**** http://t1.gstatic.com/images?q=tbn:ANd9GcTxXkFZJsdiG3RHrL5yn4XY9QvVsHtIHZMkGGMApTHkjm9U6nLUG2dm8cB7

**LQAS HOUSEHOLD SURVEY 2012**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS**

**UNICEF/LSTM**

|  |  |
| --- | --- |
| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interviewer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_  Day /Month / Year  **Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

| **INFORMED CONSENT**  Greeting. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with \_\_\_\_\_\_\_\_\_\_ district. We are conducting a district survey about maternal and child health care in our communities. We would very much appreciate your participation in this survey. This information you provide will help the district to plan and improve health services. The interview usually takes about 20 minutes to complete.  We very much appreciate your participation in this survey. Whatever information you provide will be kept confidential and will not be shown to other persons.  Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.  At this time, do you want to ask me anything about the survey?  Do you agree to participate in this survey? YES NO  **IF NO, MARK THIS HOUSE AS A REFUSAL IN THE TABLE FOR SEQUENCE OF HOUSEHOLDS VISITED AND GO TO THE NEXT HOUSE.**  **THANK YOU** |
| --- |

|  |
| --- |
| **RECOMMENDATIONS FOR THE INTERVIEWER**  **VERIFY THAT THE MOTHER HAS CHILD AGED 0-59 MONTHS OF AGE; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.**  **IF MORE THAN ONE CHILD AGED 0-59 MONTHS LIVES IN THIS HOUSEHOLD CHOOSE ONE AT RANDOM.**  **FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ THE POSSIBLE OPTIONS UNLESS THERE IS A SPECIAL INSTRUCTION (CAPITAL AND IN BOLD). WAIT FOR THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE THE RESPONSE GIVEN.** |

| Record the time the interview BEGINS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
| --- | --- | --- |

**Section 1: Mother’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| MB1 | In what month and year were you born? | DATE OF BIRTH  MONTH \_\_ \_\_    DK MONTH 98  YEAR \_\_ \_\_ \_\_ \_\_    DK YEAR………………………….……………………..98 |  |
| MB2 | How old are you?  **PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| MB3 | Have you ever attended school or preschool? | YES 1  NO 2 | 🡺MB5 |
| MB4 | What is the highest level of school you attended? | PRESCHOOL 1  PRIMARY 2  SECONDARY 3  HIGHER …………………………………………..…………4 |  |
| MB5 | What is your current marital status?  **READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1  SINGLE, NON REGULAR PARTNER…… ...…..2  SINGLE WITH REGULAR PARTNER…… ……..3  MARRIED....................................... ...........4  COHABITING 5  WIDOWED............................. 6  DIVORCED/SEPARATED 7 |  |

**Section 2: Infant’s Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CB1 | **RECORD THE NAME OF SELECTED CHILD:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF SELECTED CHILD |  |
| CB2 | What is the sex of [NAME]? | MALE…………….……….………………..…...1  FEMALE……………….….…………………….2 |  |
| CB3 | Now I would like to ask you some questions about the health of (NAME).  In what month and year was (NAME) born?  **PROBE: WHAT IS HIS / HER BIRTHDAY?**  **IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY**  **MONTH AND YEAR MUST BE RECORDED.** | DATE OF BIRTH  DAY \_\_ \_\_  DK DAY 98  MONTH \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_ |  |
| CB4 | How old is (NAME)?  **PROBE:**  **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?**  **RECORD AGE IN COMPLETED YEARS.**  **RECORD ‘0’ IF LESS THAN 1 YEARS.** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |

**Section 3: Water Supply**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| WS1 | What is the **main** source of drinking water for members of this household?  **CIRCLE ONLY ONE RESPONSE** | PIPED WATER  PIPED INTO DWELLING 1  PIPED INTO COMPOUND, YARD OR PLOT 2  PIPED TO NEIGHBOUR 3  PUBLIC TAP / STANDPIPE 4  TUBE WELL, BOREHOLE 5  DUG WELL  PROTECTED WELL 6  UNPROTECTED WELL 7  WATER FROM SPRING  PROTECTED SPRING 8  UNPROTECTED SPRING 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  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| WS2 | Do you treat your water in any way to make it safer for drinking? | YES 1  NO 2 | 🡺HW1 |
| WS3 | What do you usually do to the water to make it safer to drink?  **CIRCLE ALL RESPONSES MENTIONED** | BOIL 1  ADD BLEACH / CHLORINE 2  STRAIN IT THROUGH A CLOTH 3  USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) 4  SOLAR DISINFECTION 5  LET IT STAND AND SETTLE 6  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DON’T KNOW 98 |  |

