Salud Mesoamérica 2015 (SM2015)
LQAS Survey

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Collection: LOGIN
Contains: DATSTAT_ALTPID

Salud Mesoamérica 2015 (SM2015)
Homepage of the LQAS Survey

Question: DATSTAT_ALTPID
Required

ID:

Collection: SECTION_1
Contains: FRONTCOVER_1, BASIC_HH_INFORMATION1, MOTHER_12_23_MOS, CONTRACEPTION, CHILDREN, END_OF_INTERVIEW

Collection: FRONTCOVER_1
Contains: MUNICIP, SEG, NHOGAR, ID_INTERVIEWER_HH, ID_SUPERVISOR_HH

Cover page information

Question: MUNICIP
Required

Scale Summary		
Code	Label	Show-If
1	Other	

1. Identification of the municipality:

(SELECT ONE OPTION)

-- Select One --

Question: SEG
Required

Scale Summary		
Code	Label	Show-If
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2. Segment:

-- Select One -- ▼

Question: NHOGAR
Required

Scale Summary		
Code	Label	Show-If
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3. Household number:

-- Select One -- ▼

Page Break

Question: ID_INTERVIEWER_HH
Required

4. Interviewer code:

Question: ID_SUPERVISOR_HH

5. Supervisor code:

Page Break

- -

Collection: BASIC_HH_INFORMATION1
Contains: NUM_WOMEN, NUM_CHILDREN

Interviewer: Ask to speak with the head of household, or someone who knows about the members of the household.

Page Break

Question: NUM_WOMEN
Required

Scale Summary		
Code	Label	Show-If
1	Yes, enter the number of women ages 15-49:	
0	No women ages 15-49	

6. Does this household contain any women who are between the ages of 15 and 49? How many?

  (SELECT ONE)

  ○ Yes, enter the number of women ages 15-49: [   ]

  ○ No women ages 15-49

Question: NUM_CHILDREN
Required

Scale Summary		
Code	Label	Show-If
1	Yes, enter the number of children ages 0-59 months:	
0	No children ages 0-59 months	

7. Does this household contain any children who are between the ages of 0 and 59 months? How many?

  (SELECT ONE)

  ○ Yes, enter the number of children ages 0-59 months: [   ]

  ○ No children ages 0-59 months

Auto Page Break

Interviewer: If there are no women 15-49 years old, or children 0-59 months old, thank the respondent and move on to the next household.

Page Break

Jump-To: JMP1_END
Description:
Jump-To-Item: END
Jump-If: (NUM_WOMEN = 0:[No women ages 15-49]) and (NUM_CHILDREN = 0:[No children ages 0-59 months])

Collection: MOTHER_12_23_MOS
Contains: ANY_KIDS_LAST_2_YEARS, NUM_KIDS_LAST_2_YEARS, KID1_NAME, KID1_AGE, KID1_DOB, ANC1, ANC_TIMES, ANC_SKILLED, DEL, DEL_WHERE, BF_EVER1, BF_START1, KID2_NAME, KID2_AGE, KID2_DOB, BF_EVER2, BF_START2, INT_DANGER

Questions for mothers of children 0-23 months

Interviewer: Check how many women are reported above. Ask to speak with each eligible woman in turn, explain the purpose of the survey and ask the following set of questions.

Question: ANY_KIDS_LAST_2_YEARS
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Don't know	
-2	Decline to respond	

8. Do you have any biological children who are less than two years old?

   (SELECT ONE)

   ○ Yes
   ○ No
   ○ Don't know
   ○ Decline to respond

Auto Page Break
- -

Jump-To: JMP2_CONTRA
Description:
Jump-To-Item: HEADER_WOMAN_CONTRA
Jump-If: (ANY_KIDS_LAST_2_YEARS is-any-of 2:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: NUM_KIDS_LAST_2_YEARS
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	1	
2	2	
-1	Don't know	
-2	Decline to respond	

9. How many biological children below the age of two do you have?

(SELECT ONE)

○ 1

○ 2

○ Don't know

○ Decline to respond

Question: KID1_NAME
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

10. What is the name of your child from your most recent birth in the last two years?

Interviewer: Please record only the firs two letters of the first name and the first two letters of the last name.

