

**Evaluation of a community engagement and demand creation strategy for Childhood Diarrhea and Pneumonia in Pakistan**

**Center of Excellance in Women & Child Health**

**Aga Khan University, Karachi, Pakistan**

**ENDline Household Survey questionnaire**

**(data collected on handheld devices)**

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| A1 | Latitude (Example: 24.861462) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A2 | Longitude (Example:67.009939) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Instructions for Interviewer: The GPS will record the location coordinates itself. Make sure the tablet is in open air to record location correctly****.***

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| **SECTION B: IDENTIFICATION** | | |
| **Instruction:** This section will be asked from the head of the household or someone else at least 18 years of age or older. | | |
| **S.No** | **Questions** | **RESPONSES/Codes** |
| B1 | Cluster Number | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   This information will be based on the list of villages generated from the district. Each enumerator will be given a list of clusters that he/she will be visiting, and before starting the interview, this information will be entered from the same list. |
| B2 | Cluster type | LHW covered …………………………..………………….1  LHW uncovered ………………………………..…………….2  LHW partially covered …………………………………..………….3 |
| B3 | Form Serial Number (Auto generated) | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| B4 | Name of Province | Sindh ……………………………..……………….1 |
| B5 | Name of District | Tando Mohammad Khan ……………………………………..……….1 |
| B6 | Name of Tehsil/Taluka | Tando Mohammad Khan ………………………………..…………….1  Tando Ghulam Hyder …………………………………..………….2  Bulri Shah Karim ……………………………..…………………………………………………..3 |
| B7 | Name of Union Council | **Select from the drop down menu**.  1. Lakhat 2. Shaikh Bhirkio 3. Tando Saiendad 4. Dando 5. Ghulam Shah Bagrani 6. Nazarpur 7. Saeed Khan Lund 8. Mullakatiar 9. Saeed Matto  10. Saeedpur Takar |
| B8 | Village Name |  |
| B8A | Village Code | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |
| B9 | Location | Urban ………………………………………..…….1  Rural ………………………………..…………….2  Mixed……………………………………………..…………………………………………………………..3 |
| B10 | Block/mohalla | Leave blank if Block/mohalla name is not available |
| B11 | House Hold Number | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| B12 | Date of interview: | DD/MM/YYYY |

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| **SECTION C: INTRODUCTION AND CONSENT** | | | |
| **Instruction:** This section will be asked from the head of the household or someone else at least 18 years of age or older. | | | |
| **Assalam o Alaikum.**  My name is (Name of Interviewer) and I am working with center of excellance in Women and Child Health, Aga Khan University Karachi. In collaboration with Provincial Health Department of Sindh. We are conducting an Endline HH survey on “Evaluation of a community engagement and demand creation strategy for Childhood Diarrhea and Pneumonia in Pakistan”. As part of the survey, we are collecting information on the status of health of population in this prject based clusters of District. The Information we are collecting relates to knowledge, attitudes and practices on child health including morbidity and mortality. This information will be used to design strategies in improving child health services by government and other healthcare providers in your area. The whole process of this interview may take approximately 30 to 40 minutes. We would very much appreciate your participation in this survey. All of the answers you provide will be confidential. Your participation in this survey is voluntary. If you do not want to provide information to a specific question or a section, please let me know. You may also withdraw from this interview at any time. | | | |
| C1 | At this time do you have any question for me that relates to the information I have provided you above? | Yes…………………………………………………………….……………………………1  No……………………………………………………………………………………………2 |  |
| C2 | May I begin the interview now? | Yes…………………………………………………………….……………………………1  No……………………………………………………………………………………………2 | If No, then  Go to C7 and End the interview |
| C3 | Name of the Respondent |  |  |
| C4 | Respondent’s gender |  |  |
| C5 | Age of Respondent in completed | Years ------------------ Months ------------------ |  |
| C6 | Does your HH Have a child aged 0-05-years? | Yes…………………………………………………………….……………………………1  No……………………………………………………………………………………………2 |  |
| C7 | Result of Household Questionnaire interview: | Completed……………………………………………………………………………..1  No household member at home or no competent respondent at home at time of visit………………………………………………………….2  Entire household absent for extended period of time …………..3  Refused………………………………………………………………………..………..4  Dwelling vacant or address not a dwelling………………………..……5  Dwelling not found ………………………………………………………..……..6  No Child between *0-05* years………………………………..……………….7  Temporarily locked ………………………………………………………………..8  Others (specify)------------------------------------------------------------96 |  |

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| **SECTION D: HOUSEHOLD MEMBERS’ INFORMATION**  Now I would like to ask you questions on household member information who live with you in this house and share the same kitchen. This information will be used to assess the health care needs, and services available to you and your household members in the area. | | | | | | | | | | | | | | | | | | |
| **Instruction:** This section will be asked from the head of the household or someone else at least 18 years of age or older. | | | | | | | | | | | | | | | | | | |
| **D1** | **D2** | **D3** | **D4** | | **D5** | | **D6** | **D7** | | | **D8** | | **D9** | **D10** | **D11** | **D12** | | **D13** |
| Member Serial number | Name | Relationship to Head of HH | Sex | | Name of Father | | Name of Mother | Date of Birth | | | Age | | Has {Name} ever attended a school? | Education | Occupation | Marital Status  (For >10 year of Age) | |
| Line # | | Line # |
| *Auto generated, starting from 01* | *Please give me the names of the persons who usually live in your household, starting with the head of the household.* | *What is the*  *relationship of*  *{NAME} to the*  *Head of the household?* | *Is {NAME} male or female?* | | *If father’s relation is “Not Available” in the members list, then record code “NA”* | | *If father’s relation is “Not Available” in the members list then record code “NA”* | *Record DOB from card/certificate/memory recall.* | | | *If date of birth cannot be recorded, then record age by recall and record only months and years.* | | *Yes= 1*  *No= 2*  *If no go to D11*  *For children less than five years, this variable will not be visible, and an auto generated NA code will appear.* | *What is the highest class (NAME) completed?* | *For children less than five years, this variable will not be visible, and an auto generated NA code will appear* |  | | Availability  *Yes= 1*  *No= 2* |
| ***Day*** | ***Month*** | ***Year*** | ***Years*** | ***Months*** |
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| ***The interviewer will ask the HH head information first, and record.***  ***Codes for Q# D3. Relationship with Head of household:***   1. *Head of HH* 2. *Wife/Husband* 3. *Son/Daughter* 4. *Son in law/Daughter in law* 5. *Grand child* 6. *Parents* 7. *Parents in law* 8. *Brother/Sister* 9. *Brother in law/Sister in law* 10. *Niece/Nephew* 11. *Grand Parents* 12. *Aunts/Uncle* 13. *Adopted/Step child* 14. *Domestic Servant* 15. *Other* | | | | ***Codes for Q# D4. Sex:***  ***1. Male***  ***2. Female***  ***3. Tarnsgender*** | | ***Codes for Q# D10. Education:***  ***Please record number of years for attending formal educational institutions. This will be for number of years completed in a school. For example, if the respondent gives MA for a family member, then the data collector will enter 16 in the response cell.***  *0 = less than 1 YEAR completed*  *1 = class 1*  *2 = class 2*  *3 = class 3*  *4 = class 4*  *5 = class 5*  *6 = class 6*  *7 = class 7*  *8 = class 8*  *9 = class 9*  *10 = class 10*  *11 = class 11*  *12 = class 12*  *13 = class 13*  *14 = class 14*  *15 = class 15*  *16= class 16*  *17 = class 17*  *18 = class 18*  *19 = class 19*  *20= class 20*  *98 = Don't Know*  *99= Not Applicable (For < 3 years old)* | | | | | ***Codes for Q# D11. Occupation:***   1. *Housewife* 2. *Professional /Managerial* 3. *Clerical/technical* 4. *Sales and Services* 5. *Skilled manual* 6. *Unskilled manual* 7. *Agriculture* 8. *Business* 9. *Student* 10. *Unemployed* 11. *Retired* 12. *Teacher*   *99. Not Applicable (For < 10 years old)* | | | | | | ***Codes for Q# D12. Marital Status:***   1. *Married* 2. *Unmarried* 3. *Widowed* 4. *Divorced/Separated* 5. *(For<10 years old)* | |

