IHME

Salud Mesoamerica 2015 (SM2015)
Belize Household LQAS Survey

Version 1
3/28/2013

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Color-Coding Legend

Surv ey Item #	IHME Variable Name(s) In El SalvadorData	Item Descripti on	Source (Year & Item # if Known)	ENGLISH Question & Response Options with Values	Question Type	Item Conditions	Site-Specific Modifica tions
1.	HEADER_COVER			**Front cover information**			
2.	DATSTAT_ALTPID			Unique identifier: _____			
3.	MUN		IDB	Municipality *(3 digit number with leading zeros)* ☐ 001 ☐ 002 ☐ …			
4.	ID_INTERVIEWER_HH	field staff informati on	IHME SM-2015	Interviewer code: ___			
5.	ID_SUPERVISOR_HH	field staff informati on	IHME SM-2015	Supervisor code: ___			
6.				Can I talk to the women member in this health facility, who had most recent birthday? ☐ 1 = Yes ☐ 2 = No { END OF THE SURVEY)			
7.	HEADER_HOUSEHOLD			**Basic respondent information**			
	NUM_WOMEN			What is your age? (SELECT ONE) ☐ Under 15 years old ☐ 15-49 year old ☐ 50 years or older			
				How old are you? Age -2=declined to respond			
	MAR_STATUS			What is your present marital status of ? (SELECT ONE) ☐ 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			

	EDU_WOM			What is the highest level of school you attended: primary (elementary school), secondary (high school), or university? (SELECT ONE) ☐ 1=Primary ☐ 2=Secondary ☐ 3=University ☐ 4=Literacy course ☐ -1=Don't know ☐ -2=Decline to respond		
	INCOME_HOUSE			What is your household monthly income? IF AGE LES THAN 15 OR MORE THAN 49 END OF THE SURVEY		
	NUM_CHILDREN			Do you have biological children who are between the ages of 0 and 59 months? How many? (SELECT ONE) ☐ Enter the number of children ages 0-59 months: ____ ☐ 0 = No children ages 0-59 months		
				Do you take care of any children (for example grandchildren or adopted children) who are between the ages of 0 and 59 months ? How many ? ☐ Enter the number of children ages 0-59 months: ____ ☐ 0 = No children ages 0-59 months END OF THE SURVEY		
				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.		
8.	HEADER_WOMAN			**Questions for mothers of children 0-23 months**		
	ANY_KIDS_LAST_2_YEARS			Do you have any biological children who are less than two years old? (SELECT ONE) ☐ 1 = Yes ☐ 2 = No { SKIP TO KIDS_LAST_2_YEARS ☐ -1 = Don't' know { SKIP TO KIDS_LAST_2_YEARS } -2 = Decline to respond { SKIP TO KIDS_LAST_2_YEARS }		

NUM_KIDS_LAST_2_YEARS			How many biological children below the age of two do you have? (SELECT ONE) ☐ 1 ☐ 2 ☐ -1 = Don't' know ☐ -2 = Decline to respond		Show if the woman has biological children less than two years old
KID1_NAME			What is the name of your child from your most recent birth in the last two years? *Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.* Enter name: _____		Show if the woman has biological children less than two years old
KIDS_LAST_2_YEARS			ONLY SHOW IF WOMEN TAKE CARE OF CHILDREN 0-59 MOTHS Do you take care of any children (for example grandchildren or adopted children) who are less than two years old? (SELECT ONE) ☐ 1 = Yes ☐ 2 = No { SKIP TO NEXT SECTION} ☐ -1 = Don't' know { SKIP TO NEXT SECTION} ☐ -2 = Decline to respond { SKIP TO NEXT SECTION}		
			ONLY SHOW IF WOMEN TAKE CARE OF CHILDREN 0-59 MOTHS How many children below the age of two do you take care of (SELECT ONE) ☐ 1 ☐ 2 ☐ -1 = Don't' know ☐ -2 = Decline to respond		