**Section 4: Hand Washing**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| HW1 | Please state all of the occasions when you should wash your hands  **DO NOT READ THE ANSWERS**    **CIRCLE ALL MENTIONED**  **PROBE: ANYTHING MORE?** | BEFORE EATING 1  AFTER EATING 2  BEFORE BREASTFEEDING OR FEEDING A CHILD 3  BEFORE COOKING OR PREPARING FOOD 4  AFTER DEFECATION/URINATION 5  AFTER CLEANING A CHILD THAT HAS  DEFECATED OR CHANGING A CHILD’S NAPPY 6  WHEN MY HANDS ARE DIRTY 7  AFTER CLEANING THE TOILET OR POTTY 8 DON’T KNOW 98  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| HW2 | Can you show me where you **usually** wash your hands and what you use to wash hands? | WITHIN 10 PACES OF THE TOILET  FACILITY 1  WITHIN 10 PACES OF THE KITCHEN/COOKING PLACE 2  ELSEWHERE IN HOME OR YARD 3  OUTSIDE YARD 4  NO SPECIFIC PLACE 5  NOT GIVEN PERMISSION TO SEE 6 | 🡺LU1  🡺LU1 |
| HW3 | **OBSERVE:** Is there soap or detergent available? | YES 1  NO 2 |  |
| HW4 | **OBSERVE:** Is there water available?  **TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT THEN CIRCLE ONE RESPONSE** | YES 1  NO 2 |  |

**Section 5: Latrine Usage**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| LU1 | What is the main type of toilet facility used by members of your household**?**  **CIRCLE ONLY ONE RESPONSE** | FLUSH / POUR FLUSH  FLUSH TO PIPED SEWER SYSTEM 1  FLUSH TO SEPTIC TANK 2  FLUSH TO PIT (LATRINE) 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  HANGING TOILET, HANGING LATRINE 11  NO FACILITY, BUSH, FIELD 12  OTHER (SPECIFY)­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 | 🡺BN1 |
| LU2 | May I see the toilet facility? | YES 1  NO 2 | 🡺BN1 |
| LU3 | **OBSERVE AND RECORD THE TYPE OF TOILET FACILITY** | FLUSH / POUR FLUSH  FLUSH TO PIPED SEWER SYSTEM 1  FLUSH TO SEPTIC TANK 2  FLUSH TO PIT (LATRINE) 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  HANGING TOILET, HANGING LATRINE 11  NO FACILITY, BUSH, FIELD 12  OTHER (SPECIFY)  ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |

**Section 6: Use of Bednets**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| BN1 | Does your household currently have any bednets? | YES 1  NO 2 | 🡺 CW1 |
| BN2 | How many bednets does your household have? | |  |  | | --- | --- | |  |  |   NUMBER OF BEDNETS |  |
| BN3 | Did you sleep under a bednet last night? | YES 1  NO 2 |  |
| BN4 | Did (NAME) sleep under a bednet last night? | YES 1  NO 2 |  |
| BN5 | **CHECK QUESTIONS BN3 AND BN4:**   * **IF MOTHER AND CHILD SLEPT UNDER THE SAME BEDNET, CIRCLE 1 AND FILL IN COLUMN 1: MOTHER’S BEDNET** * **IF (NAME) SLEPT UNDER A BEDNET BUT NOT WITH MOTHER CIRCLE 2 AND FILL IN COLUMN 2: CHILD’S BEDNET (AND COLUMN 1 IF APPROPRIATE)** * **IF BOTH (NAME) AND MOTHER DID NOT SLEEP UNDER A BEDNET FILL IN COLUMN 3: HOUSEHOLD BEDNET** | (NAME) SLEPT UNDER THE SAME BEDNET WITH MOTHER 1  (NAME) SLEPT UNDER BEDNET BUT NOT WITH THE MOTHER 2  NEITHER (NAME) NOR MOTHER SLEPT UNDER BEDNET 3 |  |

