1 0	1 0	
Mother was/has been in poor health.	1 0	1 0	1 0	1 0	1 0	1 0	
IMCI Household Survey Questionnaire – 12 Key Family Practices – DRAFT (UNICEF, October 1999)							8

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	Protection of child from HIV/AIDS.						
	Mother was/is pregnant.	1 0	1 0	1 0	1 0	1 0	1 0
	Mother was/is working.						
	Age of child was/is greater than four months.	1 0	1 0	1 0	1 0	1 0	1 0
	Other (specify):	1 0	1 0	1 0	1 0	1 0	1 0
	Doesn't know.	1 0	1 0	1 0	1 0	1 0	1 0
	Also ask: Did anyone encourage you to provide a substitute for breastmilk?						
	<i>Circle the number that applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>						
	YES 1 NO 0 DOESN'T KNOW 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	<i>If "yes," ask:</i>						
	Who encouraged you to do so?						
	<i>Do not prompt. Circle 1 for all responses mentioned; circle 0 for all responses not mentioned.</i>						
	Family Member: Husband	1 0	1 0	1 0	1 0	1 0	1 0
	Family Member: Mother	1 0	1 0	1 0	1 0	1 0	1 0
	Family Member: Mother-in-law	1 0	1 0	1 0	1 0	1 0	1 0
	Family Member: Other	1 0	1 0	1 0	1 0	1 0	1 0
	Physician or Other Health Practitioner	1 0	1 0	1 0	1 0	1 0	1 0
	Community Health Worker	1 0	1 0	1 0	1 0	1 0	1 0
	Traditional Healer	1 0	1 0	1 0	1 0	1 0	1 0
	Relative or Neighbour	1 0	1 0	1 0	1 0	1 0	1 0
	Radio Programme	1 0	1 0	1 0	1 0	1 0	1 0
	Other (specify):	1 0	1 0	1 0	1 0	1 0	1 0
2.4 TNZ P	NOTE: If survey team is in household at a mealtime, observe to see how children are being fed. Circle the appropriate number with respect to whether children are being fed separately, from a common pot or a combination of both.						
	Served separately. 1						
	Served from common pot. 2						
	A combination of both. 3						
2.5 TNZ P	Has anyone ever had a discussion with you about the nutrition requirements of the children in this household?						
	<i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>						
	YES 1 NO 0 DOESN'T KNOW 9						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
2.6 TNZ <input type="checkbox"/>	<p><i>If the caregiver responds with either a "no" or "doesn't know," proceed to the next key practice. If "yes," ask:</i></p> <p>Who has spoken with you about the nutrition requirement of the children in this household?</p> <p><i>Do not prompt. Circle 1 for all responses mentioned; circle 0 for all responses not mentioned.</i></p>						
	Physician or health facility worker.	Mentioned 1			Not mentioned 0		
	Community health worker.	Mentioned 1			Not mentioned 0		
	Relative.	Mentioned 1			Not mentioned 0		
	Radio or other media message.	Mentioned 1			Not mentioned 0		
	Other (specify):	Mentioned 1			Not mentioned 0		
2.7 TNZ <input checked="" type="checkbox"/>	<p>Do you know or remember what was said about feeding these child(ren)?</p> <p><i>Do not prompt. Circle 1 for all responses mentioned; circle 0 for all responses not mentioned.</i></p>						
	The importance of breast feeding.	Mentioned 1			Not mentioned 0		
	Introducing complementary foods.	Mentioned 1			Not mentioned 0		
	Frequency of feeding.	Mentioned 1			Not mentioned 0		
	Avoiding water and/or tea (at the age of 0-4 months).	Mentioned 1			Not mentioned 0		
	Avoiding bottles.	Mentioned 1			Not mentioned 0		
	Other (specify):	Mentioned 1			Not mentioned 0		
	Other (specify):	Mentioned 1			Not mentioned 0		

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
<p>Key Practice 3: Ensure that children receive adequate amounts of micro-nutrients (Vitamin A and iron, in particular) either in their diet or through supplementation.</p> <p>Indicator: Vitamin A supplementation.</p> <p>Indicator: Prevalence of night blindness.</p>							
3.1 MICS & MCE Compatible <input type="checkbox"/>	<p>Have any of the children in this household ever received a card that looks like this?</p> <p><i>Show a copy of a child's health card.</i></p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
3.2 MICS & MCE Compatible <input type="checkbox"/>	<p><i>If the answer is "no" or "don't know," proceed to question 3.4. If the answer is "yes," ask:</i></p> <p>Which of these children, currently less than five years, have received such a card?</p> <p><i>Place a tick under the name of each child who has such a card.</i></p>						
3.3 MICS & MCE Compatible <input type="checkbox"/>	<p>Could you show me the(se) card(s)?</p> <p><i>Under each child's name, to the right, mark 1 to represent card seen, or 0 to represent card not seen.</i></p>						
	<p><i>If the caregiver shows you the card(s), under each child's name, copy the dates of when vitamin A capsules were received.</i></p>						
<p>NOTE: Ask questions 3.4 to 3.6 only if information was not available on the "health card" or the caregiver does not have such a card.</p>							
3.4 MICS/ MCE <input type="checkbox"/>	<p>Has (child's name) ever received a Vitamin A capsule (supplement) like this one? (Show capsule or dispenser.)</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
3.5 MICS/ MCE	<p>How many months ago did (child's name) take the last dose?</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
<input type="checkbox"/>	<i>Write down the number of months for each child. If the care giver does not know, write the number 9 for "doesn't know" and place a circle around it.</i>						
3.6 MICS/ HQ <input type="checkbox"/>	<p>On what occasion did (child's name) receive this last dose?</p> <p><i>Do not prompt. Circle the number corresponding with each response.</i></p> <p>Routine visit to health centre. 1 Sick child visit to health centre. 2 At a national immunization day. 3 Community health worker. 4 Other . 5 (specify): Doesn't know. 9</p>	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9
NOTE: Ask questions 3.7 to 3.10 only if the child is age two years or more. Otherwise, proceed to question 3.11.							
3.7 MICS/ MCE <input type="checkbox"/>	<p>Does (child's name) have any problem seeing in the daytime?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
3.8 MICS/ MCE <input type="checkbox"/>	<p>Does (child's name) have any problem seeing in the nighttime?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p> <p><i>If the answer is "no" or "doesn't know," proceed to question 3.7.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
3.9 MCE Compa- tible <input type="checkbox"/>	<p>Is this problem different from the vision problems of other children in your community?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
3.10 MICS/ MCE E/P	<p>Does (child's name) have night blindness (use local term for night blindness)?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
3.11 MICS P	<p>We would like to check whether the salt used in this household is iodized. Could we please see a sample of the salt used to cook the main meal eaten by members of this household?</p> <p><i>Once you have examined the salt, record the test outcome by circling the number corresponding with appropriate result.</i></p> <p>Iodized. 1 Not iodized – 0 PPM (no iodine). 2 Salt not tested. 3</p>						