			ONLY SHOW IF WOMEN TAKE CARE OF CHILDREN 0-59 MOTHS What is the name of the child? *Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.* Enter name: _____			
	KID1_AGE			How old is [name] in months? SHOW FOR BOTH (SELECT ONE) ☐ Enter age: _____ ☐ -1 = Don't' know ☐ -2 = Decline to respond		Show if the woman has biological children less than two years old	
	KID1_DOB			In what month and year was [name] born? SHOW FOR BOTH (SELECT ONE) ☐ Enter month and year, M _____ Y _____ MM/YYYY ☐ -1 = Don't' know ☐ -2 = Decline to respond		Show if the woman has biological children less than two years old	
9.	ANC1			When you were pregnant with [NAME], did you receive antenatal care? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO DEL_DOC} ☐ -1=Don't know {SKIP TO DEL_DOC} ☐ -2=Decline to respond {SKIP TO DEL_DOC}		Show if the woman has biological children less than two years old	
10.	ANC_TIMES			How many times did you receive antenatal care during this pregnancy? (SELECT ONE) ☐ ENTER NUMBER OF TIMES: ___ ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	Show if ANC1==1	

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11.	ANC_SKILLED			Were any of these visits attended by a doctor or nurse? (SELECT ONE) ☐　1 = Yes ☐　2 = No ☐　-1 = Don't' know ☐　-2 = Decline to respond		Show if ANC1==1	
12.				*Display as a table:* Who assisted with the delivery of [NAME]? SHOW FOR BOTH *Interviewer: Probe to identify each type of person and record all mentioned.* (SELECT ONE) ☐　1=Yes ☐　0=No ☐　-1=Don't know ☐　-2=Decline to respond		Show if the woman has biological children less than two years old	
13.	DEL_DOC			Medical doctor			
14.	DEL_PRONUR			Professional nurse (college degree)			
15.	DEL_AUXNUR			Auxiliary nurse (no college degree, basic level)			
16.	DEL_LABTECH			Lab technician			
17.	DEL_MW			Midwife/comadrona (health worker at community level, no formal training)			
18.	DEL_CHW			Community health worker			
19.	DEL_PHARM			Pharmacy assistant			
20.	DEL_TRAD			Traditional healer			
21.	DEL_REL			Relative			
22.	DEL_OTH			Other			

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23.	DEL_WHERE		IHME	Where did you give birth to [NAME]? (SELECT ONE) ☐ 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		Show if the woman has biological children less than two years old	

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24.				ONLY SHOW IF WOMEN TAKE CARE OF CHILDREN 0-59 MOTHS Where was [NAME] born? (SELECT ONE) ☐ 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			
25.	BF_EVER1			Did you ever breastfeed [NAME]? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO KID2_NAME} ☐ -1=Don't know {SKIP TO KID2_NAME} ☐ -2=Decline to respond {SKIP TO KID2_NAME}	Indicator	Show if the woman has biological children less than two years old	

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26.				ONLY SHOW IF WOMEN TAKE CARE OF CHILDREN 0-59 MOTHS Did [NAME] was ever breastfeed? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO KID2_NAME} ☐ -1=Don't know {SKIP TO KID2_NAME} ☐ -2=Decline to respond {SKIP TO KID2_NAME}			
27.	BF_START1.HR BF_START1.DAY			How long after birth did you first put [NAME] to the breast? (SELECT ONE) ☐ ENTER NUMBER OF Hours:____ ☐ ENTER NUMBER OF Days:____ ☐ -1=Don't know ☐ -2=Decline to respond *Interviewer: If less than one day, record hours.*	Indicator	show if #/BF_EVER1==1;	
	KID2_NAME			What is the name of your **next** most recent child born in the last two years? *Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.* Enter name: _____		Show if the woman has two children born in the last 2 years	
	KID2_AGE			How old is [name] in months? (SELECT ONE) ☐ Enter age: _____ ☐ -1 = Don't' know ☐ -2 = Decline to respond		Show if the woman has two children born in the last 2 years	