*Once the member information has been completed, an eligible woman will be selected from the list of women in the member information. The interviewer then asks the respondent (if different from the eligible woman) to call the respective woman for information on the below questions that relate to the reproductive health of the women in the household.*

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| **SECTION E: SOCIO ECONOMIC STATUS OF HOUSEHOLD** | | | | | | | |
| **Instructions:** This section will be filled by the index Mother or head of the household or someone else at least 18 years of age or older. | | | | | | | |
| **S.No** | **Questions** | **Codes** | | | | | **Skip Pattern** |
| E1 | Main material of the floor  **Record observation** | Earth/sand/mud………………………………………………..1  Dung………………………………………………………………….2 Wood planks……………………………………………………..3  Palm/bamboo……………………………………………………4  Parquet Or Polished Wood……………..…………………5  Vinyl or asphalt strips………………..……………………...6  Ceramic tiles……………………………………………………...7  Cement ……………………………………………………….…….8  Carpet………………………………………………………………..9  Bricks………………………………………………………………..10  Lime…………………………………….……………………………11  Marble………………………………………………………………12  Other Spcify …………………………………………………….96 | | | | |  |
| E2 | Main material of the roof  **Record observation** | No Roof…………………………………………….………………..1  Thatch/Palm Leaf………………………….……………….…. 2  Sod/Grass……………………………………………………….... 3  Rustic Mat……………………………………….……………….. 4  Palm/Bamboo…………………………………………………... 5  Wood Planks…………………………………….………………..6  Cardboard…………………………….………………………….. 7  Metal/Tin/CGI…………………………………………….………8 Reinforced brick cement/RCC................................9  Metal……………………………………………………….……… 10  Wood/T-Iron/Mud……………………………….…………. 11  Calamine/Cement Fiber ......................................12  Ceramic Tiles .......................................................13  Roofing Shingles…………………………………….……….. 14  Bricks ..................................................................15  Tent/cloth…………………………………………………………16  Other Spcify …………………………………………………….96 | | | | |  |
| E3 | Main material of the walls  **Record observation** | No walls…………………………………………..…….………… 1  Cane/Palm/Trunks…………………………..……….……… 2  Dirt/sand/mud ……………………………………….……….. 3  Stones with mud………………………………………….…… 4  Bamboo with mud…………………………………….……….5  Uncovered adobe……………………………………….……. 6  Plywood……………………………………………………….……7  Cardboard…………………………………………….…….……..8  Reused wood………………….……………….…………………9  Cloth/Curtain/Tent ………………………….……………..10 Carton/Plastic…………………………………………………..11  Cement………………………………………………….……….. 12  Stone with lime/Cement…………………….….……….. 13  Bricks………………………………………………….…………… 14  Cement block………………………………….………………. 15  Covered adobe…………………………………………….…. 16  Wood planks/Shingles………………………….…………. 17  Palm/Bamboo………………………………………..…………18  Plywood…………………………………………………..……….19  Other Spcify …………………………………………………….96 | | | | |  |
| E4 | How many rooms in this house are used for sleeping? | Number of rooms | | | | |  |
| E5 | Do you or someone living in this  Household own this dwelling? | Own...................................................................... 1  Rent...................................................................... 2  Without Rent (Someone else house)………………..3  Other (specify).....................................................96 | | | | |  |
| E6 | Is the cooking usually done in the house, in a separate building, or outdoors? | **In the house**  Separate room used as a kitchen……………………….1  Elsewhere in the house……………………………………...2  In a separate building…………….…………….……………3  Outdoors (open place) ..........................................4  Other (specify).....................................................96 | | | | |  |
| E7 | What type of fuel does your household **Mainly** use for cooking? | Electricity……………………………………………………………1  Liquefied Petroleum Gas (LPG)……………………………2  Natural Gas ………………………………………………………..3  Bio-gas……………………………………………………………….4  Kerosene…………………………………………………………….5  Coal, Lignite/Natural…………………………………………..6  Charcoal……………………………………………………………..7 Wood……………………………………………………..………….8  Straw/Shrubs/Grass……………………………………………9  Agricultural Crop Residue…………………………………10  Animal dung……………………………………………………..11  No food cooked in household…………………………..12  Other (specify).....................................................96 | | | | |  |
| E8 | Does your household have? |  | **YES** | | | **NO** |  |
| a) Electricity | 1 | | | 2 |
| b) Radio | 1 | | | 2 |
| c) Television | 1 | | | 2 |
| d) Landline Telephone | | 1 | | 2 |
| e) Refrigerator | 1 | | | 2 |
| f) Air conditioner | 1 | | | 2 |
| g) Air cooler  h) Chair | 1  1 | | | 2  2 |
| i) Almari | 1 | | | 2 |
| j) Washing Machine | | | 1 | 2 |
| k) Water pump | | | 1 | 2 |
| l) Bed | | | 1 | 2 |
| m) Clock | | | 1 | 2 |
| n) Sofa set | | | 1 | 2 |
| o) Camera | | | 1 | 2 |
| p) Sewing Machine | | | 1 | 2 |
| q) Personal Computer/Laptop | | | 1 | 2 |
| r) Internet Connection  s) Geyser  t) Fan  u) Microvawe oven | | | 1  1  1 | 2  2  2 |
| E9 | Does any member of this household own? | |  |  |  | | --- | --- | --- | | a) Watch  b) Mobile telephone  c) Bicycle  d) Motorcycle/Scooter  e) Animal-Drawn Cart  f) Car/Truck/Bus  g) Tractor  h) Boat with motor  i) Boat without motor | **Yes** | **NO** | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | 1 | 2 | | | | |  |  |
| E10 | Does respondent (respondent woman) of this household own mobile phone? | Yes……………………………………………………..………………1  No………………………………………………………………………2 | | | | |  |
| E11 | Does any member of this household own any agricultural land? | Yes……………………………………………………..………………1  No………………………………………………………………………2 | | | | | If “No” then go to E13 |
| E12 | How many acres or kanals of agricultural land do members of this household own? | Acre……………………………………………………1  Wesa/Kanals ………… …………………………..2  Don’t Know …98 | | | | |  |
| E13 | Does this household own any livestock, herds, other farm animals or poultry? | Yes……………………………………………………………..………1  No………………………………………………………………………2 | | | | | If “No” then go to E15 |
| E14 | How many of the following animals do the household own? | a) Cows/Bulls/Buffalo  b) Horses/Donkeys/Mules  c) Goats  d) Sheep  e) Chickens  f) Camels | | | | |  |
| E15 | Does any member of this household have a bank account? | Yes…………………………………………………………...………1  No……………………………………………………..………………2  Don’t Know……………………………………………………..98 | | | | |  |
| E16 | What language do you usually speak in your household? | Sindhi ……1  Dhadki ……2  Punjabi ……3  Urdu ……4  Balochi ……5  Siraiki ……6  Barauhi ……7  Pashto ……8  Kachhi…………………………………………………………………9  Gujrati………………………………………………………………10  Marwari……………………………………………………………11  Other …...96 | | | | |  |
| E17 | What is total monthly household income of this house? | Rupees----------------------------------1  Don’t want to share--------------------------------------2  Don’t Know……………………………………….……………..98 | | | | |  |
| E18 | What is your family’s religion? | Muslim ………………………………………………………………...1  Christian……………………………………………………………….2  Hindu……………………………………………………………………3  Sikh………………………………………………………………………4  Other Specify………………………………………………………96 | | | | |  |
| E19 | Do you or your family receive any support in the form of cash or kind? (select as many as apply) | BISP 1  Cash Per month (other than BISP) 2  Food Voucher per month 3  Student Scholarship 4  None 5  Other specify ……….96 | | | | | If “None” then go to next section F |
| E20 | Who provides this support? (select as many as apply) | Government 1  NGO 2  Individual 3  Other specify …………96 | | | | |  |