	Flush toilet system. 1	Uncovered latrine. 5
	Pipe ventilated latrine (covered). 2	Uncovered latrine without an enclosed structure. 6
	Pipe ventilated latrine (uncovered). 3	No facilities/bush/field. 7
	Covered latrine. 4	
4.7 DHS PK	How do you handle or dispose of childrens' feces?	
	<i>Do not prompt. Circle the number to the right of all responses given.</i>	
	Children always use the latrine. 1	Child's feces are thrown outside yard.
	Child's feces are thrown into the latrine. 2	Child's feces are rinsed away.
	Child's feces are buried in yard. 3	Child's feces are not disposed of.
	Child's feces are thrown outside dwelling. 4	Other (sepcify):
4.8 EGP P	How do you dispose of garbage or other material waste?	
	<i>Do not prompt. Circle the number to the right of all responses given.</i>	
	Garbage is thrown into street or yard. 1	Garbage is taken to public dump. 5
	Garbage is burned. 2	Garbage is collected. 6
	Garbage is buried. 3	Other 7 (specify):
	Garbage is thrown into waste disposal bin. 4	
4.9 TNZ/ EGP P	On which occasions do you use soap when washing your hands?	
	<i>Do not prompt. Circle number to right of all responses given.</i>	
	After use of toilet. 1	Before eating. 5
	After attending a child who has defecated. 2	After eating. 6
	Before preparing food. 3	Other 7 (specify):
	Before feeding child. 4	
4.10 TNZ/ EGP P	On which occasions do you wash your hands without using soap?	
	<i>Do not prompt. Circle number to right of all responses given.</i>	
	After use of toilet. 1	Before eating. 5
	After attending a child who has defecated. 2	After eating. 6
	Before preparing food. 3	Other 7 (specify):
	Before feeding child. 4	

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
<p>Key Practice 5: Take children as scheduled to complete a full course of immunizations (BCG, DPT, OPV, and measles) before their first birthday.</p> <p>Indicator: Child 12 – 23 months of age vaccinated against measles before 12 months of age.</p> <p>Indicator: An up-to-date vaccination card, indicating immunizations for BCG, DPT, OPV, and measles.</p>							
<p>5.1 MICS & MCE Compatible <input type="checkbox"/></p>	<p><i>If the caregiver has shown you health cards (with respect to Key Practice 3), ask:</i></p> <p>Could you please show me the children's health cards again?</p>						
	<p><i>If the caregiver shows you the card(s), under each child's name, copy the dates of vaccinations received (as listed below).</i></p>						
	BCG						
	DPT1						
	DPT2						
	DPT3						
	OPV0						
	OPV1						
	OPV2						
	OPV3						
Measles							
	<p><i>Once the vaccination record for all children less than five years has been noted, proceed to question 5.10.</i></p>						
<p>NOTE 1: Ask questions 5.2 to 5.9 only if the caregiver does not have a "health card" with reference to vaccinations received by the child in question. If vaccination dates have already been noted/recorded, proceed to question 5.10.</p> <p>NOTE 2: If the questions 5.2 to 5.9 are asked, be sure to adapt according to the location of vaccination sites (i.e., left or right shoulder), according to country specifications.</p>							
<p>5.2 MICS/ MCE <input type="checkbox"/></p>	<p>Has (child's name) been given a BCG vaccination against tuberculosis – that is, an injection in the left shoulder that caused a scar?</p>						
	<p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
<p>5.3 MICS/ MCE <input type="checkbox"/></p>	<p>Would you mind if we checked (child's name) to see if there is an immunization scar?</p>						
	<p><i>Inspect shoulder of each child less than five years for BCG scar. If the scar is</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<i>present, circle 1; if the scar is absent, circle 0; if the child is not examined, circle 9.</i>						
5.4 MICS/ MCE <input type="checkbox"/>	<p>Has (child's name) ever been given vaccination injections – that is, an injection in the thigh or buttocks to prevent him or her from getting tetanus, whooping cough, and diphtheria?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
5.5 MICS/ MCE <input type="checkbox"/>	<p>How many such injections has (child's name) had?</p> <p><i>Record the number of injections under each child's name. If the number is unknown, or the caregiver is unsure, place a 9 in the box and circle it.</i></p>						
5.6 MICS/ MCE <input type="checkbox"/>	<p>Has (child's name) ever been given vaccination drops in the mouth to protect him or her from getting polio?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
5.7 MICS <input type="checkbox"/>	<p><i>If "no" or "doesn't know," proceed to question 5.8. If "yes," ask:</i></p> <p>When was the polio vaccine received, just after birth or later?</p> <p><i>Under each child's name to the right, place a circle around the number corresponding with the given response.</i></p> <p>Just after birth = 1 Later = 2 Doesn't know/remember = 9</p>	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
5.8 MICS/ MCE <input type="checkbox"/>	<p>How many times has she/he been given these drops?</p> <p><i>Record the number of times under each child's name. If the number is unknown, or the caregiver is unsure, place a 9 in the box and circle it.</i></p>						
5.9 MICS/ MCE <input type="checkbox"/>	<p>Has (child's name) ever been given a vaccination injection – that is, a shot in the thigh (or arm), at the age of 9 months or more – to prevent him or her from getting measles?</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
5.10 MICS/ HQ <input type="checkbox"/>	Has (child's name) ever participated in a National Immunization Day?						
	<i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Can you recall the month and/or year that (child's name) last attended a National Immunization Day? <i>If known, record the month and/or year under each child mentioned. If the date is unknown, or the caregiver is unsure, place a 9 in the box and circle it.</i>						
5.11 TNZ/ HQ <input type="checkbox"/>	Has (child's name) ever attended any other kind of local health day?						
	<i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	<i>If the answer is "yes," specify what kind of local health day in the space provided to the right. If the answer is "no" or "doesn't know," proceed to the next key practice.</i>						
	Can you recall the month and/or year that (child's name) last attended a local health day? <i>If known, record the month and/or year under each child mentioned. If the date is unknown, or the caregiver is unsure, place a 9 in the box and circle it.</i>						