[   ]

Question: KID1_AGE
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	

11. How old is in months?

(SELECT ONE)

○ Enter age: [   ]

○ Don't know

○ Decline to respond

Question: KID1_DOB
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

[   ]

Scale Summary		
Code	Label	Show-If
1	Enter month and year (MM/YYYY):	
-1	Don't know	
2	Decline to respond	

12. In what month and year was born?

(SELECT ONE)

○ Enter month and year (MM/YYYY): [   ]

○ Don't know

○ Decline to respond

Page Break

Question: ANC1
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

13. When you were pregnant with , did you receive antenatal care?

(SELECT ONE)

○ Yes
○ No
○ Don't know
○ Decline to respond

Auto Page Break

Jump-To: JMP3_DELDOC
Description:
Jump-To-Item: DEL
Jump-If: (ANC1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: ANC_TIMES
Required
Show if: (ANC1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	

14. How many times did you receive antenatal care during this pregnancy?

(SELECT ONE)

○ Enter number of times: [   ]

○ Don't know

○ Decline to respond

Question: ANC_SKILLED
Required
Show if: (ANC1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

15. Were any of these visits attended by a doctor or nurse?

(SELECT ONE)

○ Yes

○ No

○ Don't know

○ Decline to respond

Question Block: DEL
Contains: DEL_DOC, DEL_PRONUR, DEL_AUXNUR, DEL_LABTECH, DEL_MW, DEL_CHW, DEL_PHARM, DEL_TRAD, DEL_REL, DEL_OTH
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

16. Who assisted with the delivery of ?

(SELECT ONE)

Interviewer: Probe to identify each type of person and record all mentioned.

	Yes	No	Don't know	Decline to respond
(a) Medical doctor	○	○	○	○
(b) Professional nurse (college degree)	○	○	○	○
(c) Auxiliary nurse (no college degree, basic level)	○	○	○	○
(d) Lab technician	○	○	○	○
(e) Midwife/comadrona (health worker at community level, no formal training)	○	○	○	○
(f) Community health worker	○	○	○	○
(g) Pharmacy assistant	○	○	○	○
(h) Traditional healer	○	○	○	○
(i) Relative	○	○	○	○
(j) Other	○	○	○	○

Question: DEL_WHERE
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Your home	
2	Other home	
3	Public hospital	
4	Public health unit	
5	Public health center / clinic	
6	Public mobile clinic	
7	Other public health facility	
8	Private hospital	
9	Private health center / clinic	
10	Private office	
11	Private mobile clinic	
12	Other private health facility	
13	Pharmacy	
14	Community health worker	
15	Traditional healer	
16	Other	
-1	Don't know	

| -2 | Decline to respond | | |

17. Where did you give birth to ?

   (SELECT ONE)
   - ○ Your home
   - ○ Other home
   - ○ Public hospital
   - ○ Public health unit
   - ○ Public health center / clinic
   - ○ Public mobile clinic
   - ○ Other public health facility
   - ○ Private hospital
   - ○ Private health center / clinic
   - ○ Private office
   - ○ Private mobile clinic
   - ○ Other private health facility
   - ○ Pharmacy
   - ○ Community health worker
   - ○ Traditional healer
   - ○ Other
   - ○ Don't know
   - ○ Decline to respond

Question: BF_EVER1
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

18. Did you ever breastfeed ?

   (SELECT ONE)
   - ○ Yes
   - ○ No
   - ○ Don't know
   - ○ Decline to respond

Auto Page Break

Jump-To: JMP4_KID2
Description:
Jump-To-Item: KID2_NAME
Jump-If: (BF_EVER1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: BF_START1
Required
Show if: (BF_EVER1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of hours:	
2	Enter number of days:	
-1	Don't know	
-2	Decline to respond	