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| **Section F: Reproductive health, Maternal AND CHild MORTALITY** | | | | | | | | | | | | | | | | | | |
| **Instructions:** Complete this section for all married women aged 15-49 years in the household) | | | | | | | | | | | | | | | | | | |
| **Definition of Live Birth:** *Live birth refers to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life - e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles - whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered born alive.*  **Definition of Still Birth:** *stillbirth is the birth of a baby who is born without any signs of life at or after 24 weeks of pregnancy. A baby may have died during late pregnancy (called intrauterine death). More unusually, a baby may have died during labor or birth (called intrapartum death).*  **Definition of Miscarriage:** Miscarriage*is a term used for a pregnancy that ends on its own, within the first 20 weeks of gestation.* | | | | | | | | | | | | | | | | | | |
| **F1A** | Name of MWRA | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
| **F1B** | Line # of MWRA | | | | | | |  | | | | | | | | | |  |
| **F1** | Has {Names of MWRA in the family} ever been pregnant since her marriage? | | | | | | | Yes……………………………………………………………1  No……….……………………………….……………………2 | | | | | | | | | | For all MWRAs  If No, then go for next MWRA |
| **F2** | How many times {Name} has been pregnant since her marriage? | | | | | | | \_\_\_\_\_\_\_\_\_\_\_number | | | | | | | | | |  |
| **F3** | What were the outcome of her total pregnancies (details of all pregnancies after marriage including live, still and miscarriage) | | | | | | | Born alive (Live birth)…………………….…..  Born dead (Still birth)………………….……..  Miscarriage…………….………………………….  Abortions…………………………… | | | | | | | | | |  |
| **F4** | Is she currently pregnant? | | | | | | | Yes…………………………………………………………..1  No……….…………………………………………………..2  Don’t Know …………………………………………..98 | | | | | | | | | | If “No” then go to F6 |
| **F5** | How many Weeks (gestational age) is she pregnant?  ***(If response is in month than converte it in weeks)*** | | | | | | | --------------------------------------------------weeks | | | | | | | | | |  |
| **F6** | Has there been a death of women during pregnancy, delivery and within post-partum period (within 42 days) during the last five years at your home. *If yes then ask details for below table.* | | | | | | | Yes……………………………………………………..………1  No……….………………………………………………….…2 | | | | | | | | | | If “No” then go to F8 |
| **F7** | If yes, then how many women died | | | | | | | Number------------------------------------------------ | | | | | | | | | |  |
| **F7a. Serial No.** | **F7b.** Complete name of deceased mother | **F7c.** Age at death | | | | **F7d.** Place of death  1. Home 2. Govt. Health Facility 3. Private Health facility 4. NGO health facility 5.Enroute to hospital | | **F7e.** Date of Death | | | | | | F7f. Cause of death *please specify*   1. Severe Bleeding (mostly bleeding after childbirth 2. Infection/Fever (mostly after childbirth) 3. High Blood Pressure during pregnancy (pre eclampsia and eclampsia) 4. Complication during delivery 5. Unsafe abortion 6. 6. Convulsion 7. 96. Others-(Specify)……………………… | | | | |
| Day | Month | | Year | Day | | Month | | | Year |
| 1 |  |  |  | |  |  | |  | |  | | |  |  | | | |  |
| 2 |  |  |  | |  |  | |  | |  | | |  |  | | | |  |
| **F8** | During last five years, has there been a death of a child up-to 5 years of age in your house? | | | | | | | Yes………………………………………………………..……1  No……….……………………………………………….……2 | | | | | | | | | | If no then go to F10 |
| **F9** | If yes, then how many children died | | | | | | | Number------------------------------------------------ | | | | | | | | | |  |
| F9A**. Serial No.** | F9B. Complete name of deceased child | F9C. Father/mother Name of died child | | F9D. Line No of Father/mother of died child | | | F9E. Gender  1. Male 2. Female | F9F. Age at death | | | | F9G**.** Place of death  1. Home 2. Govt. Health Facility 3. Private Health facility 4. NGO health facility 5.Enroute to hospital | | | F9H. Date of Death | | | F9I. Cause of death  1. Birth before 37 weeks (Preterm) 2. Difficulty in breathing (Birth Asphyxia 3. Infection (Sepsis) 4. Pneumonia 5. Convulsion 6. Diarrhea 7. Fever  8 accidents. 96. Others-(Specify)…. |
| Day | Month | | Year |  | | | Day | Month | Year |  |
| **1** |  |  | |  | | |  |  |  | |  |  | | |  |  |  |  |
| **2** |  |  | |  | | |  |  |  | |  |  | | |  |  |  |  |
| F10 | Does the LHW visit your household? | | | | | | | Ye……………………………………………………………...1  No……………………………………………...................2  Never visiting……………………………………………66  Don’t know………………………………………………98 | | | | | | | | | | If No, then go to section G |
| F11 | If yes, how frequently does she visit your household? | | | | | | | Weekly…………………………………..………………….1  Fortnightly……………………………..………………….2  Monthly ………………………………..………………….3  Need based……………………………………………….4  96. Others-(Specify)……………………………………. | | | | | | | | | |  |
| F12 | What kind of services does a lady health worker provides?  *(Multiple responses)* | | | | | | | Polio Campaign………………………………..……….1  Routine Immunization……………………………….2 Reproductive Health …………………………… ….3  Child Illness…………………………………………..…..4  Growth monitoring of under 5 Child............5  Education/Advice on general health care including hygiene and sanitation ................6 | | | | | | | | | |  |