	KID2_DOB			In what month and year was [name] born? (SELECT ONE) ☐ Enter month and year, MM/YYYY ☐ -1 = Don't' know ☐ -2 = Decline to respond		Show if the woman has two children born in the last 2 years
28.	BF_EVER2			Did you ever breastfeed [NAME]? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO INT_DANGER_} ☐ -1=Don't know {SKIP TO INT_DANGER_} ☐ -2=Decline to respond {SKIP TO INT_DANGER_}	Indicator	Show if the woman has two children born in the last 2 years
29.	BF_START2.HR BF_START2.DAY			How long after birth did you first put [NAME] to the breast? (SELECT ONE) ☐ ENTER NUMBER OF Hours:____ ☐ ENTER NUMBER OF Days:____ ☐ -1=Don't know ☐ -2=Decline to respond *Interviewer: If less than one day, record hours.*	Indicator	show if #/BF_EVER2==1;
30.	INT_DANGER_NOEAT INT_DANGER_LETH INT_DANGER_BREATH INT_DANGER_FEVER INT_DANGER_COLD		IHME	SHOW FOR BOTH Can you list any signs of danger for infants that require medical care? What signs? Any others? *Interviewer: Do not read response options.* (SELECT ALL THAT APPLY) ☐ 1 = Feeding problems ☐ 2= Reduced activity ☐ 3 = Difficulty breathing ☐ 4 = Fever, fits or convulsions ☐ 5 = Cold to the touch ☐ 1=Don't know ☐ -2=Decline to respond	Indicator	

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31.	HEADER_WOMAN_CONTRA			**Contraception**			
32.	HEADER_CONTRACEPTION _FERTILITY			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.		Show if woman is married or partnered	
33.	PREG1			Are you pregnant now? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond ☐		Show if woman is married or partnered	
34.	C_FP1		DHS	*Display as a table:* Have you ever heard of [METHOD]: (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	Show if woman is married or partnered	
35.	M1_FST_HEARD			Female Sterilization. *PROBE: Women can have an operation to avoid having any more children.*	Indicator		
36.	M2_MST_HEARD			Male Sterilization. *PROBE: Men can have an operation to avoid having any more children.*	Indicator		
37.	M3_IUD_HEARD			IUD. *PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.*	Indicator		
38.	M4_INJ_HEARD			Injectables. *PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.*	Indicator		
39.	M5_IMP_HEARD			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.*	Indicator		
40.	M6_OCP_HEARD			Pill. *PROBE: Women can take a pill every day to avoid becoming pregnant.*	Indicator		

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41.	M7_CON_HEARD			Condom. *PROBE: Men can put a rubber sheath on their penis before sexual intercourse.*	Indicator		
42.	M8_FCO_HEARD			Female Condom. *PROBE: Women can place a sheath in their vagina before sexual intercourse.*	Indicator		
43.	M9_DIA_HEARD			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.*	Indicator		
44.	M10_SPO_HEARD			Sponge, spermicide. *PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator.*	Indicator		
45.	M11_LAM_HEARD		IHME	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.*	Indicator		
46.	M12_RHY_HEARD			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.*	Indicator		
47.	M13_WDR_HEARD			Withdrawal. *PROBE: Men can be careful and pull out before climax.*	Indicator		
48.	M14_EMC_HEARD			Emergency Contraception. *PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.*	Indicator		
49.	M15_OMO_HEARD			Other, modern method	Indicator		
50.	M16_OTR_HEARD			Other, traditional method	Indicator		