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
Key Practice 6: Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated mosquito nets.							
Indicator: Child sleeps under insecticide treated mosquito net.							
6.1 HQ <input type="checkbox"/>	Did anyone in this household sleep under a mosquito net last night? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i> <i>If the response is "no" or "doesn't know," proceed to question 6.6. If the response is "yes," continue with question 6.2.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
6.2 MICS/ MCE Compa- tible <input type="checkbox"/>	Did (child's name) sleep under a mosquito net last night? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
6.3 MICS/ MCE Compa- tible <input type="checkbox"/>	<i>If the answer was "no" or "doesn't know," proceed to question 6.6. If the answer is "yes," ask:</i> Was this net ever treated with a product to kill mosquitos? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
6.4 MICS/ MCE <input type="checkbox"/>	<i>If the answer was "no," proceed to question 6.5. If the answer was "doesn't know," proceed to question 6.6. If the answer is "yes," ask:</i> When was the mosquito net last treated? <i>Under each child's name, to the right, record the time in months and/or years, since the nets were treated. If answer is unknown mark the number 9 under the child's name and draw a circle around this number.</i> <i>Skip question 6.4. Proceed to question 6.5.</i>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</p>						
6.5 TNZ <input type="checkbox"/> P/ <input type="checkbox"/> K	Could you tell us why your mosquito nets have not been treated? <i>Do not prompt. Circle 1 for all responses mentioned. Circle 0 for all responses not mentioned.</i>						
	Tablets for treatment are not available.		Mentioned 1		Not mentioned 0		
	Cannot afford.		Mentioned 1		Not mentioned 0		
	Do not believe in value of treated nets.		Mentioned 1		Not mentioned 0		
	Doesn't know.		Mentioned 1		Not mentioned 0		
	Other (specify):		Mentioned 1		Not mentioned 0		
6.6 WHO <input type="checkbox"/> K	Why do people use insecticide treated mosquito nets? <i>Do not prompt. Circle 1 for all responses mentioned. Circle 0 for all responses not mentioned.</i>						
	To avoid mosquitos.		Mentioned 1		Not mentioned 0		
	To avoid other insects.		Mentioned 1		Not mentioned 0		
	To prevent malaria.		Mentioned 1		Not mentioned 0		
	To sleep comfortably.		Mentioned 1		Not mentioned 0		
	Other (specify):		Mentioned 1		Not mentioned 0		
6.7 TNZ <input type="checkbox"/> P	In the last two weeks, were any other mosquito repellents or insecticides used in this household? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i> YES 1 NO 0 DOESN'T KNOW 9 <i>If the answer is "no" or "doesn't know," proceed to the next question. If the answer is "yes," ask: Which repellents were used?</i> <i>Prompt if there is hesitation only. Circle 1 for all items mentioned. Circle 0 for all items not mentioned.</i>						
	Mosquito repellent spray.		Mentioned 1		Not mentioned 0		
	Mosquito repellent cream or oil.		Mentioned 1		Not mentioned 0		
	Mosquito coils.		Mentioned 1		Not mentioned 0		
	Insecticide.		Mentioned 1		Not mentioned 0		
	Other (specify):		Mentioned 1		Not mentioned 0		
	Other (specify):		Mentioned 1		Not mentioned 0		

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

Household Code Number: _____

Key Practice 7: Promote mental and social development by responding to a child's needs for care, through talking, playing and providing a stimulating environment.

Indicator: Caregiver/parent talks/communicates with children.

Indicator: Caregiver/parent plays with children.

Indicator: Caregiver/parent provides children with a stimulating environment.

7.1 CNI <input type="checkbox"/> /K	How can parents and/or caregivers help children learn to talk?
	<i>Do not prompt. Tick off responses mentioned as listed below.</i>
	Talks with the child.
	Asks the child questions.
	Responds when the child is trying to ask something or say something.
	Reads with child.
	Other (<i>specify</i>):
Doesn't know.	
7.2 HQ <input type="checkbox"/>	What kind of play activities do you make available for your children?
	<i>Do not prompt. Tick off responses mentioned as listed below.</i>
	Physical play activities such as walking, biking, playing with toys, playing ball.
	Games involving child's creativity: making toys, painting, drawing, singing.
	Reading.
	Other (<i>specify</i>):
	Doesn't know.
	None.
<i>Unless the response is "doesn't know," ask:</i>	
Of these activities, which are you actively involved in yourself?	
<i>To indicate which play activities caregiver is involved in, place a circle around the tick placed beside the play activities mentioned.</i>	
7.3 HQ <input type="checkbox"/>	How do you provide your children with a stimulating environment in which to grow up in?
	<i>Do not prompt. Tick off responses mentioned as listed below.</i>
	Teaches the child about nature.
	Exposes the child to experiences that address cultural or traditional practices.
	Takes child on special outings.
	Takes child to visit relatives and/or friends.
	Takes child to church.
	Ensures that child attends school.
	Other (<i>specify</i>):
	Doesn't know.
Does nothing.	
7.4 CNI/ TNZ <input type="checkbox"/>	How do you respond to your children if they have misbehaved?
	<i>Do not prompt. Tick off responses mentioned, as per those listed below.</i>
	Discusses behaviour with child.
	Disciplines child.
	Defers response to other parent or caregiver.
	Does nothing.
Other (<i>specify</i>):	