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| **SECTION G. CHILD HEALTH (Diarrhoea)** | | | | | |
| This section relates to diarrheal episodes, and care related to diarrhoea especially for children younger than five years and will be asked from Index Mother. | | | | | |
| *Now I would like to ask you some questions related to diarrhea and Acute Respiratory Infection (ARI) in the last two weeks for children less than 5 years of age in your household.* | | | | | |
| **S.No** | **Questions** | **CodES** | | | **Skip** |
| G1 | Has any child less than 5 years of age in the household had diarrhea during the last 2 weeks in your household?  An episode of diarrhea is defined as, “(**three or more loose stools in a day/24 hours**)” | Yes ………………………………………………………….1  No…………………………………………………………….….....2  Don’t know…………………………………………….………98 | | | If No or Don’t Know then go to G 32 |
| G2 | How many children had diarrhoea in the household in the last two weeks? | Number of children | Select child name from members list with most recent episode of diarrhea. | | |
| G3 | Who had the most recent episode diarrhoea in the household in the last two weeks? | Name of Child  --------------------- | Name of Mother  --------------------- | | |
| Line # | Line # | | |
| G4 | For how many days did {NAME} have diarrhoea? | \_\_\_\_\_\_\_\_ (days) | If more than one child the next section will be completed or filled for the child with the most recent episode of diarrhea. | | |
| G5 | Was there any blood in the stool? | Yes ………………………………………………………….1  No…………………………………………………………….….....2  Don’t know…………………………………………….………98 | | |  |
| G6 | Did you seek initial care/treatment when {NAME} had diarrhea? | Yes …………………………………………………………….1  No…………………………………………………………….….....2  Don’t know……………………………………………..………98 | | | If yes, then go to G 8 |
| G7 | Why did you not seek care for {NAME}’s diarrheal episode? | The problem did not require care seeking………….1  Had no money to pay HCP ……..2  Transport was not available ……..3  A male was not present to accompany me to the health center ……..4  No permission from household head/husband /mother in law ……..5  Health facility is too far ……..6  Health facility was closed ……..7  Poor quality service at health facility ……..8  Other(Specify)--------------------------------------------96 | | | *(Multiple responses)*  Irrespectiv.e of any response go to G 32 |
| G8 | After how many days of illness did you seek care? | ---------------------- (Day/s) | | |  |
| G9 | Where did you seek initial care for {NAME}’s diarrheal episode? | At home ……..1  Government health facility ……..2  Private health facility ……..3  NGO health facility ……..4 | | |  |
| G10 | From whom did you seek initial care for {NAME}’s diarrheal episode? | Self……………………………………………………………………..1  LHW (Lady Health Worker) ……..2  Doctor ……..3  Nurse ……..4  Dispenser/Compounder ……..5  Chemist/Medical Store……………………………………….6  LHV (Lady Health Visitor) ……..7  Homeopathic/Hakim ……..8  NGO staff………………………………………………………..…9  Community Midwife ………………………………..……...10  Dai/TBA …………………………………………………..………11 | | |  |
| G11 | What treatment was given to {NAME} for diarrheal illness during the initial care?  *(Multiple responses)* | Fluid from ORS packets or pre packed liquid ……..1  Recommended home fluids ……..2  Antibiotic drug ……..3  Anti-motility drug ……..4  Zinc supplement ……..5  Flagyl ……..6  Intravenous fluids (IV) ……..7  Home remedy ……..8  Unknown pill/syrup……………………………………………9  Unknown Injection…………………………………….…….10 | | |  |
| G12 | Did anyone refer you to another health facility? | Yes………………………………………………………………..……1  No………………………………………………………………………2 | | |  |
| G13 | Was the child {NAME} hospitalized for diarrhea treatment? | Yes…………………………………………………………….………1  No………………………………………………………………..……2 | | | If No then go to G 25 |
| G14 | Where {NAME} was hospitalized/admitted? | Government health facility ……..1  Private health facility ……..2  NGO health facility ……..3 | | |  |
| G15 | After the admission did you change the facility? | Yes…………………………………………………………..…………1  No………………………………………………………………………2 | | | If No then go to G18 |
| G16 | What were the reasons for changing the facility? | Cost…………………………………………………………………...1  Unavailability of staff……………………………………….…2  Unavailability of medicines…………………………….…..3  Staff attitude……………………………………………………...4  The child wasn’t getting better………………….……….5  Other------------------------------------------------- | | |  |
| G17 | Which new facility was {NAME} hospitalized? | Government health facility ……..1  Private health facility ……..2  NGO health facility ……..3 | | |  |
| G18 | Who treated {NAME} for diarrhea episode at the hospitalized/admitted facility? | Doctor ……..1  LHV (Lady Health Visitor) ……..2  Nurse ……..3  Community Midwife ……..4  Dispenser/Compounder ……..5 | | |  |
| G19 | What treatment was given to {NAME} for diarrheal illness at the hospitalized/admitted facility?  *(Multiple responses)* | Fluid from ORS packets or pre packed liquid ……..1  Antibiotic drug ……..2  Anti-motility ……..3  Zinc supplement ……..4  Flagyl ……..5  Intravenous fluids (IV) ……..6  Unknown pill/syrup…………………………………….…..…7  Unknown Injection…………………………………….……….8 | | |  |
| G20 | For how long {NAME} was hospitalized for the treatment of diarrhea? | \_\_\_\_\_\_\_\_\_\_Hours  \_\_\_\_\_\_\_\_\_\_days  66\_\_\_\_\_\_\_\_Still Hospitalized | | | If still hospitalized then go G.26 |
| G21 | After discharge, were you recommended a follow up visit? | Yes………………………………………………………...…………1  No…………………………………………………………….………2  Not advised…………………………………………...…………3 | | | If No then go to G25 |
| G22 | After how many days of discharge were you recommended for a follow up visit? | -------------------- days | | |  |
| G23 | Did you go for a follow-up visit? | Yes………………………………………………………...…………1  No…………………………………………………………….………2  Did not get advice…………………………………….………3 | | | If Yes then go to G25 |
| G24 | What were the reasons for not having a follow up visit?  *(Multiple responses)* | Follow-up not due yet……………………………..…………1  The problem did not require further care seeking………2  Had no money to pay ……..3  Transport was not available ……..4  A male was not present to accompany me to the health center ……..5  No permission from household head/husband /mother in law ……..6  Health facility is too far ……..7 | | |  |
| G25 | What was the outcome of child’s disease? | Cured ……..1  Still Ill ……..2  Died ……..3 | | |  |
| G26 | How far is the health facility, where you sought treatment of {NAME} for diarrheal episode? | Kilometers …………………………………………. km  Don’t know 98 | | |  |
| G27 | What transport was used to reach health facility? | Public transport……………………………………….…………1  Chingchi/ Rickshaw ……….……………………………...…..2  Motor-cycle /Bike………………………………….…………..3  Private Car………………………………………………….………4  Taxi…………………………………………………………….………5  Ambulance……………………………………….………………..6  By Cycle………………………………………….………………….7  By foot……………………………………………….………………8  None (if child was treated at home) …………….…….9  Other(Specify)………………………………………………….96 | | |  |
| G28 | How long does it take to reach health facility, where you sought treatment of {NAME} for diarrheal episode? | Minutes | | min |  |
| Don’t know 98 | | |
| G29 | How much did it cost you on transport for diarrheal treatment of {NAME}? | Rupees  Don’t know 98 | | |  |
| G30 | How much did diarrheal treatment of {NAME} cost you? (paid for *medicine + Inpatient + consultancy)*? | Rupees  Don’t know 98 | | |  |
| G31 | Who paid the cost of diarrhea treatment of {NAME}? | Self…………………………………………………….……………….1  Hospital………………………………………………………….…..2  Partial………………………………………………….……………..3  Relative/friend……………………………………………..…….4  Other(Specify)………………………………………………….96 | | |  |
| G32 | Have you heard about ORS? | Yes………………………………………..……………………………1  No………………………………………………………………………2 | | | If No then go to section H |
| G33 | Are you aware about the preparatory methods of ORS (Oral rehydration salt)? | Yes………………………………………………………...…………1  No…………………………………………………………….………2 | | | If No then go to section H |
| G34 | Where did you learn how to prepare Oral Rehydration Solution (ORS)? | Family/friend………………………………………….………….1  LHW (Lady Health Worker) ……..2  Doctor ……..3  Nurse ……..4  Dispenser/Compounder ……..5  Chemist/Medical Store………………………………………6  LHV (Lady Health Visitor) ……..7  Homeopathic/Hakim ……..8  NGO staff………………………………………………………...…9  Community Midwife ……………………..………………...10  Dai/TBA ………………………………………..…………….…..11  AKU Project based staff…………………………………….12 | | |  |