19. How long after birth did you first put to the breast?

    (SELECT ONE)

    ○ Enter number of hours: [_____]

    ○ Enter number of days: [_____]

    ○ Don't know

    ○ Decline to respond

Jump-To: JMP5_DANGER
Description:
Jump-To-Item: INT_DANGER
Jump-If: (NUM_KIDS_LAST_2_YEARS is-any-of 1:[1] or -1:[Don't know] or -2:[Decline to respond])

Page Break

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Question: KID2_NAME
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) and (NUM_KIDS_LAST_2_YEARS = 2:[2])

20. What is the name of your child from your most recent birth in the last two years?

Interviewer: Please record only the firs two letters of the first name and the first two letters of the last name.

Question: KID2_AGE
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) and (NUM_KIDS_LAST_2_YEARS = 2:[2])

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	

21. How old is in months?

(SELECT ONE)

○ Enter age:
○ Don't know
○ Decline to respond

Question: KID2_DOB
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) and (NUM_KIDS_LAST_2_YEARS = 2:[2])

Scale Summary		
Code	Label	Show-If
1	Enter month and year (MM/YYYY):	
-1	Don't know	
2	Decline to respon	

22. In what month and year was born?

(SELECT ONE)

○ Enter month and year (MM/YYYY):
○ Don't know
○ Decline to respon

Question: BF_EVER2
Required
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) and (NUM_KIDS_LAST_2_YEARS = 2:[2])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

23. Did you ever breastfeed ?

(SELECT ONE)
○ Yes
○ No
○ Don't know
○ Decline to respond

Auto Page Break

Jump-To: JMP6_DANGER
Description:
Jump-To-Item: INT_DANGER
Jump-If: (NUM_KIDS_LAST_2_YEARS ≠ 2:[2]) and (BF_EVER2 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: BF_START2
Required
Show if: (BF_EVER2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of hours:	
2	Enter number of days:	
-1	Don't know	
-2	Decline to respond	

24. How long after birth did you first put to the breast?

   (SELECT ONE)

   ○ Enter number of hours: [_____]
   ○ Enter number of days: [_____]
   ○ Don't know
   ○ Decline to respond

Question: INT_DANGER
Minimum checks: 1
Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

25. Can you list any signs of danger for infants that require medical care? What signs?

   Any others?

   Interviewer: Do no read response options.

   ☐ Feeding problems
   ☐ Reduced activity
   ☐ Difficulty breathing
   ☐ Fever, fits, or convulsions
   ☐ Cold to the touch
   ☐ Don't know
   ☐ Decline to respond

Page Break

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Collection: CONTRACEPTION
Contains: MARITAL_STATUS, PREG1, C_FP1, C_FP2, FP_NOUSE, WOM_KIDS

Contraception

Question: MARITAL_STATUS
Required

Scale Summary		
Code	Label	Show-If
1	Never married	
2	Married	
3	Partner / Common Law / Open Union	
4	Divorced	
5	Separated	
6	Widowed	
7	Other	
-1	Don't know	
-2	Decline to respond	

26. What is your present marital status?

    (SELECT ONE)

      ○ Never married
      ○ Married
      ○ Partner / Common Law / Open Union
      ○ Divorced
      ○ Separated
      ○ Widowed
      ○ Other
      ○ Don't know
      ○ Decline to respond

Auto Page Break

Jump-To: JMP7_WOMKIDS
Description:
Jump-To-Item: WOM_KIDS
Jump-If: (MARITAL_STATUS is-any-of 1:[Never married] or 4:[Divorced] or 5:[Separated] or 6:[Widowed] or 7:[Other] or -1:[Don't know] or -2:[Decline to respond])

Interviewer read: Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

Question: PREG1
Required
Show if: (MARITAL_STATUS is-any-of 2:[Married] or 3:[Partner / Common Law / Open Union])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