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51.	C_FP2 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			Are you currently using [METHOD]? *For sterilization:* Have you or has your partner been sterilized? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	Show if respondent indicates having heard of the method	
52.	FP_NOUSE_UNMAR FP_NOUSE_MAR FP_NOUSE_NOSEX FP_NOUSE_VIR FP_NOUSE_INFREQ FP_NOUSE_MENO FP_NOUSE_HYST FP_NOUSE_INFERT FP_NOUSE_CYCLE FP_NOUSE_BF FP_NOUSE_RELIG FP_NOUSE_OPP FP_NOUSE_SPOPP FP_NOUSE_OTHOPP FP_NOUSE_KNOWN FP_NOUSE_SOURCE FP_NOUSE_SIDE FP_NOUSE_FAR FP_NOUSE_TRANSP FP_NOUSE_TRANSPCOST FP_NOUSE_COST FP_NOUSE_NAPREF FP_NOUSE_NA FP_NOUSE_PERS FP_NOUSE_TRUST FP_NOUSE_UNCOMF			*Interviewer: Review 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 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) ☐ 1=Unmarried ☐ 2=Married ☐ 3=Does not have sexual relations ☐ 4=Virgin ☐ 5=Has sexual relations infrequently ☐ 6=Menopausal ☐ 7=Hysterectomy/surgery on the uterus ☐ 8=Cannot become pregnant ☐ 9=Did not have a menstrual period since last birth ☐ 10=Was breastfeeding ☐ 11=Goes against religion ☐ 12=Respondent is opposed to use ☐ 13=Husband/partner is opposed to use ☐ 14=Others are opposed to use	Indicator	show if #/ M1_FST_USENOW==0 & #/M2_MST_USENOW==0 & #/M3_IUD_USENOW==0 & #/M4_INJ_USENOW==0 & #/M5_IMP_USENOW==0 & #/M6_OCP_USENOW==0 & #/M7_CON_USENOW==0 & #/M8_FCO_USENOW==0 & #/M9_DIA_USENOW==0 & #/M10_SPO_USENOW==0 & #/M11_LAM_USENOW==0 & #/M12_RHY_USENOW==0 & #/M13_WDR_USENOW==0 & #/M14_EMC_USENOW==0 & #/M15_OMO_USENOW==0 & #/M16_OTR_USENOW==0	

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	FP_NOUSE_UNNAT FP_NOUSE_NOLIKE FP_NOUSE_PREG FP_NOUSE_WANTPR FP_NOUSE_OTH FP_NOUSE_OTH_SPEC FP_NOUSE_DK FP_NOUSE_DTR			☐ 15=Knows no method ☐ 16=Knows no source for getting method ☐ 17=Concerned about side effects ☐ 18=Facility is too far ☐ 19=Could not find transportation to facility ☐ 20=Could not afford transportation to facility ☐ 21=Costs too much ☐ 22=Preferred method is not available ☐ 23=No method is available ☐ 24=Health facility has staff that are hard to deal with ☐ 25=Don't trust facility staff at health facility ☐ 26=Uncomfortable to use ☐ 27=Interferes with normal body processes ☐ 28=Affects her health/doesn't like them ☐ 29=Was pregnant ☐ 30=Wanted to become pregnant ☐ 31=Other, specify: _____ ☐ -1=Don't know ☐ -2=Decline to respond			
53.	HEADER_CHILDREN			**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:] These questions will be repeated for each child age 0-59 months reported by the caregiver. SHOW FOR BOTH ENTIRE SECTION			
	KIDS_NAME_#			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 name: _____			
	KIDS_AGE_#			How old is [name] in months? (SELECT ONE) ☐ Enter age: _____ ☐ -1 = Don't' know ☐ -2 = Decline to respond			