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| **H. CHILD HEALTH ( Acute Respiratory Infection (ARI)** | | | | | |
| This section relates to diarrheal episodes, and care related to Acute Respiratory Infection especially for children younger than five years and will be asked from Index Mother. | | | | | |
| *Now I would like to ask you some questions related to Acute Respiratory Infection (ARI) in the last two weeks for children less than 5 years of age in your household.* | | | | | |
| **S.No** | **Questions** | **CodES** | | | **Skip** |
| H1 | Has any child less than five years of age had fever during last two weeks in the household? | Yes ………………………………………………………….1  No………………………………………………………….….......2  Don’t know………………………..………………….………98 | | | *If no, or don’t know then go to H3* |
| H2 | How many children had fever during last two weeks in the household? | Number of children | |  |  |
| H3 | Has a child had an illness with cough that he/she breathes faster than usual with short, rapid breaths or has difficulty breathing in the past two weeks? | Yes ………………………………………………………………….1  No……………………………………………………….………......2  Don’t know………………………………………..………..…98 | | | If No or Don’t Know then go to section I |
| H4 | How many children have had an illness with cough that he/she breathe faster than usual with short, rapid breaths or have difficulty breathing in the past two weeks? | Number of children | If more than one child, then next section will be filled for the child with the most recent episode of fever or overall | | |
| H5 | Who had the most recent illness with cough that he/she breathe faster than usual with short, rapid breaths or have difficulty breathing in the past two weeks? | H5A. Name of Child --------- | H5B. Name of mother --------------- | | |
| Line # of Child | Line # of mother | | |
| H6 | How many days did {NAME} suffer for the symptoms of cough and fast breathing? | Number of days | | |  |
| H7 | Did you seek care/or initial treatment for {NAME} for the symptoms of cough and fast breathing? | Yes ……………………………………………………………………1  No……………………………………………………….………......2 | | | If Yes, then go H9 |
| H8 | Why did you not seek care or treatment for {NAME}’s symptoms of cough and fast breathing?  *(Multiple responses)* | The problem did not require care seeking……..….1  Had no money to pay HCP ……..2  Transport was not available ……..3  A male was not present to accompany me to the health center ……..4  No permission from household head/husband /mother in law ……..5  Health facility is too far ……..6  Health facility was closed ……..7  Poor quality service at health facility ……..8  Other(Specify)………………………………………………….96 | | | Irrespective of any response go to section I |
| H9 | After how many days of illness did you seek care? | ----------------days | | |  |
| H10 | Where did {NAME} seek initial care for the symptoms of cough and fast breathing? | At home ……..1  Government health facility ……..2  Private health facility ……..3  NGO health facility ……..4 | | |  |
| H11 | From whom did you seek initial care for the symptoms of cough and fast breathing? | Self…………………………………………………………………….1  LHW (Lady Health Worker) ……..2  Doctor ……..3  Nurse ……..4  Dispenser/Compounder ……..5  Chemist/Medical Store……………………………….………6  LHV (Lady Health Visitor) ……..7  Homeopathic/Hakim ……..8  NGO staff……………………………………….………………..…9  Community Midwife ………………………………...……..10  Dai/TBA …………………………………………………………..11 | | |  |
| H12 | What was given to {NAME} during the initial treatment for the symptoms of cough and fast breathing?  *(Multiple responses)* | Antibiotic Pill/syrup ……..1  Antibiotic Injection ……..2  Antipyretics ……..3  Cough syrup ……..4  Home Remedies ……………………………………….……….5  Anti-malarial ……..6  Unknown pill/syrup…………………………………….……..7  Unknown Injection………………………………….………….8 | | |  |
| H13 | Did anyone refer you for treatment for the symptoms of cough and fast breathing to another health facility? | Yes………………………………………………..……………………1  No………………………….…………………………………..………2 | | |  |
| H14 | Was the {NAME} hospitalized for treatment of cough and fast breathing? | Yes………………………………………………..……………………1  No………………………….…………………………………..………2 | | | If No then go to H26 |
| H15 | Where {NAME} was hospitalized/admitted? | Government health facility ……..1  Private health facility ……..2  NGO health facility ……..3 | | |  |
| H16 | Did you change the facility? | Yes………………………………………………..……………………1  No………………………….…………………………………..………2 | | | If No the go to H19 |
| H17 | What were the reasons for changing the facility? | Cost…………………………………………….……………………..1  Unavailability of staff……………………………………….…2  Unavailability of medicines………………………………...3  Staff attitude……………………………………………………...4  Other(Specify)………………………………………………….96 | | |  |
| H18 | In which new facility, (Name) was hospitalized? | Government health facility ……..1  Private health facility ……..2  NGO health facility ……..3 | | |  |
| H19 | Who treated {NAME} for the symptoms of cough and fast breathing at the facility? | Doctor ……..1  LHV (Lady Health Visitor) ……..2  Nurse ……..3  Community Midwife ……..4  Dispenser/Compounder ……..5 | | |  |
| H20 | What treatment was given to {NAME} for the symptoms of cough and fast breathing at the facility?  *(Multiple responses)* | Antibiotic Pill/syrup ……..1  Antibiotic Injection ……..2  Antipyretics ……..3  Cough syrup ……..4  Anti-malarial ……..5  Unknown pill/syrup………………………………….………..6  Unknown Injection………………………………….………….7 | | |  |
| H21 | For how long {NAME} child was hospitalized for the treatment of cough and fast breathing? | \_\_\_\_\_\_\_\_\_\_\_\_\_Hours  \_\_\_\_\_\_\_\_\_\_\_\_\_days  66\_\_\_\_\_\_\_\_\_\_Still Hospitalized | | | If still hospitalized then go H27 |
| H22 | After discharge, Were you recommended a follow up visit? | Yes………………………………………………..……………………1  No………………………….…………………………………..………2  Not advised…………………………………………...……..……3 | | | If NO then go H26 |
| H23 | After how many days of discharge were you recommended for a follow up visit? | -------------------- days | | |  |
| H24 | Have you visited for a follow-up visit? | Yes………………………………………………..……………………1  No………………………….…………………………………..………2 | | | If yes, go to H26 |
| H25 | What were the reasons for not having a follow up visit?  *(Multiple responses)* | Follow-up not due yet…………………………..……………1  The problem did not require further care seeking………2  Had no money to pay ……..3  Transport was not available ……..4  A male was not present to accompany me to the health center ……..5  No permission from household head/husband /mother in law ……..6  Health facility is too far ……..7 | | |  |
| H26 | What was the outcome of (Name’s) disease? | Cured ……..1  Still Ill ……..2  Died ……..3 | | |  |
| H27 | How long does it take to reach health facility, where you sought treatment of {NAME}’s for the symptoms of cough and fast breathing? | Minutes  min  Don’t Know……………………………………………………..98 | | |  |
| H28 | How far is the health facility, where you sought treatment of {NAME}’s for the symptoms of cough and fast breathing? | Kilometers  km  Don’t Know……………………………………………………...98 | | |  |
| H29 | What transport is used to reach health care facility? | Public transport………………………………….………………1  Chingchi/ Rickshaw ……….………………….…………..…..2  Motor-cycle /Bike……………………………….……………...3  Private Car………………………………………….………………4  Taxi…………………………………………………………………….5  Ambulance………………………………………………………...6  By Cycle………………………………………………………….…..7  By foot…………………………………………………………….….8  None (if child was treated at home)…………………...9  Other(Specify)………………………………………………….96 | | |  |
| H30 | How much did it cost you on transport for treatment of {NAME} symptoms of cough and fast breathing? | Rupees  Don’t know………………………………………………….……98 | | |  |
| H31 | Was the {NAME} given Oxygen at the facility? | Yes………………………………………………..……………………1  No……………………………………………….……………..………2  Don’t Know ………………………………..…………………...98 | | |  |
| H32 | Did {NAME} have a chest x-ray? | Yes………………………………………………..……………………1  No……………………………………………….……………..………2  Don’t Know ………………………………..…………………...98 | | |  |
| H33 | At any time during illness, did {NAME} have blood taken from his/her finger or heal for testing? | Yes………………………………………………..……………………1  No……………………………………………….……………..………2  Don’t Know ………………………………..…………………...98 | | |  |
| H34 | How much did it cost you for {NAME}’s treatment of symptoms of cough and fast breathing? *(Medicine+Inpatient+consultancy)*? | Rupees………………………………………..  Don’t know…………………………………………….…………98 | | |  |
| H35 | Who paid the cost of treatment of symptoms of cough and fast breathing? | Self…………………………………………………….……………….1  Hospital………………………………………………………….…..2  Partial………………………………………………….……………..3  Relative/friend……………………………………………..…….4  Other(Specify)………………………………………………….96 | | |  |
| H36 | Sometimes children have severe illness and should be taken to a health facility. What types of symptoms would cause you to take a child under the age of 5 to a health facility right away?  *(Multiple responses)* | Child is not able to drink or breastfeed………………1  Child irritable ……..2  Child develops a fever ……..3  Child has fast breathing ……..4  Child has difficulty breathing ……..5  Child has blood in stool ……..6  Child is vomiting ……..7  Child has convulsions ……..8  Child is lethargic ……..9  Child is unconscious ……10  Child’s skin appears yellow …...11  Other(Specify)………………………………………………….96 | | |  |