**FOR THE NEXT SECTION YOU WILL NEED TO ENTER THE ROOM TO OBSERVE THE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK HOUSEHOLD HEAD TO APPOINT A LOCAL PERSON TO ACCOMPANY YOU (IF NEEDED) SO THAT HE/SHE MAY ENTER THE HOUSE WITH YOU OR FOR YOU TO OBSERVE THE BEDNET.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **COLUMN 1:**  **Mother’s bednet** | **COLUMN 2:**  **Child’s bednet** | **COLUMN 3:**  **Household bednet** |
| BN6 | **ASK PERMISSION TO OBSERVE IF (NAME’S) AND OR MOTHER’S BEDNET IS HANGING OVER SLEEPING AREA** | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 | BEDNET HANGING…………1  NO BEDNET HANGING…..2  STORED FOR DAILY USE…3  COULD NOT OBSERVE……4 |
| BN7 | Did anyone else sleep under this bednet last night? | YES…………………………………1  NO………………………..……….2 | YES…………………………………1  NO………………………..……….2 | YES…………………………………1  NO………………………..……….2 |
| BN8 | How many months ago did your household get the mosquito net?  **IF LESS THAN ONE MONTH, RECORD “00“** | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 | MONTHS AGO…..\_\_\_ \_\_\_  DK / NOT SURE……………98 |
| BN9 | **OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.** | LONG-LASTING TREATED NETS  BRAND A 11  BRAND B 12  BRAND C 13  OTHER (SPECIFY) 14  DK BRAND 15  PRE-TREATED NETS  BRAND D 16  BRAND E 17  BRAND F 18  OTHER (SPECIFY) 19  DK BRAND 20  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS  BRAND A 21  BRAND B 22  BRAND C 23  OTHER (SPECIFY) 24  DK BRAND 25  PRE-TREATED NETS  BRAND D 26  BRAND E 27  BRAND F 28  OTHER (SPECIFY) 29  DK BRAND 30  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 | LONG-LASTING TREATED NETS  BRAND A 31  BRAND B 32  BRAND C 33  OTHER (SPECIFY) 34  DK BRAND 35  PRE-TREATED NETS  BRAND D 36  BRAND E 37  BRAND F 38  OTHER (SPECIFY) 39  DK BRAND 40  OTHER NET (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DK BRAND / TYPE 98  NOT ALLOWED TO SEE  NET **(SKIP** 🡺**CH1)** 99 |
| BN10 | **OBSERVE THE CONDITION OF THE BEDNET AND RECORD ONE OF THE THREE RESPONSES** | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 | WITH HOLES 1  WITHOUT HOLES 2  NOT SEEN 3 |

**Section 7: Home Visit from Community Health Worker**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CW1 | Have you ever been visited by a CHW? | YES 1  NO 2 | 🡺DS1 |
| CW2 | Have you been visited by a CHW in the past three months? | YES 1  NO 2 | 🡺 DS1 |
| CW3 | What did the CHW do during that visit?  **CIRCLE ALL MENTIONED**  **PROBE: ANYTHING ELSE?** | EDUCATION ON HYGIENE, HAND WASHING AND SANITATION 1  COUNSELLING ON INFANT FEEDING 2  COUNSELLING ON EXCLUSIVE BREASTFEEDING 3  CORD CARE 4  IDENTIFICATION AND REFERRAL OF ILLNESSES 5  EDUCATION ON HOME CARE FOR SICK CHILDREN 6  COUNSELLING ON CARE SEEKING FOR SICK INFANTS………………………………………………….7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96    DON’T KNOW 98 |  |