	KIDS_DOB_# KIDS_DOB_#_TEXT			In what month and year was [name] born? (SELECT ONE) ☐ Enter month and year, M _____ Y _____ ☐ -1 = Don't' know ☐ -2 = Decline to respond		
54.	FOOD_BF_#			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 [NAME] had *yesterday or last night*. I am interested in whether your child had the item I mention even if it was combined with other foods. *Yesterday or last night,* did [NAME] consume breast milk? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO DIARRHEA} ☐ -1=Don't know {SKIP TO DIARRHEA} ☐ -2=Decline to respond {SKIP TO DIARRHEA}		Show if child is under the age of 6 months
55.	FOOD_OTH_#			*Yesterday or last night,* did [NAME] consume anything besides breast milk? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond		Show if child is under the age of 6 months
56.	FOOD_OTH_DRINKS_#			*Yesterday or last night,* did [NAME] consume any other drinks such as water, sugar water or tea? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond		Show if child is under the age of 6 months

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57.	DIARRHEA_#		IHME	Now I am going to ask you about the *past 2 weeks*. *In the last 2 weeks*, has [NAME] had diarrhea? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO MICRONUTRIENTS} ☐ -1=Don't know {SKIP TO MICRONUTRIENTS} ☐ -2=Decline to respond {SKIP TO MICRONUTRIENTS} ☐	Indicator	Show if child is ages 0 -59 months (all children)	
58.	C_DIARRHEA1_#			*Display as a table:* Was he/she given any of the following to drink at any time since he/she started having the diarrhea: (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	show if #/ DIARRHEA_#==1;	
59.	DIARRHEA_DRINK1_#			A fluid made from a special packet called ORS? (Oral rehydration salts)			local name for ORS packet
60.	DIARRHEA_DRINK2_#			A pre-packaged ORS liquid? (Bottled oral serum)			
61.	DIARRHEA_DRINK3_#			Homemade fluid recommended by health authorities?			
62.	DIARRHEA4_#			Was anything (else) given to treat the diarrhea? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond		show if #/ DIARRHEA_#==1;	

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63.	C_DIARRHEA_RX_#			*Display as a table:* What (else) was given to treat the diarrhea? (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	show if #/ DIARRHEA_#==1 and DIARRHEA4_#==1	
64.				*Pill*			
65.	DIARRHEA_RX1			Antibiotic			
66.	DIARRHEA_RX2			Anti-motility/Anti-diarrheal			
67.	DIARRHEA_RX3			Zinc			
68.	DIARRHEA_RX4			Other (not antibiotic, anti-motility/anti-diarrheal, or zinc)			
69.	DIARRHEA_RX5			Unknown pill			
70.				Syrup			
71.	DIARRHEA_RX11			Antibiotic			
72.	DIARRHEA_RX12			Anti-motility/Anti-diarrheal			
73.	DIARRHEA_RX13			Zinc			
74.	DIARRHEA_RX14			Other (not antibiotic, anti-motility/anti-diarrheal, or zinc)			
75.	DIARRHEA_RX15			Unknown syrup			
76.				*Injection*			
77.	DIARRHEA_RX6			Antibiotic			
78.	DIARRHEA_RX7			Non-antibiotic			
79.	DIARRHEA_RX8			Unknown injection			
80.	DIARRHEA_RX9			Intravenous therapy			
81.				*Other*			
82.	DIARRHEA_RX10			Home remedy/herbal medicine			
83.	DIARRHEA_RXOTH			Other			
84.	DIARRHEA_RXDK			Don't know			

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85.	MICRO_CONS_#			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 [NAME] consume any of these types of packets? (SELECT ONE) ☐ 1= Yes ☐ 0= No {SKIP TO WORMS} ☐ -1=Don't know {SKIP TO WORMS} ☐ -2=Decline to respond {SKIP TO WORMS}		Show if child is age 6-23 months	
86.	MICRO_CONS_NUM_# MICRO_CONS_NUM_#.SPEC			*In the past 6 months*, how many of these packets did [NAME] *consume*? # packets : (SELECT ONE) ☐ Enter number of packets:_____ ☐ -1=Don't know ☐ -2=Decline to respond		Show if child is age 6-23 months	
87.	WORMS_#			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 [NAME] given any drug for intestinal worms? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO VACCINES} ☐ -1=Don't know {SKIP TO VACCINES} ☐ -2=Decline to respond {SKIP TO VACCINES}		Show if child is age 12-59 months	