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| SECTION I: IMMUNIZATION | | | | | | | | |
| This Section will be filled from Index Mother for all the children below the ages of 2 years (will be auto picked from household member list.) | | | | | | | | |
| *This section relates to the history of immunization for the child. The immunization history of the selected child will be recorded. Preference will be given to the information from an immunization card; however, in case an immunization card is not available, then verbal history will be taken from the respondent. In case you have problems in understanding the card, please take a picture of the card and discuss with your supervisor. Please refer to the training manual for further instructions.* | | | | | | | | |
| I1A | Name of Child | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| I1B | Child Sreial Number | | |  | | | |  |
| I1 | Has {NAME} ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day or Child Health Day? | | | Yes ………………………………………………………………………….1  No……………………………………………………..……………….....2  Don’t know …………………………………………….…….…..…98 | | | | If yes, then go to I3 |
| I2 | What are the reasons for not vaccinating your child?  *(Multiple responses)* | | | Did not receive advice…………………..……………………….1  Religious reasons……………….…………..………………….….2  Not necessary………………….………………………….…………3  Cultural Barriers………………………..…………………….…….4  Vaccinator didn’t visit at home….……..………….……….5  Other(Specify)……………………………………………………..96 | | | | *Irrespective of the response. Go to section J* |
| I3 | Is there a vaccination card for (name of the child)? | | | Yes, seen ……………………………………………….………………1  Yes, not seen ………………………………………………………...2  No …………………………………………………………….…………..3  Card is at Vaccinator………………………………………………4 | | | |  |
|  | | | | | Source of information for vaccine | | Place of Vaccine | |
| 1. Vaccine Card  2 2. Reported by caretaker | | 1. Govt. Hospital  2. Private Hospital  3. Home | |
| Card | Recall |
| A | | At Birth | BCG | |  |  |  | |
| B | | OPV-0 (Oral Polio Vaccine dose at birth) | |  |  |  | |
| C | | At the age of 6 weeks | OPV-1 (Oral Polio Vaccine first dose) | |  |  |  | |
| D | | Rota-1(Oral Vaccine for Diarrhoea 1st dose) | |  |  |  | |
| E | | Penta-1 (Pentavalent-1 (DPTHepBHib) | |  |  |  | |
| F | | PCV-1 (Pneumococcal Conjugate Vaccine 1st dose) | |  |  |  | |
| G | | At the age of 10 weeks | OPV-2 (Oral Polio vaccine 2nd dose) | |  |  |  | |
| H | | Rota-2(Oral Vaccine for diarrhoea 2nd dose) | |  |  |  | |
| I | | Penta-2 (Pentavalent-2 (DPTHepBHib) | |  |  |  | |
| J | | PCV-2 (Pneumococcal Conjugate Vaccine 2nd dose) | |  |  |  | |
| K | | At the age of 14 weeks | OPV-3 (Oral Polio vaccine 3rd dose) | |  |  |  | |
| L | | Penta-3 (Pentavalent 3 (DPTHepBHib) | |  |  |  | |
| M | | PCV 3 (Pneumococcal Conjugate Vaccine 3rd dose) | |  |  |  | |
| N | | IPV (Injectable Polio Vaccine) | |  |  |  | |
| O | | At the age of 9 months | Measles-1 (Measles vaccine first dose) | |  |  |  | |
| TCV (typhoid conjugate vaccine Single Dose) | |  |  |  | |
| P | | At the age 15 months | Measels-2 (Measles vaccine second dose) | |  |  |  | |

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| **Section J: BREAST FEEDING AND NUTRITION** | | | | | | | | | | | | | | | | | | |
| This Section will be filled from Index Mother for the children below the ages of 24 months (name will be auto picked from household member list.) | | | | | | | | | | | | | | | | | | |
| *Now I would like to talk about breast feeding and nutrition of the youngest child at your household* | | | | | | | | | | | | | | | | | | |
| **S.No** | **Questions** | **Codes** | | | | | | | | | | | | | | | | **Skip** |
| J1CA | Name of Child |  | | | | | | | | | | | | | | | |  |
| J1CB | Child Serial Number: |  | | | | | | | | | | | | | | | |  |
| J1MA | Name of child mother |  | | | | | | | | | | | | | | | |  |
| J1MB | Line # of child mother |  | | | | | | | | | | | | | | | |  |
| J2 | What was the first thing that was given to your {NAME} right after birth? | Breast milk………………………………………………………...1  Milk (other than breast milk) ..……2  Plain water ………………………………………………….…….3  Honey or sugar water ..……4  Ghee, butter ..……5  Fruit juice ..……6  Infant formula ..……7  Ghuttee ..……8  Green tea ..……9  Gripe water ..…10  Sugar-salt-water solution………………………………….11  Prescribed medicine…………………………………………12  Other (Specify)………………………………………….96 | | | | | | | | | | | | | | | |  |
| J3 | How long after birth {NAME} was breastfed? | \_\_\_\_minutes  \_\_\_\_hours  \_\_\_\_days  Never breastfeed--------------------------------------66  Don’t Know……………………………………………..……...98 | | | | | | | | | | | | | | | |  |
| J4 | Did you discard the thick milk (colostrum) that comes out of breast soon after delivery? | Yes……………………………………………………………..………1  No……………………………………………………..…….…………2 | | | | | | | | | | | | | | | | If No then go to J6 |
| J5 | Why did you discard the thick (colostrum) milk that comes out of breast soon after delivery?  *(Multiple responses)* | Colostrum is harmful for newborn ……1  Cultural/Religious reason ……2  It is dirty ……3  It causes diarrhea ……4  Newborn was unable to suck ……5  Mother was ill ……6  Newborn was ill ……7  It is heavy ……8 | | | | | | | | | | | | | | | |  |
| J6 | In the first three days after birth, was {NAME} given anything to drink other than breast milk? | Yes…………………………………………………..…………………1  No………………………………………………………………………2 | | | | | | | | | | | | | | | | If No then go to J9 |
| J7 | What was given to {NAME} to drink in the first three days after birth?  *(Multiple responses)* | Milk (other than breast milk) ……1  Plain water ……2  Honey or sugar water ……3  Ghee, butter ……4  Fruit juice ……5  Infant formula ……6  Ghuttee ……7  Green tea ……8  Other(Specify)………………………………………….96 | | | | | | | | | | | | | | | |  |
| J15 | *(Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman or given breast milk form another this can happen if a mother cannot breastfeed her own baby).*  Did (NAME) consume breast milk in any of these ways yesterday during the day or at night? | Spoon | | | | | Cup | | | | | | | Bottle | | | |  |
| Yes (1) | | No (2) | DK (98) | | Yes (1) | | | No (2) | DK (98) | | | Yes (1) | No (2) | | DK (98) |  |
|  | |  |  | |  | | |  |  | | |  |  | |  |
| J16 | How many times did you breastfeed your child during last 24 hours? | No of Times [\_\_] [\_\_]  Did not feeded …………………………………………………2  Don’t know……………………………………….………….....98 | | | | | | | | | | | | | | | |  |
| J17 | *(Now I would like to ask you about some medicines and vitamins that are sometimes given to infants)*  Was (NAME) given any vitamin, mineral supplements or other medicines yesterday during the day or at night? | Yes………………………………………………..……………………1  No………………………………………………………………………2  Don’t know……………………………………….………….....98 | | | | | | | | | | | | | | | |  |
| J18 | Was (NAME) given [LOCAL NAME FOR ORS] yesterday during the day or at night? | Yes………………………………………………..……………………1  No………………………………………………………………………2  Don’t know……………………………………….………….....98 | | | | | | | | | | | | | | | |  |
| J9 | Are you still breastfeeding the child? | Yes………………………………………………..……………………1  No………………………………………………………………………2 | | | | | | | | | | | | | | | |  |
| J10 | Did you exclusively breastfeed {NAME}?  *Note for DC (Exclusive breastfeeding is when a child is only fed breast milk, and not given anything else. This also includes water, or liquids for stomach pain etc)* | Yes………………………………………………..……………………1  No………………………………………………………………………2 | | | | | | | | | | | | | | | | If No then go to J12 |
| J11 | If yes, then for how long did you exclusively breastfeed {NAME}? | \_\_\_\_\_Days  \_\_\_\_\_months  Don’t know……………………………………..…………..…..98 | | | | | | | | | | | | | | | |  |
| J12 | For how many days or months did you breastfeed {NAME}? | Days……………………………………………….…………………  Months ………………………………………..………………….  Still Feeding………………………………………………………..1  Don’t know……………………………………….………….....98 | | | | | | | | | | | | | | | |  |
| J19 | Next, I would like to ask you about some liquids that (NAME) may have had yesterday during the day or at night.  Did (NAME) have any (ITEM FORM LIST)? | | Yes (1) | | | No (2) | | DK (98) | | | | | J20. How many times yesterday during the day or at night did (NAME) consume above responded item from list?  If Yes Number of times | | | | | |
| A | Plain water | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| B | Infant formula? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| C | Milk such as tinned, powdered, or fresh animal milk? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| D | Juice or juice drinks? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| E | Clear broth? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| F | Yogurt | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| G | Thin porridge? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| H | Any other liquids such as [list other water] basedwater-based liquids available in the local setting]? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| I | Any other liquids? | | 1 | | | 2 | | 98 | | | | | [\_\_][\_\_] | | | | | |
| J21 | Did (NAME) drink anything from a bottle with a nipple yesterday during the day or night? | Yes………………………………………………………….………….1  No………………………………………………………………….....2  Don’t know…………………………………….…………………98 | | | | | | | | | | | | | | | | If yes go to J22, otherwise go to J23 |
| J22 | What did (name) drink from the bottle with a nipple? | Top feed (formula milk) …………………………………….1  Animal milk……………………………………………………….2  Expressed milk………………………………………………….3  Other(Specify)………………………………………….96 | | | | | | | | | | | | | | | | If the Response is 1, go to J23, otherwise go to J24 |
| J23 | Who advised you to use infant formula milk? | Practitioner…………………………………………………………1  Pharmacy/Pharmacist……………………………………..…2  Relatives…………………………………………………………….3  Other(Specify)……………………………………………..….96 | | | | | | | | | | | | | | | |  |
| J13 | At what age {NAME} was given solids/semi solids? | ---------------------------days  ---------------------------months  Yet not given---------------------1 | | | | | | | | | | | | | | | |  |
| J14 | What solids/semi solids were first given to your child {NAME}?  *(Multiple responses)* | Fruit ……1  Vegetable ……2  Cereals ……3  Egg ……4  Rice ……5  Any kind of meat ……6  Biscuits ……7  Yogurt………………………………………………………………8  Commercial baby food………………………………….….9  Suji……………………………………………………………….…10  porridge……………………………………………….……….…11  kichri…… …………………………………………….…………..12  Other(Specify)………………………………………….96 | | | | | | | | | | | | | | | |  |
| J24 | How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? | Number of times--------------------------------------- [\_\_] [\_\_]  Didn’t eat ………………………………………………………………….2  Don’t know……………………………………….………….....98 | | | | | | | | | | | | | | | |  |
| J25 | Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. | | | | | | | | Yes (1) | | | No (2) | | | | DK (98) | | If Yes Number of times |
| A | Porridge, bread, rice, noodles, or other foods made from grains | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| B | Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| C | White potatoes, white yams manioc, cassava, or any other food made from roots | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| D | Any dark green leafy vegetables | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| E | Ripe mangoes, ripe papayas | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| F | Any other fruits or vegetables | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| G | Liver, kidney, heart, or other organ meats | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| H | Any meat, such as beef, lamb, goat chicken, or duck | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| I | Eggs | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| J | Fresh or dried fish, shellfish, or seafood | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| K | Any food made from beans, peas lentils, nuts, or seeds | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| L | Cheese, yogurt, or other milk products | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| M | Any oil, fats, or butter, or foods made with any of these | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| N | Any sugary foods such as chocolates, sweets candies, pastries cakes, or biscuits | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| O | Condiments for flavor, such as chilies, spices, herbs, or fish powder | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| P | Grubs, snails, or insects | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |
| Q | Foods made with red palm oil, red palm nut, or red palm nut pulp sauce | | | | | | | | 1 | | | 2 | | | |  | | [\_\_][\_\_] |