**Section 8: Knowledge of Danger Signs of Malaria, Diarrhoea and Pneumonia**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| DS1 | What are the signs that a child with diarrhoea is becoming dangerously unwell?  **CIRCLE AS MANY AS ARE MENTIONED**  **PROBE: ANYTHING ELSE?** | UNABLE TO BREASTFEED OR DRINK 1  VOMITING EVERYTHING 2  CONVULSIONS 3  LETHARGIC OR UNCONSCIOUS 4  VERY LOOSE OR BAGGY SKIN 5  SUNKEN EYES 6  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96    DO NOT KNOW 98 |  |
| DS2 | What are the signs that a child with fever is becoming dangerously unwell?  **CIRCLE AS MANY AS ARE MENTIONED**  **PROBE: ANYTHING ELSE?** | UNABLE TO BREASTFEED OR DRINK 1  VOMITING EVERYTHING 2  CONVULSIONS 3  LETHARGIC OR UNCONSCIOUS 4  YELLOW EYES 5  BLACK URINE 6  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96    DO NOT KNOW 98 |  |
| DS3 | What are the signs that a child with cough and difficulty breathing is becoming dangerously unwell?  **CIRCLE AS MANY AS ARE MENTIONED**  **PROBE: ANYTHING ELSE?** | UNABLE TO BREASTFEED OR DRINK 1  DIFFICULT AND RAPID BREATHING 2  COUGH 3  VOMITING EVERYTHING 4  CONVULSIONS 5  LETHARGIC OR UNCONSCIOUS 6  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96    DO NOT KNOW 98 |  |

**Section 9: Preparation of Oral Rehydration Solution**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| OR1 | Have you ever heard of ORS? | YES 1  NO 2 | 🡺PR1 |
| OR2 | Have you ever used ORS? | YES 1  NO 2  DON’T KNOW 3 | 🡺 OR4  🡺 OR4 |
| OR3 | Where do you get the ORS?  **CIRCLE AS MANY AS ARE MENTIONED** | HOSPITAL 1  CLINIC 2  HEALTH CENTER 3  CHW 4  PRIVATE DOCTOR 5  DRUG STORE 6  LOCAL SHOPS 7  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| OR4 | Do you know how to prepare ORS? | YES 1  NO 2 | 🡺PR1 |
| OR5 | Could you please demonstrate how to prepare ORS?  **(PROVIDE THE MOTHER WITH A SELECTION OF ORS SACHETS FOUND IN THE AREA)**  **RECORD WHETHER THE MOTHER PREPARED ORS CORRECTLY OR NOT. CIRCLE 1 [CORRECTLY] IF THE MOTHER FOLLOWS THE FIVE STEPS BELOW:**  **ORS ENVELOPS (SACHETS)**  1.Handwashing with soap \_\_\_\_  2.Uses clean drinking water \_\_\_\_    3.Use one litre of clean drinking water  By measuring the liquid using a marked container you have with you \_\_\_\_  4. Use the entire ORS packet \_\_\_\_  5. Dissolve the powder fully \_\_\_\_ | DEMONSTRATED CORRECTLY 1  DEMONSTRATED INCORRECTLY 2 |  |

**Section 10: Prevalence of Fever, Cough and Diarrhoea**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| PR1 | In the last two weeks, has (NAME) had diarrhoea? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 | 🡺 ADMINISTER QUESTIONNAIRE ON DIARRHOEA (IF NEEDED) |
| PR2 | Has (NAME) had fever in the last 2 weeks? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 | 🡺 ADMINISTER QUESTIONNAIRE ON FEVER (IF NEEDED) |
| PR3 | Has (NAME) experienced cough and fast/difficult breathing in the last 2 weeks? | YES……………………………..1  NO……………….…………….2  DON’T KNOW…….........98 | 🡺END  🡺END |
| PR4 | Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | BLOCKED OR RUNNY NOSE ONLY……………………………….1  PROBLEM IN CHEST ONLY……2  BOTH………..…………………………3  OTHER (SPECIFY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  DON’T KNOW……………………98 | 🡺 END  🡺 ADMINISTER QUESTIONNAIRE ON ARI (IF NEEDED)  🡺 ADMINISTER QUESTIONNAIRE ON ARI (IF NEEDED) |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU - THE END**