7.5 CNI Compatible <input type="checkbox"/>	<p><i>If the response pertains to “disciplining” the child, ask the following question. Otherwise, proceed to question. 7.6.</i></p> <p>How do you discipline your children?</p> Scolds child. Spansks child. Isolates child. Punishes child by withholding something. Other (specify): NOTE: Tick off as many responses as mentioned. If you observe a behaviour not mentioned, tick off this behaviour and place a circle around the tick.						
7.6 CNI/ TNZ <input type="checkbox"/>	<p>How do you respond if your children have behaved pleasingly?</p> <p><i>Do not prompt. Tick off responses mentioned, as per those listed below.</i></p> Gives praise to child. Hugs or kisses child. Gives the child special food or drink. Provides another gift/treat for the child. Allows the child to carry out a special activity. Other (specify): Doesn't know. Does nothing. NOTE: Tick off as many responses as mentioned. If you observe a behaviour not mentioned, tick off this behaviour and place a circle around the tick.						
7.7 HQ <input type="checkbox"/>	<p>What kind of support do you give to your children if they are sick?</p> <p><i>Do not prompt. Tick off responses mentioned, as per those listed below.</i></p> Provides home treatment. Takes child for treatment outside the home. Takes the child to a health facility. Comforts the child (holding, cuddling, singing). Pays extra attention (e.g., providing more food and/or liquids). Pays for child's medical care. Other (specify): Does nothing.						
7.8 EGP <input type="checkbox"/>	<p><i>If the response to question 7.7 came from the “father” proceed to question 7.9. If a caregiver other than the father responded to question 7.7, ask:</i></p> <p>What kind of help or support does the father give when his children are sick?</p> <p><i>Do not prompt. Circle all numbers to the right of given responses.</i></p> Provides home treatment. Takes child for treatment outside the home. Takes the child to a health facility. Comforts the child (holding, cuddling, singing). Pays extra attention (e.g., providing more food and/or liquids). Pays for child's medical care. Other (specify): Father is not present. Does nothing.						
7.9 EGP <input type="checkbox"/>	<p>What other family members care for children when they are sick?</p> <p><i>Do not prompt. Circle all numbers to the right of given responses.</i></p> <table border="1" data-bbox="297 1667 1419 1799"> <tr> <td data-bbox="297 1667 867 1719"> <i>(If caregiver being interviewed is not the father)...</i> Child's father. 1 </td> <td data-bbox="875 1667 1419 1719"> Sister of child. 4 </td> </tr> <tr> <td data-bbox="297 1730 867 1782"> <i>(If caregiver being interviewed is not the mother)...</i> Child's mother. 2 </td> <td data-bbox="875 1730 1419 1782"> Brother of child. 5 </td> </tr> <tr> <td data-bbox="297 1793 867 1799"> Child's grandparent. 3 </td> <td data-bbox="875 1793 1419 1799"> Other 6 (specify): </td> </tr> </table>	<i>(If caregiver being interviewed is not the father)...</i> Child's father. 1	Sister of child. 4	<i>(If caregiver being interviewed is not the mother)...</i> Child's mother. 2	Brother of child. 5	Child's grandparent. 3	Other 6 (specify):
<i>(If caregiver being interviewed is not the father)...</i> Child's father. 1	Sister of child. 4						
<i>(If caregiver being interviewed is not the mother)...</i> Child's mother. 2	Brother of child. 5						
Child's grandparent. 3	Other 6 (specify):						

7.10 HQ <input type="checkbox"/>	<p>Do you have access to anyone who can provide you with counselling on either the emotional or mental needs of your children?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>								
7.11 HQ <input type="checkbox"/>	<p><i>If "yes," ask:</i></p> <p>Who can provide you with such help?</p> <table border="1" data-bbox="295 441 1429 663"> <tr><td>Traditional healers.</td></tr> <tr><td>Community health workers.</td></tr> <tr><td>Teachers.</td></tr> <tr><td>Religious leaders.</td></tr> <tr><td>Health care professionals.</td></tr> <tr><td>Community elders.</td></tr> <tr><td>Relatives.</td></tr> <tr><td>Other (<i>specify</i>):</td></tr> </table>	Traditional healers.	Community health workers.	Teachers.	Religious leaders.	Health care professionals.	Community elders.	Relatives.	Other (<i>specify</i>):
Traditional healers.									
Community health workers.									
Teachers.									
Religious leaders.									
Health care professionals.									
Community elders.									
Relatives.									
Other (<i>specify</i>):									

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
<p>NOTE: The following four key family practices will be addressed as a whole and largely in relation to a two-week morbidity history of all children in the household who are less than 5 years of age. Notation of questions will proceed with the coding of "811" to represent "key practices 8-11."</p>							
<p>Key Practice 8: Continue to feed and offer more fluids, including breastmilk, to children when they are sick.</p> <p>Indicator: Sick child receives increased fluids and continued feeding.</p>							
<p>Key Practice 9: Give sick children appropriate home treatment for infections.</p> <p>Indicator: Child with fever receives appropriate antimalarial treatment (in malaria risk areas).</p> <p>Indicator:</p>							
<p>Key Practice 10: Recognize when sick children need treatment outside the home and seek care from appropriate providers.</p> <p>Indicator: Caregiver knows at least two signs for seeking care immediately.</p>							
<p>Key Practice 11: Follow the health worker's advice about treatment, follow-up and referral.</p> <p>Indicator: Compliance with treatment.</p> <p>Indicator: Compliance with follow-up.</p> <p>Indicator: Compliance with referral.</p>							
811.1 MICS/ MCE <input type="checkbox"/>	<p>In the last two weeks, that is, since (current day) of the week before last, which children, if any, had any illness or health problem?</p> <p><i>Place a tick under the name of each child mentioned. Questions in this section must be asked for each child who has been ill within this time period.</i></p>						
811.2 MCE <input type="checkbox"/>	<p>For how many days has (child's name) been ill?</p> <p><i>Record the number of days under each child reported as having been ill.</i></p>						
811.3 TNZ <input type="checkbox"/>	<p>Please tell me if (children's names reported as having been ill) had any of these symptoms or illnesses in the last 2 weeks, including today. Did (children's names) have...?</p> <p><i>For each child noted as having been ill within the last two weeks, prompt for all listed symptoms and illnesses mentioned below.</i></p>						
	Malaria						
	Fever						
<p><i>IMCI Household Survey Questionnaire – 12 Key Family Practices – DRAFT (UNICEF, October 1999)</i></p>							24