27. Are you pregnant now?

   (SELECT ONE)

   ○ Yes
   ○ No
   ○ Don't know
   ○ Decline to respond

Question Block: C_FP1
Contains: M1_FST_HEARD, M2_MST_HEARD, M3_IUD_HEARD, M4_INJ_HEARD, M5_IMP_HEARD, M6_OCP_HEARD, M7_CON_HEARD, M8_FCO_HEARD, M9_DIA_HEARD, M10_SPO_HEARD, M11_LAM_HEARD, M12_RHY_HEARD, M13_WDR_HEARD, M14_EMC_HEARD, M15_OMO_HEARD, M16_OTR_HEARD
Required
Show if: (MARITAL_STATUS is-any-of 2:[Married] or 3:[Partner / Common Law / Open Union])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

28. Have you ever head of *[METHOD]*?

   (SELECT ONE)

		Yes	No	Don't know	Decline to respond
(a)	Female sterilization. *PROBE: Women can have an operation to avoid having any more children.*	○	○	○	○
(b)	Male sterilization. *PROBE: Men can have an operation to avoid having any more children.*	○	○	○	○

(c)	IUD. *PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse.*	○	○	○	○
(d)	Injectables. *PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.*	○	○	○	○
(e)	Implants. *PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.*	○	○	○	○
(f)	Pill. *PROBE: Women can take a pill every day to avoid becoming pregnant.*	○	○	○	○
(g)	Condom. *PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant.*	○	○	○	○
(h)	Female condom. *PROBE: Women can place a sheath in their vagina before sexual intercourse.*	○	○	○	○
(i)	Diaphragm. *PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing.*	○	○	○	○
(j)	Sponge, spermicide. *PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator.*	○	○	○	○
(k)	Lactational amenorrhea method (LAM). *PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding.*	○	○	○	○
(l)	Rhythm method. *PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.*	○	○	○	○
(m)	Withdrawal. *PROBE: Men can be careful and pull out before climax.*	○	○	○	○
(n)	Emergency contraception. *PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.*	○	○	○	○
(o)	Other, modern method.	○	○	○	○
(p)	Other, traditional method.	○	○	○	○

Question Block: C_FP2
Contains: M1_FST_USENOW, M2_MST_USENOW, M3_IUD_USENOW, M4_INJ_USENOW, M5_IMP_USENOW, M6_OCP_USENOW, M7_CON_USENOW, M8_FCO_USENOW, M9_DIA_USENOW, M10_SPO_USENOW, M11_LAM_USENOW, M12_RHY_USENOW, M13_WDR_USENOW, M14_EMC_USENOW, M15_OMO_USENOW, M16_OTR_USENOW
Required
Show if: (MARITAL_STATUS is-any-of 2:[Married] or 3:[Partner / Common Law / Open Union])

Scale Summary			

Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

29. Are you currently using [METHOD]?

For sterilization:
Have you or has your partner been sterilized?

(SELECT ONE)

		Yes	No	Don't know	Decline to respond
(a)	Female sterilization. *PROBE: Women can have an operation to avoid having any more children.*	○	○	○	○
(b)	Male sterilization. *PROBE: Men can have an operation to avoid having any more children.*	○	○	○	○
(c)	IUD. *PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse.*	○	○	○	○
(d)	Injectables. *PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.*	○	○	○	○
(e)	Implants. *PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.*	○	○	○	○
(f)	Pill. *PROBE: Women can take a pill every day to avoid becoming pregnant.*	○	○	○	○
(g)	Condom. *PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant.*	○	○	○	○
(h)	Female condom. *PROBE: Women can place a sheath in their vagina before sexual intercourse.*	○	○	○	○
(i)	Diaphragm. *PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing.*	○	○	○	○
(j)	Sponge, spermicide. *PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator.*	○	○	○	○
(k)	Lactational amenorrhea method (LAM). *PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding.*	○	○	○	○
(l)	Rhythm method. *PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month*	○	○	○	○

	she is most likely to get pregnant.	○	○	○	○
(m)	Withdrawal. *PROBE: Men can be careful and pull out before climax.*	○	○	○	○
(n)	Emergency contraception. *PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.*	○	○	○	○
(o)	Other, modern method.	○	○	○	○
(p)	Other, traditional method.	○	○	○	○