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| **SECTION K: WATER AND SANITATION** | | | |
| **Instructions:** This section will be filled by the index Mother or head of the household or someone else at least 18 years of age or older. | | | |
| *Now I would like to talk about water and sanitation status of HH* | | | |
| **S.NO** | **QUESTIONS** | **CODES** | **SKIP** |
| K1 | What is the main source of drinking water for members of your household? | **Piped water**   * Piped into dwelling ……..1 * Piped into compound, yard or plot.........2 * Piped to neighbor ……..3 * Public tap / standpipe ……..4   Filtration Plant/unit ……..5  **Underground Water**   * Tube Well, Borehole ……..6 * Hand Pump ……..7   **Dug well**   * Protected well ……..8 * Unprotected well ……..9   Rainwater collection ……10  Tanker-truck ……11  Cart with small tank / drum ……12  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ……13  Bottled water ……14  Filtration plant on boring…………….……………………15  Others (Specify) …..96 |  |
| K2 | What is the main source of water used by your household for other purposes such as cooking and hand washing? | **Piped water**   * Piped into dwelling ……..1 * Piped into compound, yard or plot.........2 * Piped to neighbor ……..3 * Public tap / standpipe ……..4   Filtration Plant/unit ……..5  **Underground Water**   * Tube Well, Borehole ……..6 * Hand Pump ……..7   **Dug well**   * Protected well ……..8 * Unprotected well ……..9   Rainwater collection ……10  Tanker-truck ……11  Cart with small tank / drum ……12  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ……13  Bottled water ……14  Filtration plant on boring…………….……………………15  Others (Specify) …..96 |  |
| K3 | Where is that drinking water, source located? | In own dwelling ……1  In own yard / plot ……2  Elsewhere ……3 | If response is 3 then go to K4, |
| K15 | Who has provided you this drinking water facility? | Self……………………………………………………..………..….1  AKU Project .……2  Govt (Municipality/Town Committee/UC .……3  Other NGO……………………………………………………….4  Other(specify)……………………………. ………….........96 |  |
| K4 | How long does it take to get to the water source to get water and come back? | Number of minutes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[\_\_][\_\_]  Don’t Know 98 |  |
| K5 | Who usually goes to this source to collect water for the household?  *Probe:*  *Is this person under age 15? What sex?* | Adult woman (age 15+ years) ……1  Adult man (age 15+ years) ……2  Female child (under 15) ……3  Male child (under 15) ……4  Whoever is available ……5 |  |
| K6 | How does that drink water in the household taste? | Sweet ……1  Brackish ……2 |  |
| K7 | Was the water for drinking clear or muddy at the time of collection? | Clear ……1  Muddy/colored ……2  Don’t Know ….98 |  |
| K8 | Do you do anything to the water to make it safer to drink? | Yes………………………………………………………….………….1  No………………………………………………………………….....2  Don’t know…………………………………….…………………98 | If No or Don’t Know then go to K10 |
| K9 | What do you usually do to make the water safer to drink? | Boil ……1  Add bleach / chlorine Tablet ……2  Strain it through a cloth ……3  Use water filter (ceramic, sand, composite, etc.) …………………………………………………………………….…4  Solar disinfection ……5  Let it stand and settle ……6  Alum (Phitkari) ……7  Others (Specify) …..96 |  |
| K10 | How do you usually store drinking water in your household? | No storage………………………………………………………1  Water Tanks ……2  Bottles ……3  Jerry Cane ……4  Bucket ……5  Clay pot…………………………………………………………..6  Others (Specify) …..96 |  |
| K11 | What kind of toilet facility do members of your household usually use?  *Note for DC: (If not possible to determine, ask permission to observe the facility)* | **Flush/ Pourflush**   * Flush to piped sewer system...................1 * Flush to septic tank..................................2 * Flush to soakage pit.................................3 * Flush to somewhere else.........................4 * Flush to unknown place/Not sure/DK where.......................................................5   **Pit latrine**   * Ventilated Improved Pit latrine (VIP)....6 * Pit latrine with slab........................................ …7 * Pit latrine without slab/Open pit.............8   Composting toilet...................................... ……………….9  Bucket...................................................................10  No facility, Bush, Field..........................................11 | If response is 4 aor 11 then go to section L |
| K12 | Do you share this facility with others who are not members of your household? | Yes ……………………………………………………….1  No…………………………………………….………………….....2  Don’t know…………………………………….…………….…98 | If No or Don’t Know then go to section L |
| K13 | Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public? | Other household only (not public) ……1  Public facility ……2 |  |
| K14 | How many households in total use this toilet facility, including your own household? | Number of household (If less than 10) ………..….1  Ten or more household .……2  Don’t Know …………………………………. ………….......98 |  |
| K16 | Who has provided you this toilet facility? | Self……………………………………………………..………..….1  AKU Project .……2  Govt (Municipality/Town Committee/UC .……3  Other NGO……………………………………………………….4  Other(specify)……………………………. ………….........96 |  |