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	Convulsions						
	Pneumonia						
	Cough						
	Difficult Breathing						
	Fast Breathing/Short Quick Breaths						
	Diarrhoea						
	Blood in Stool						
	Soft or Watery Stool						
	Measles						
	Generalized Skin Rash						
	Redness of Eyes						
	Runny Nose						
	Malnutrition						
	Loss of Appetite						
	Swollen Limbs						
	Bloated Abdomen						
	Other (specify):						
811.4 MICS <input type="checkbox"/>	Did you seek advice or treatment for (child's name)'s illness outside the home? <i>If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.5 MCE Compatible <input type="checkbox"/>	<i>If the response was "no" or "doesn't know" proceed to the next child who has been ill within the last two weeks. If no care was sought for any child, proceed to question 811.10.</i> Where or from whom did you seek help? <i>Do not prompt, with exception of traditional healer (asked with sensitivity). Tick each provider mentioned.</i>						
	Government Hospital						
	Government Health Facility or Clinic						
	Private Physician						
	Pharmacy						
	Community Based Practitioner associated with the Health System, including TBAs						
	Shop or Stall						
	Market						
	Drug Seller						
	Village Health Worker						
	Religious Leader						
	Relative, Friend or Elder (outside household)						
	Traditional Healer						
	Other (specify)						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<p><i>NOTE: make note of whether caregiver sought help from formal health service support (shaded area), from non-formal health service support (non-shaded area) or from both.</i></p> <p>Formal = 1 Non-Formal = 2 Both = 3</p>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
811.6 TNZ <input type="checkbox"/> EP	<p><i>With regard to the first (or only) provider mentioned, ask:</i></p> <p>How satisfied were you with the service or advice provided? Extremely satisfied? Generally satisfied? Not satisfied?</p> <p>Extremely Satisfied = 1 Generally Satisfied = 2 Not Satisfied = 3</p>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
811.7 MCE/ TNZ <input type="checkbox"/> P	<p><i>If only one provider was mentioned, circle the tick in question 811.5 and proceed to question 811.10. If more than one provider was mentioned, ask:</i></p> <p>Which provider did you go to first, after (child's name) became ill?</p> <p><i>Circle the tick in question 811.5, for this provider as well and make note of the second provider in the appropriate box.</i></p>						
811.8 TNZ <input type="checkbox"/> EP	<p><i>If a second provider was mentioned, ask:</i></p> <p>Why did you decide to go to another provider?</p> <p><i>Do not prompt. Under the name of each child taken to more than one health care provider, place a tick as per the response given.</i></p> <p>Child was not cured.</p> <p>Advised by health facility/doctor to do so.</p> <p>Medication was too expensive.</p> <p>Instructions for treatment were too difficult to follow.</p> <p>Other (specify) :</p>						
811.9 TNZ <input type="checkbox"/> EP	<p><i>If a second provider was mentioned, ask:</i></p> <p>How satisfied were you with the service or advice provided by the</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<p>(name of provider)? Extremely satisfied? Generally satisfied? Not satisfied?</p> <p>Extremely Satisfied = 1 Generally Satisfied = 2 Not Satisfied = 3</p>	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
811.10 TNZ EP	<p>Are there some illnesses or conditions that you think can be better managed by others not associated with a health facility?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
811.11 TNZ EP	<p><i>If the answer was "no" or "doesn't know," proceed to the next question. If the answer is "yes," ask:</i></p> <p>What do you think some of these illnesses or conditions might be?</p> <p><i>Do not prompt. Place a tick beside all responses mentioned, as per below.</i></p> <p>Flu, common cold.</p> <p>Cough</p> <p>Ear or eye infection.</p> <p>Malaria</p> <p>Fever</p> <p>Pneumonia/Difficult breathing.</p> <p>Diarrhoea</p> <p>Measles</p> <p>Malnutrition</p> <p>Convulsions</p> <p>Other (specify):</p> <p>Doesn't know.</p>						
811.12 TNZ P	<p>Is there someone in the community who is regularly consulted with regard to childhood illness?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
811.13 TNZ P	<p><i>If the answer is "no" or "doesn't know," proceed to the next question. If the answer is "yes," ask:</i></p> <p>Who is this person?</p> <p><i>Do not prompt. Place a tick beside all persons mentioned, as per below.</i></p> <p>Spouse</p> <p>Relative</p> <p>Neighbour</p> <p>Elder</p> <p>Medical Doctor</p> <p>Community Health Worker</p> <p>Traditional Birth Attendant</p> <p>Traditional Healer</p> <p>Religious Leader</p> <p>Other (specify):</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
811.14 MICS/ MCE <input checked="" type="checkbox"/>	<p>Sometimes children have severe illnesses and should be taken immediately to a health facility. When should you take a sick child to a health facility right away?</p> <p><i>Do not prompt – keep asking for more signs and/or symptoms until the care giver cannot recall any additional ones. Place a tick beside all signs and/or symptoms mentioned.</i></p> <p>Child not able to drink or breathe.</p> <p>Child becomes sicker.</p> <p>Child develops a fever.</p> <p>Child has fast breathing.</p> <p>Child has difficult breathing.</p> <p>Child has blood in stool.</p> <p>Child is drinking poorly.</p> <p>Other (specify):</p> <p>Other (specify):</p>						
811.15 MCE <input type="checkbox"/>	<p>Have you ever taken a child, ill or healthy, to a health facility?</p> <p><i>Circle the number which applies. If the response is “yes,” circle 1; if “no,” circle 0.</i></p> <p>YES 1 NO 0</p> <p><i>If the answer is “no,” proceed to question 811.41.</i></p>						
NOTE: If child(ren) have been taken to a physician or health facility in the last two weeks (refer to question 811.5), ask questions 811.16 to 840. If no child was taken to a health facility during this period, but has been taken at some other time, proceed to question 811.28?							
811.16 TNZ <input type="checkbox"/>	<p>What made you decide to take (child's name) to a health facility?</p> <p><i>Do not prompt. Tick each response mentioned under the name of the child in question.</i></p> <p>Child's health condition worsened.</p> <p>Family member advice.</p> <p>Advised by health facility/doctor to do so.</p> <p>Either money, transport or time became available.</p> <p>Other (specify) :</p>						
811.17 TNZ <input type="checkbox"/>	<p>How much time passed between when you first recognized that the child was ill and you took him/her to the health facility?</p> <p><i>Do not prompt. Write down time passed (in terms of days) under the name of each child in question.</i></p>						
811.18 MCE <input type="checkbox"/>	<p>Did the health worker ask you to bring (child's name) back to the clinic in a few days?</p> <p><i>Circle the number which applies. If the response is “yes,” circle 1; if “no,” circle 0; if “doesn't know,” circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
811.19 MCE Compatible <input type="checkbox"/>	<p><i>If the response is "no" or "doesn't know," proceed to question 811.21. If the response is "yes," ask:</i></p> <p>Did you bring the child back to the health facility for a follow-up visit?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.20 HQ <input type="checkbox"/>	<p><i>If the response is "no," ask the following question. Otherwise, proceed to question 811. 21.</i></p> <p>What prevented you from taking the child for a follow-up visit?</p> <p><i>Do not prompt. Tick each response mentioned under the name of the child in question.</i></p>						
	Could not afford the additional costs.						
	Could not afford the time.						
	Did not have the household authority to make such a decision – other household members disagreed.						
	Did not believe that follow-up was necessary.						
	Has not yet taken child for follow-up, but intends to.						
	(Child's name) became well before follow-up was required.						
	Other (<i>specify</i>):						
811.21 MCE <input type="checkbox"/>	<p>Did the health worker say your child had to be taken to a hospital or another health centre?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.22 MCE Compatible <input type="checkbox"/>	<p><i>If the response was "no" or "doesn't know," proceed to question 811.25. If the response is "yes," ask:</i></p> <p>What kind of referral was required?</p> <p><i>Do not prompt. Tick each response mentioned under the name of the child in question.</i></p>						