Auto Page Break
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<div style="border:1px solid;">

Question: FP_NOUSE
Minimum checks: 1
Show if: (M1_FST_USENOW = 0:[No]) and (M2_MST_USENOW = 0:[No]) and (M3_IUD_USENOW = 0:[No])
and (M4_INJ_USENOW = 0:[No]) and (M5_IMP_USENOW = 0:[No]) and (M6_OCP_USENOW = 0:[No]) and
(M7_CON_USENOW = 0:[No]) and (M8_FCO_USENOW = 0:[No]) and (M9_DIA_USENOW = 0:[No]) and
(M10_SPO_USENOW = 0:[No]) and (M11_LAM_USENOW = 0:[No]) and (M12_RHY_USENOW = 0:[No]) and
(M13_WDR_USENOW = 0:[No]) and (M14_EMC_USENOW = 0:[No]) and (M15_OMO_USENOW = 0:[No]) and
(M16_OTR_USENOW = 0:[No])

</div>

30. *Interviewer: Read the question above, and ask this question only if all of the questions
are "No". This question only pertains to women who are not using any methods at the
time of the interview.*

    Interviewer: Do not read options. If the woman asks, read all of the options.

    Can you tell me the main reason why you are not using a method to prevent pregnancy?
    Any other reason?

    (SELECT ALL THAT APPLY)

    ☐ Unmarried
    ☐ Married
    ☐ Does not have sexual relations
    ☐ Virgin
    ☐ Has sexual relations infrequently
    ☐ Menopausal
    ☐ Hysterectomy / surgery on the uterus
    ☐ Cannot become pregnant
    ☐ Did not have a menstrual period since last birth
    ☐ Was breastfeeding
    ☐ Goes against religion
    ☐ Respondent is opposed to use
    ☐ Huspand/partern is opposed to use
    ☐ Others are opposed to use
    ☐ Knows no method
    ☐ Knows no source for getting method
    ☐ Concerned about side effects
    ☐ Facility is too far
    ☐ Could not find transportation to facility
    ☐ Could not afford transportation to facility
    ☐ Costs too much
    ☐ Preferred method is not available
    ☐ No method is available
    ☐ Health facility has staff that are hard to deal with
    ☐ Don't trust facility staff at health facility
    ☐ Uncomfortable to use
    ☐ Interferes with normal body processes
    ☐ Affects her health / doesn't like them
    ☐ Was pregnant
    ☐ Wanted to become pregnant
    ☐ Other, specify: [_____]

☐ Don't know
☐ Decline to respond

Question: WOM_KIDS
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

31. Do you care for any children who are less than 5 years old?

(SELECT ONE)

○ Yes
○ No
○ Don't know
○ Decline to respond

Collection: CHILDREN
Contains: CHILD1

Children's health

Interviewer: Check how many children aged 0-59 months are reported above. For any children not directly linked to a woman above, ask to speak with the caregiver of each child, explain the purpose of the survey if necessary and ask the following set of questions.

Collection: CHILD1
Contains: KIDS_NAME_1, KIDS_AGE_1, KIDS_DOB_1, FOOD_BF_1, FOOD_OTH_1, FOOD_OTH_DRINKS_1, DIARRHEA_1, C_DIARRHEA_1, DIARRHEA4_1, C_DIARRHEA_RX_1, MICRO_CONS_1, MICRO_CONS_NUM_1, WORMS_1, WORMS_TIMES_1, VACANY_1, C_VAC1_1, C_VAC2_1, VACCARD_1, C_VAC3_1, WOM_ANYOTHER_1