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| **SECTION L: HANDWASHING** | | | |
| **Instructions:** This section will be filled by the index Mother or head of the household or someone else at least 18 years of age or older. | | | |
| *Observation & Information* | | | |
| **S.No** | **Questions** | **Codes** | **Skip** |
| L1 | We would like to learn about the places that household members use to wash their hands.  Can you please show me where members of your household most often wash their hands? | Observed ……….1  **Not Observed**   * Not in dwelling/plot/yard ……….2 * No permission to see ……….3 * Other(specify)………………………………………..96 | If Not Observed, then go to L5 |
| L2 | Observe presence of water at the place for hand washing.  *(Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water).* | Water is available ……….1  Water is not available ……….2 |  |
| L3 | Is soap, detergent or ash/mud/sand present at the place for hand washing? | Yes, present ……….1  No, not present ……….2  Couldn’t see…………………………………………………………3 | If No then go to L5 |
| L4 | What was available at the place of hand washing?  *(Record your observation.*  *Select all that apply).* | Bar soap ……….1  Detergent (Powder/Liquid/Paste) ……….2  Liquid soap ……….3  Ash/Mud/Sand ……….4 | Irrespective of any response go to L8 |
| L5 | Do you have any soap or detergent or ash/mud/sand in your house for washing hands? | Yes…………………………………………………………………..……1  No……………………………………………………………………..….2 | If No then go to L8 |
| L6 | Can you please show it to me? | Yes, Shown ……….1  No, not shown ……….2 | If No then go to L8 |
| L7 | Record your observation.  *(Multiple responses)* | Bar soap ……….1  Detergent (Powder/Liquid/Paste) ……….2  Liquid soap ……….3  Ash/Mud/Sand ……….4 |  |
| L8 | How often you wash your hands with soap or detergent or ash/mud/sand?  ***(Multiple responses)*** | **Daily**  After using toilet…………………………..........................1  Before eating food……………………………………………….2  After eating food………………………………………………….3  After field work………………………………………………..….4  After changing dippers/cleaning baby………………….5  Before feeding baby…………..…………………………….….6  Before cooking……………………………………………….…….7  Sometimes……………………………….……….....................8  Never……………………………………………………..………..…..9 |  |

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| L9 | How often you take bath? | Daily…………………………………………………………… …. …..1  Once in a week…………………………………......................2  Twice in a week………………………………………….………….3  Thrice in a week………………………………….…………………4  Other (Specify) …..…96 |  |
| L10 | How often you brush your teeth? | Daily…………………………………………………………… …. …..1  Once in a week…………………………………......................2  Twice in a week………………………………………….………….3  Thrice in a week………………………………….…………………4  Other (Specify) …..…96 |  |
| L11 | What type of brush do you usually use? | Tooth Paste……………………………………………………………1  Miswak………………………………………………………………….2  Tooth Powder……………………………………………………….3  Other (Specify) ……….96 |  |
| **Children’s Hygiene Practices** | | | |
| L12A | Child’s Name |  |  |
| L12B | Child Line # |  |  |
| L12 | How often (Name) wash his/her hands with soap or detergent or ash/mud/sand?  ***(Multiple responses)*** | **Daily**  After using toilet…………………………..........................1   * Before eating food …………………………......................2 * After eating food ………………………….........................3 * After any kind of domestic work ………………………….4 * After touching animals, including family pets ………5 * After being outside (playing, gardening) ………........6 * After coming back from School ………………………......7 * After visiting or handshake with any sick member or relative ………………………….……………..........................8 * Sometimes …………………………...................................9 * Never …………………………..........................................10 |  |
| L13 | How often (Name) take bath? | Daily…………………………………………………………… …. …..1  Once in a week…………………………………......................2  Twice in a week………………………………………….………….3  Thrice in a week………………………………….…………………4  Other (Specify) …..…96 |  |
| L14 | How often (Name) brush his/her teeth? | Daily…………………………………………………………… …. …..1  Once in a week…………………………………......................2  Twice in a week………………………………………….………….3  Thrice in a week………………………………….…………………4  Other (Specify) …..…96 | If child age is  <3 goto next section. |
| L15 | What type of brush do (Name) usually use? | Toothpaste……………………………………………………………1  Miswak………………………………………………………………….2  Tooth Powder……………………………………………………….3  Other (Specify) ……….96 |  |

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| **SECTION N: ANTHROPOMETRIC MEASURMENTS** | | | |
| *Read aloud: Now we are going to do some measurements of (CHILD NAME) height, weight, and arm. Each measurement will be done at least twice.* | | | |
| **S.No** | **Questions** | **Codes** | **Skip** |
| N1A | Name of child |  |  |
| N1B | Line # o child |  |  |
| N1 | Does mother allow for anthropometric measurement of her child? | Yes ……………………………………………………...1  No………………………………………………………..2 |  |
| N2 | Height measurement of mother | |\_\_|\_\_|\_\_|●|\_\_| cm |  |
| N3 | Weight measurement of mother | |\_\_|\_\_|\_\_|●|\_\_| kg |  |
| N4 | How tall is your husband (the father of Child name) than you? | Taller than you 1  Same height as you 2  Shorter than you 3 | If 2 then go to N6 |
| N5 | Approximately how much taller/shorter is he? Please record in inches the difference indicated. | |\_\_|\_\_|\_\_|●|\_\_| Inches……………………….1  Don’t Know 98 |  |
| N6 | Name Of <U5 Child? (*Drop-down from section D)* | -------------------------------------------------------- |  |
| N7 | Do you think that your (Child Name) height is appropriate for his/her age? | Height is Appropriate for his/her age…….1  Taller than for his/her age……………………..2  Shorter than for his/her age……………….….3 |  |
| N8 | Do you think that your (Child Name) weight is appropriate for his/her age? | Weight is Appropriate for his/her age……1  higher than for his/her age…………………….2  lower than for his/her age…….……………….3 |  |
| N9 | Result of anthropometric assessment of child? | Child is agree …………………………………..……1  Refused………………………………………………….2  Not present…………………….…….……………….3 | If 2 or 3 then go for next available child |
| N10 | Height measurement #1 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 1: ID: |
| N11 | Height measurement #2 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 2: ID: |
| N12 | Do the height measurements differ by >.6 cm? | Yes ……………………………………………………...1  No………………………………………………………..2 | If no (differ by <.6 cm), go to N14 |
| N13 | Height measurement #3 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 3:ID: |
| N14 | Weight measurement #1 | |\_\_|\_\_|\_\_|●|\_\_| kg | Measurer 1: ID: |
| N15 | Weight measurement #2 | |\_\_|\_\_|\_\_|●|\_\_| kg | Measurer 2: ID: |
| N16 | Do the weight measurements differ by >.1 kg? | Yes ……………………………………………………...1  No………………………………………………………..2 | If no (differ by <0.1 kg), go to N18 |
| N17 | Weight measurement #3 | |\_\_|\_\_|\_\_| kg | Measurer 3:ID: |
| N18 | Left middle upper arm circumference measurement #1 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 1: ID: |
| N19 | Left middle upper arm circumference measurement #2 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 2: ID: |
| N20 | Do the middle upper arm circumference measurements differ by <.1.3 mm | Yes ……………………………………………………...1  No………………………………………………………..2 | If no (differ by <.1.3 mm), then end the assesment |
| N21 | Left middle upper arm circumference measurement #3 | |\_\_|\_\_|\_\_|●|\_\_| cm | Measurer 3:ID: |