	Return visit to the health facility.						
	A visit to a local community health worker.						
	A visit to a hospital or other health centre.						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<i>Other (specify):</i>						
811.23 HQ <input type="checkbox"/>	Were you able to comply? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.24 HQ <input type="checkbox"/>	<i>If the response is "no," ask the following question. Otherwise, proceed to question 811. 25.</i> What prevented you from taking the child for a referral? <i>Do not prompt. Tick each response mentioned under the name of the child in question.</i>						
	Could not afford the additional costs.						
	Could not afford the time.						
	Did not have the household authority to make such a decision – other household members disagreed.						
	Did not believe that referral was necessary.						
	Has not yet taken child for referral, but intends to.						
	(Child's name) became well before referral was required.						
	<i>Other (specify):</i>						
811.25 CNI <input type="checkbox"/>	When (child's name) fell ill, and she or he was taken to a health facility, who decided that the child should seek such treatment? <i>Do not prompt. Tick each response mentioned under the name of the child in question.</i>						
	Mother						
	Father						
	Mother and Father						
	Other Relative						
	Community Member						
	Village Health Worker						
	Doctor						
	Nurse						
	<i>Other (specify):</i>						
811.26 CNI <input type="checkbox"/>	Who took (child's name) to the health care facility? <i>Do not prompt. Tick each response mentioned under the name of the child in question.</i>						
	Mother						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	Father						
	Other adult (specify):						
	Other child (specify):						
811.27 MCE Compa- tible <input type="checkbox"/>	When (child's name) fell ill and you decided to take her or him to a health facility, what were the costs involved? <i>Prompt as may be required. Record amounts (under the name of each child in question) in terms of financial and time costs.</i>						
	Financial – Fees (input amount).						
	Financial – Drugs (input amount).						
	Financial – Travel Costs: Required Food, Accommodation and Transportation (input amount).						
	Time (input hours/days).						
	Loss of work time (input time/financial amount).						
	Other costs (specify):						
811.28 MCE Compa- tible <input type="checkbox"/>	In general, are you able to pay the full costs involved with your children's health care? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i> YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9						
811.29 TNZ <input type="checkbox"/>	If NO, USUALLY or SOMETIMES, ask: Are you able to pay for the cost of drugs? <i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i> YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9						
811.30 MCE Compa- tible <input type="checkbox"/>	When you take a sick child to a health facility, how far must you travel to reach this health facility? <i>Tick off distance mentioned, as per below.</i> Less than five km. (one hour walking). <input type="checkbox"/> Five to ten km. (one – two hours walking). <input type="checkbox"/> Greater than ten km. (more than two hours walking). <input type="checkbox"/>						
811.31 TNZ <input type="checkbox"/>	In general, how would you describe the benefits of seeking treatment for a child from a health facility? <i>Do not prompt.</i> Health facility is relatively close. <input type="checkbox"/> Quality diagnostic/treatment – good technical knowledge. <input type="checkbox"/> Quality medication. <input type="checkbox"/> Free medication. <input type="checkbox"/> Positive attitude of the health workers. <input type="checkbox"/> Individual quality care/personal attention. <input type="checkbox"/> Other <input type="checkbox"/> (specify):						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
811.32 TNZ EP	<p>How would you describe the quality of care your sick child receives from the health facility? Very good? Good? Fair? Not so good?</p> <p>Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not So Good <input type="checkbox"/></p>						
811.33 TNZ EP	<p>What would you like to see improved?</p> <p><i>Do not prompt. Tick responses as per below.</i></p> <p>Atmosphere (welcoming approach, treated with respect, not having to wait too long). <input type="checkbox"/> Adequate and appropriate drug supply. <input type="checkbox"/> Proper and easy to follow Instructions. <input type="checkbox"/> General cleanliness. <input type="checkbox"/> Other <input type="checkbox"/> (specify):</p>						
811.34 TNZ EP	<p>What are some of the factors, which might discourage you from seeking treatment for an ill child from a health facility?</p> <p><i>Do not prompt. Tick off responses, as per below.</i></p> <p>Financial costs. <input type="checkbox"/> Easy access to drugs outside of the health facility. <input type="checkbox"/> Quality of care is less than satisfactory. <input type="checkbox"/> Distance. <input type="checkbox"/> Time away from work. <input type="checkbox"/> Time away from other children. <input type="checkbox"/> Competing needs within the household. <input type="checkbox"/> Lack of decision-making capacity with regard to taking an ill child to a health facility. <input type="checkbox"/> Other <input type="checkbox"/> (specify):</p>						
811.35 HQ P	<p>Do health care workers from the health facility ever make visits in the community and/or household?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9</p>						
811.36 TNZ EP	<p>Do you feel that you and your children are treated with respect by health workers attached to the health facility?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
811.37 TNZ P	<p>If YES, USUALLY, or DOESN't KNOW, proceed to the next question. If SOMETIMES or NO, ask:</p> <p>Is there any way for you to channel a complaint about such lack of respect, either to the health facility directly or through the community?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9</p>						
811.38 MCE Compatible EP	<p>When health care instructions are communicated to you by a health worker, do you find the instructions easy to understand and follow?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "usually," circle 2; if "sometimes," circle 3; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 USUALLY 2 SOMETIMES 3 DOESN'T KNOW 9</p>						
811.39 MCE Compatible EP	<p><i>If YES, USUALLY, or DOESN't KNOW, proceed to question 811.40. If SOMETIMES or NO, (to either of the above two questions), ask:</i></p> <p>What are the difficulties involved in either understanding or following such instructions?</p> <p><i>Do not prompt. Tick responses as per below.</i></p> <p>Language/literacy problems. <input type="checkbox"/></p> <p>Confusion. <input type="checkbox"/></p> <p>Too much information. <input type="checkbox"/></p> <p>Instructions not properly communicated. <input type="checkbox"/></p> <p>Too many other concerns/pre-occupied. <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (specify):</p>						
<p>NOTE: Questions 811.40 to 811.49 are to be asked only of caregivers who identified one or more children in the household that have been ill within the last two weeks. If no such children were identified proceed to the ORS test at the end of this section.</p>							
<p>NOTE: Questions 811.40 pertains only to children who were identified as having a cough during the last two weeks. If no such children were identified, proceed to question 811.41. Also note that the following question is still under debate in terms of the exact wording to be used. Consideration is being given to questions designed for UNICEF/MICS, DHS and WHO/IMCI.</p>							
811.40 MICS Compatible P	<p><i>If cough was checked off, along with fast and/or difficult breathing, ask:</i></p> <p>Was the problem of fast or difficult breathing due to a problem in the chest or a blocked nose?</p> <p>CHEST = 1 NOSE = 2 BOTH CHEST AND NOSE = 3 OTHER (SPECIFY) = 4 DOESN'T KNOW = 9</p>	1 2 3 4 9	1 2 3 4 9	1 2 3 4 9	1 2 3 4 9	1 2 3 4 9	1 2 3 4 9
<p>NOTE: Question 811.41 pertains only to children who were identified as having diarrhoea (loose, watery frequent stools or blood in stool) during the last two weeks. If no such children were identified, proceed to question 811.42.</p>							