Question: KIDS_NAME_1
Required

32. What is the child's name?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Enter: [   ]

Auto Page Break

- -

Question: KIDS_AGE_1
Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	

33. How old is in months?

(SELECT ONE)

○ Enter age: _____

○ Don't know

○ Decline to respond

Question: KIDS_DOB_1
Required

Scale Summary		
Code	Label	Show-If
1	Enter month and year (MM/YYYY):	
-1	Don't know	
2	Decline to respond	

34. In what month and year was born?

(SELECT ONE)

○ Enter month and year (MM/YYYY): _____

○ Don't know

○ Decline to respond

Page Break

Question: FOOD_BF_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 0) and (KIDS_AGE_1.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

35. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.

I am interested in whether your child had the item I mention even if it was combined with other food.

Yesterday or last night, did consume breast milk?

(SELECT ONE)

○ Yes
○ No
○ Don't know
○ Decline to respond

Auto Page Break

Jump-To: JMP_DIARRHEA_1
Description:
Jump-To-Item: DIARRHEA_1
Jump-If: (FOOD_BF_1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: FOOD_OTH_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 0) and (KIDS_AGE_1.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

36. ***Yesterday or last night***, did consume anything besides breast milk?

    (SELECT ONE)

     ○ Yes

     ○ No

     ○ Don't know

     ○ Decline to respond

Question: FOOD_OTH_DRINKS_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 0) and (KIDS_AGE_1.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

37. ***Yesterday or last night***, did consume any other drinks such as water, sugar water, or tea?

    (SELECT ONE)

     ○ Yes

     ○ No

     ○ Don't know

     ○ Decline to respond

Question: DIARRHEA_1
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

38. Now I am going to ask you about the *past 2 weeks*.

   In the last 2 weeks, has had diarrhea?

   (SELECT ONE)
   ○ Yes
   ○ No
   ○ Don't know
   ○ Decline to respond

Auto Page Break

Jump-To: JMP_MICRO_CONS_1
Description:
Jump-To-Item: MICRO_CONS_1
Jump-If: (DIARRHEA_1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question Block: C_DIARRHEA_1
Contains: DIARRHEA_DRINK1_1, DIARRHEA_DRINK2_1, DIARRHEA_DRINK3_1
Required
Show if: (DIARRHEA_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

39. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

   (SELECT ONE)

	Yes	No	Don't know	Decline to respond
(a) A fluid made from a special packed called ORS? (Oral rehydration salts)	○	○	○	○
(b) A pre-packaged ORS liquid? (Bottled oral serum)	○	○	○	○
(c) Homemade fluid recommended by health authorities?	○	○	○	○

Question: DIARRHEA4_1
Required
Show if: (DIARRHEA_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

40. Was anything (else) given to treat the diarrhea?

   (SELECT ONE)
   ○ Yes
   ○ No
   ○ Don't know
   ○ Decline to respond

Question Block: C_DIARRHEA_RX_1
Contains: DIARRHEA_RX1_1, DIARRHEA_RX2_1, DIARRHEA_RX3_1, DIARRHEA_RX4_1, DIARRHEA_RX5_1, DIARRHEA_RX11_1, DIARRHEA_RX12_1, DIARRHEA_RX13_1, DIARRHEA_RX14_1, DIARRHEA_RX15_1,

DIARRHEA_RX6_1, DIARRHEA_RX7_1, DIARRHEA_RX8_1, DIARRHEA_RX9_1, DIARRHEA_RX10_1,
DIARRHEA_RXOTH_1, DIARRHEA_RXDK_1
Required
Show if: (DIARRHEA_1 = 1:[Yes]) and (DIARRHEA4_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

41. What (else) was given to treat the diarrhea?

(SELECT ONE)