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88.	WORMS_TIMES_# WORMS_TIMES_1.SPEC			*In the last 12 months*, how many times was [NAME] given drugs for intestinal worms? (SELECT ONE) ☐ ENTER NUMBER OF TIMES: ___ ☐ -1=Don't know ☐ -2=Decline to respond		Show if child is age 12-59 months show if #/WORMS==1;	
89.	VACANY_#			Did [NAME] ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign? (SELECT ONE) ☐ 1=Yes ☐ 0=No {SKIP TO VACCINE CARD} ☐ -1=Don't know {SKIP TO VACCINE CARD} ☐ -2=Decline to respond {SKIP TO VACCINE CARD}	Filter for indicator	Show if child is aged 0-59 months (all children)	
90.				*Display as a table:* Please tell me if [NAME] had any of the following vaccinations: (SELECT ONE) ☐ 1=Yes ☐ 0=No ☐ -1=Don't know ☐ -2=Decline to respond	Indicator	Show if VACANY==1	
91.				BCG vaccination against tuberculosis that is an injection in the arm or shoulders that usually causes a scar			
92.				Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b			
93.				Polio vaccine, that is, drops in the mouth			
94.				DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops			
95.				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			
96.				Hepatitis B vaccination			
97.	C_COMMENT1			Rotavirus vaccination (This vaccine is given to reduce diarrhea in children)			
98.				Pneumococcal conjugate vaccination (to prevent meningitis)			

Survey Item #	IHME Variable Name(s) In El SalvadorData	Item Description	Source (Year & Item # if Known)	ENGLISH Question & Response Options with Values	Question Type	Item Conditions	Site-Specific Modifications
99.				*Display as a table:* Please enter the number of times each vaccine was given: (SELECT ONE) ☐ ENTER NUMBER OF TIMES: ___ ☐ -1=Don't know ☐ -2=Decline to respond		Show if VACANY==1 Show if the respondent indicated that the child received the respective vaccine	
100.				BCG vaccine		show if #/RVAC_BCG==1;	
101.				Pentavalent			
102.				Polio vaccine		show if #/RVAC_OPV==1;	
103.				DPT vaccination		show if #/RVAC_DPT==1;	
104.				Measles & Rubella / MMR vaccine		show if #/RVAC_MMR==1;	
105.				Hepatitis B vaccination		show if #/RVAC_HEPB==1;	
106.				Rotavirus vaccination		show if #/RVAC_ROTA==1;	
107.				Pneumococcal conjugate vaccination		show if #/RVAC_PNEUM==1;	
108.				Do you have a card where [NAME]'s vaccinations are written down? If yes: May I see it please? (SELECT ONE) ☐ 1=Yes, observed ☐ 2=Yes, not observed ☐ 0=No card {SKIP TO NEXT WOMAN OR CHILD} ☐ -1=Don't know {SKIP TO NEXT WOMAN OR CHILD} ☐ -2=Decline to respond {SKIP TO NEXT WOMAN OR CHILD}		Show if child is aged 0-59 months (all children)	
109.				*Display as a table:* *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: _____ ☐ -1=Don't know ☐ -2=Decline to respond -3=No place on card to note	Indicator	show if #/VACCARD_#==1	

Survey Item #	IHME Variable Name(s) In El SalvadorData	Item Description	Source (Year & Item # if Known)	ENGLISH Question & Response Options with Values	Question Type	Item Conditions	Site-Specific Modifications
110.				BCG vaccine			
111.				Pentavalent			
112.				Polio vaccine			
113.				DPT vaccination			
114.				Measles & Rubella / MMR vaccine			
115.				Hepatitis B vaccination			
116.				Rotavirus vaccination			
117.				Pneumococcal conjugate vaccination			
118.				Interviewer: Enter your comments relevant to this survey. Do not include any data (name, date of birth) that identifies participants.			