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
811.41 MICS P	<p><i>If diarrhoea was not ticked, proceed to question 811.42.</i></p> <p>During this last episode of diarrhoea, did (child's name) drink any of the following?</p> <p><i>Prompt for the following. If the response is "yes," circle the number 1 under the child's name; if "no," circle 0; if the caregiver doesn't know, circle 9.</i></p>						
	Breastmilk.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Cereal-based gruel or gruel made from roots or soup.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Other locally defined acceptable home fluids (e.g., yoghurt drink).	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	ORS packet solution.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Other milk or infant formula.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Water with feeding during some part of the day.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Water alone.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Other fluids but no feeding.	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Other (specify):	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
	Nothing. <i>If nothing, proceed to question 811.42.</i>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
NOTE: Questions 811.42 to 811.46 pertain only to children who were identified as having fever or malaria during the last two weeks. If no such children were identified, proceed to question 811.47.							
811.42 MICS Compatible P	<p><i>With all children for whom either malaria or fever was ticked, ask:</i></p> <p>Was (child's name) seen at a health facility when she/he had malaria or fever?</p> <p><i>If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.43 MICS P	<p><i>If the response is "no," or "doesn't know," proceed to question 811.45. If the response is "yes," ask:</i></p> <p>Did (child's name) take a medicine for fever or malaria that was provided or prescribed at the health facility?</p> <p><i>If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.44 MICS P	<p><i>If the response is "no," or "doesn't know," proceed to question 811.45. If the response is "yes," ask:</i></p> <p>What medicine did (child's name) take that was provided or prescribed at the health facility?</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i>						
	<p><i>Do not prompt. Place a circle around the number of all corresponding responses. If the caregiver does not know which drugs were given, show a tray of locally used anti-malarials. If the caregiver reports that the child had an injection (and does not know the name), record this response as "other."</i></p> <p>Paracetamol = 1 <i>(Insert name of locally used drug) = 2</i> Chloroquine = 3 Fansidar = 4 Other = 5 (specify): Doesn't know = 9</p>	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9
811.45 MICS Compatible <input type="checkbox"/>	<p>Was (child's name) given medicine for the fever or malaria either before being taken to the health facility or (if not taken to health facility) during this illness?</p> <p><i>If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p>	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9
811.46 MICS <input type="checkbox"/>	<p><i>If the response is "no," or "doesn't know," proceed to question 811.47. If the response is "yes," ask:</i></p> <p>What medicine was (child's name) given?</p> <p><i>Do not prompt. Place a circle around the number of all corresponding responses. Again, if the caregiver does not know which drugs were given, show a tray of locally used anti-malarials. If the caregiver reports that the child had an injection (and does not know the name), record this response as "other."</i></p> <p>Paracetamol = 1 <i>(Insert name of locally used drug) = 2</i> Chloroquine = 3 Fansidar = 4 Other = 5 (specify): Doesn't know = 9</p>	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9	1 2 3 4 5 9
NOTE: Questions 811.47 to 811.49 pertain to all children who were identified as having been ill within the last two weeks.							
811.47 MICS/ MCE	During (child's name)'s illness, did (child's name) drink much less liquid, about the same or more than usual?						