		Yes	No	Don't know	Decline to respond
Pill					
(a)	Antibiotic	○	○	○	○
(b)	Anti-motility / Anti-diarrheal	○	○	○	○
(c)	Zinc	○	○	○	○
(d)	Other (not antibiotic, anti-motility / anti-diarrheal, or zinc)	○	○	○	○
(e)	Unknown pill	○	○	○	○
Syrup					
(f)	Antibiotic	○	○	○	○
(g)	Anti-motility / Anti-diarrheal	○	○	○	○
(h)	Zinc	○	○	○	○
(i)	Other (not antibiotic, anti-motility / anti-diarrheal, or zinc)	○	○	○	○
(j)	Unknown syrup	○	○	○	○
Injection					
(k)	Antibiotic	○	○	○	○
(l)	Non-antibiotic	○	○	○	○
(m)	Unknown injection	○	○	○	○
(n)	Intravenous therapy	○	○	○	○
Other					
(o)	Home remedy / herbal medicine	○	○	○	○

(p) Other	○	○	○	○
(q) Don't know	○	○	○	○

Question: MICRO_CONS_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 6) and (KIDS_AGE_1.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

42. *Interviewer: Only ask the following question if the child is aged 6-23 months.*

Now I am going to ask you about the **past 6 months**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets?

(SELECT ONE)

○ Yes
○ No
○ Don't know
○ Decline to respond

Auto Page Break

Jump-To: JMP_WORMS_1
Description:
Jump-To-Item: WORMS_1
Jump-If: (MICRO_CONS_1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: MICRO_CONS_NUM_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 6) and (KIDS_AGE_1.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	

43. *In the past 6 months*, how many of these packets did consume?

(SELECT ONE)

○ Enter number of packets: [   ]

○ Don't know

○ Decline to respond

Question: WORMS_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 12) and (KIDS_AGE_1.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

44. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the *past 12 months*.

In the last 12 months, was given any drug for intestinal worms?

(SELECT ONE)

○ Yes

○ No

○ Don't know

○ Decline to respond

Auto Page Break
- -

Jump-To: JMP_VACANY_1
Description:
Jump-To-Item: VACANY_1
Jump-If: (WORMS_1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question: WORMS_TIMES_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 12) and (KIDS_AGE_1.SPEC < 60) and (WORMS_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	

45. ***In the last 12 months***, how many times was given drugs for intestinal worms?

(SELECT ONE)

○ Enter number of times: _____

○ Don't know

○ Decline to respond

Question: VACANY_1
Required
Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 12) and (KIDS_AGE_1.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

46. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunizaiton day campaign?

(SELECT ONE)

○ Yes

○ No

○ Don't know

○ Decline to respond

Auto Page Break

- -

Jump-To: JMP_VACCARD_1
Description:
Jump-To-Item: VACCARD_1
Jump-If: (VACANY_1 is-any-of 0:[No] or -1:[Don't know] or -2:[Decline to respond])

Question Block: C_VAC1_1
Contains: RVAC_BCG_1, RVAC_PENT_1, RVAC_OPV_1, RVAC_DPT_1, RVAC_MMR_1, RVAC_HEPB_1, RVAC_ROTA_1, RVAC_PNEUM_1
Required
Show if: (VACANY_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

47. Please tell me if had any of the following vaccinations:

(SELECT ONE)

	Yes	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis that is an injection in the arm or shoulders that usually causes a scar	○	○	○	○
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b	○	○	○	○
(c) Polio vaccine, that is, drops in the mouth	○	○	○	○
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops	○	○	○	○
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older – to prevent him/her from getting measles, mumps and rubella	○	○	○	○
(f) Hepatitis B vaccination	○	○	○	○
(g) Rotavirus vaccination (this vaccine is given to reduce diarrhea in children)	○	○	○	○
(h) Pneumococcal conjugate vaccination (to prevent meningitis)	○	○	○	○

Question Block: C_VAC2_1
Contains: RVAC_BCGNUM_1, RVAC_PENTNUM_1, RVAC_OPVNUM_1, RVAC_DPTNUM_1, RVAC_MMRNUM_1, RVAC_HEPBNUM_1, RVAC_ROTANUM_1, RVAC_PNEUMNUM_1
Required
Show if: (VACANY_1 = 1:[Yes])