IMCI HOUSEHOLD SURVEY QUESTIONNAIRE

12 KEY FAMILY PRACTICES

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
<p>Key Practice12: Ensure that every pregnant woman has adequate antenatal care. This included having at least four antenatal visits with an appropriate health care provider, and receiving the recommended doses of the tetanus toxoid vaccination. The mother also needs support from her family and community in seeking care at the time of delivery and during the postpartum, and lactation period.</p> <p>Indicator: Prevalence of women who received antenatal care for last pregnancy.</p> <p>Indicator: Prevalence of women who received any TT injection at any time before last pregnancy, during a previous pregnancy or between pregnancies.</p> <p>Indicator: Mother received support from husband during pregnancy and/or after pregnancy.</p> <p>Indicator: Mother received support from other family during and/or after pregnancy.</p> <p>Indicator: Mother received support for community members during and/or after pregnancy.</p>							
12.1 DHS <input type="checkbox"/>	<p>With your last (or current) pregnancy, did you see anyone for antenatal care?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know" (or cannot remember), circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.2 DHS <input type="checkbox"/>	<p>Whom did you see?</p> <p><i>Prompt for all persons mentioned below, placing a tick beside each person mentioned.</i></p> <p>Health professional: doctor.</p> <p>Health professional: nurse.</p> <p>Other health professional (specify):</p> <p>Traditional birth attendant.</p> <p>Other (specify):</p>						
12.3 DHS <input type="checkbox"/>	<p>How many times did you receive antenatal care during this pregnancy?</p> <p><i>Record the number of times: _____</i></p> <p><i>Place a tick in the box, if the mother doesn't know.</i></p> <p>Doesn't know. <input type="checkbox"/></p>						
12.4 HQ <input checked="" type="checkbox"/>	<p>How many times do you think you should have received antenatal care?</p> <p><i>Record the number of times: _____</i></p> <p><i>Place a tick in the box, if the mother doesn't know.</i></p> <p>Doesn't know. <input type="checkbox"/></p>						
12.5 DHS <input type="checkbox"/>	<p>During this pregnancy, were any of the following done at least once?</p> <p><i>Place a tick beside all responses answered with a "yes."</i></p> <p>Were you weighed?</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
	<p>Was your height measured?</p>						
	<p>Was your blood pressure measured?</p>						
	<p>Did you give a urine sample?</p>						
	<p>Did you give a blood sample?</p>						
12.6 DHS <input type="checkbox"/>	<p>Were you told by a health worker about the signs for pregnancy complications?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know" (or cannot remember), circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.7 DHS <input type="checkbox"/>	<p>Were you told where to go if you had these complications?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know" (or cannot remember), circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.8 MICS <input type="checkbox"/>	<p><i>If speaking with the mother of the household ask:</i> Do you have a card or other document with your own immunizations listed?</p> <p><i>Circle the number which applies. If the response is "yes" (card seen), circle 1; if "yes" (card not seen), circle 2; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES (seen)1 YES (not seen) 2 NO 0 DOESN'T KNOW 9</p>						
12.9 MICS <input type="checkbox"/>	<p>When you were pregnant with your last child (or during current pregnancy), did you receive any injection (e.g., to prevent him/her from getting convulsions after birth, an anti-tetanus shot, an injection at the top of the shoulder)?</p> <p><i>NOTE: This wording implicitly includes only pregnancies in which child is still alive. Child-based estimate of "protection" against NNT obtained.</i></p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.10 MICS <input type="checkbox"/>	<p><i>If yes, ask:</i> How many doses of TT did you receive during your last (current) pregnancy?</p> <p>Record the number of doses: _____</p>						
<p>NOTE: If the mother reports two TT injections during the last pregnancy, proceed to question 12.13. If she has received fewer than two TT injections during her pregnancy, continue to question.</p>							
12.11 MICS <input type="checkbox"/>	<p>Did you receive any TT injection (at the top of the shoulder) at any time before your last (current) pregnancy, either during a previous pregnancy or between pregnancies?</p> <p><i>Circle the number which applies. If the response is "yes," circle 1; if "no," circle 0; if "doesn't know," circle 9.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.12 MICS <input type="checkbox"/>	<p><i>If yes, ask:</i> How many doses did you receive?</p> <p>Record the number of doses: _____</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
12.13 MICS <input type="checkbox"/>	<p>When was the last dose received?</p> <p><i>Record month and year OR number of years ago.</i></p> <p>Month: _____ Year: _____ Years ago: _____</p>						
12.14 HQ <input type="checkbox"/>	<p>How many doses do you think you should receive when pregnant?</p> <p><i>Record the number of doses: _____</i></p>						
12.15 EGP <input type="checkbox"/>	<p>During your last (current) pregnancy and (if applicable) during lactation, how did your husband show concern about your health and nutrition needs?</p> <p><i>Do not prompt. Tick off responses as mentioned.</i></p> <p>Assists himself in home and child care.</p> <p>Allocates more money for your nutrition and food needs.</p> <p>Provides a domestic helper.</p> <p>Encourages you to seek health care.</p> <p>Other (specify): _____</p> <p>Does not show support.</p> <p>Husband is not present.</p>						
12.16 EGP <input type="checkbox"/>	<p>Were you satisfied with this help?</p> <p><i>Circle the number associated with the response given.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.17 EGP <input type="checkbox"/>	<p><i>Ask the following question, if mother is not currently pregnant or has had a pregnancy previous to current pregnancy.</i></p> <p>After your last delivery, was your husband supportive of your breastfeeding the baby?</p> <p><i>Circle the number associated with the response given.</i></p> <p>YES 1 NO 0 HUSBAND NOT PRESENT 2 DOESN'T KNOW 9</p>						
12.18 HQ <input type="checkbox"/>	<p>During your last (current) pregnancy and (if applicable) after the baby was born, how did family members provide support?</p> <p><i>Do not prompt. Place a tick beside each method of support mentioned.</i></p> <p>Helped with cooking.</p> <p>Helped with care of other children.</p> <p>Helped with other household duties.</p> <p>Other (specify): _____</p>						
12.19 EGP <input type="checkbox"/>	<p>Who provided this support?</p> <p><i>Do not prompt. Tick off responses as mentioned.</i></p> <p>Husband.</p> <p>Mother.</p> <p>Sisters.</p> <p>Children.</p> <p>In-Laws.</p> <p>Domestic helper.</p> <p>Other (specify): _____</p>						

House hold Code #	Child's Name	Name	Name	Name	Name	Name	Name
	<p><i>In the box to the left record the household code number. In the boxes to the right, record the first name of all children who are less than five years of age.</i></p>						
12.20 EGP EP	<p>Were you satisfied with this help?</p> <p><i>Circle the number associated with the response given.</i></p> <p>YES 1 NO 0 DOESN'T KNOW 9</p>						
12.21 HQ P	<p>When your last child was born (or during current pregnancy), how did community members provide support?</p> <p><i>Do not prompt. Place a tick beside each method of support mentioned.</i></p> <p>Brought food (and/or other gifts).</p> <p>Helped with care of children.</p> <p>Visited and offered help more generally.</p> <p>Other (specify):</p>						