Scale Summary		

Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	

48. Please enter the number of times each vaccine was given:

(SELECT ONE)

	Enter number of times:	Don't know	Decline to respond
(a) BCG vaccine	○ [ ]	○	○
(b) Pentavalent	○ [ ]	○	○
(c) Polio vaccine	○ [ ]	○	○
(d) DPT vaccination	○ [ ]	○	○
(e) Measles & Rubella / MMR vaccine	○ [ ]	○	○
(f) Hepatitis B vaccination	○ [ ]	○	○
(g) Rotavirus vaccination	○ [ ]	○	○
(h) Pneumococcal conjugate vaccination	○ [ ]	○	○

Question: VACCARD_1
Required

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	

49. Do you have a card where 's vaccinations are written down?

If yes: May I see it please?

(SELECT ONE)

○ Yes, observed
○ Yes, not observed
○ No card
○ Don't know
○ Decline to respond

Auto Page Break
- -

Jump-To: JMP_WOMAN_ANYOTHER_1
Description:
Jump-To-Item: WOM_ANYOTHER_1
Jump-If: (VACCARD_1 is-any-of 2:[Yes, not observed] or 0:[No card] or -1:[Don't know] or -2:[Decline to respond])

Question Block: C_VAC3_1
Contains: VACCARD_BCGNUM_1, VACCARD_PENTNUM_1, VACCARD_OPVNUM_1, VACCARD_DPTNUM_1, VACCARD_MMRNUM_1, VACCARD_HEPBNUM_1, VACCARD_ROTANUM_1, VACCARD_PNEUMNUM_1
Required
Show if: (VACCARD_1 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-1	Don't know	
-2	Decline to respond	

✎ 50. *Interviewer: Note the number of times each type of vaccine is indicated as given (with or without a date):*

(SELECT ONE)

	Enter number of times vaccine was given:	Don't know	Decline to respond
(a) BCG vaccine	○ [_____]	○	○
(b) Pentavalent	○ [_____]	○	○
(c) Polio vaccine	○ [_____]	○	○
(d) DPT vaccination	○ [_____]	○	○
(e) Measles & Rubella / MMR vaccine	○ [_____]	○	○
(f) Hepatitis B vaccination	○ [_____]	○	○
(g) Rotavirus vaccination	○ [_____]	○	○
(h) Pneumococcal conjugate vaccination	○ [_____]	○	○

Question: WOM_ANYOTHER_1
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

✎ 51. Do you care for any other children who are less than 5 years old?

(SELECT ONE)

○ Yes
○ No
○ Don't know
○ Decline to respond

Collection: END_OF_INTERVIEW
Contains: C_COMMENT1, RESULT_HH

Question: C_COMMENT1

52. *Interviewer: Enter your comments relevant to this survey.*

Do not *include any data (name, date of birth) that identifies participants.*

Page Break

- -

Interviewer:

Upon completion of the household visit, please note the result of the interview:

Question: RESULT_HH
Required

Scale Summary		
Code	Label	Show-If
1	Interview completed	
2	Partially completed	
3	Interview was refused	
4	Members of the household absent for an extended period of time	
5	Unoccupied house	
6	Household address not found	
7	Other member of the household refused the interview	
8	Other, specify:	

53. Final result of the interview:

   (SELECT ONE)

   ○ Interview completed
   ○ Partially completed
   ○ Interview was refused
   ○ Members of the household absent for an extended period of time
   ○ Unoccupied house
   ○ Household address not found
   ○ Other member of the household refused the interview
   ○ Other, specify: [   ]

END OF THE SURVEY.

The interview is finished.

Click the "send" button to send your answers and close the survey. You cannot review the options after clicking the "send" button.

If you believe you have reached this page in error, click the "back" button and check your answers as required.

Thank you for the time that we have spent today.

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