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**LQAS HOUSEHOLD SURVEY 2012**

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

**WITH COUGH AND DIFFICULTY BREATHING IN THE LAST TWO WEEKS**

**UNICEF/LSTM**

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| 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** |
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| **RECOMMENDATIONS FOR THE INTERVIEWER****VERIFY THAT THE MOTHER HAS CHILD AGED 0-59 MONTHS OF AGE WITH COUGH AND DIFFICULTY BREATHING IN THE LAST TWO WEEKS WHO HAS HAD DIARRHOEA IN THE LAST TWO WEEKS; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.** **IF MORE THAN ONE CHILD AGED 0-59 MONTHS WITH COUGH AND DIFFICULTY BREATHING IN THE LAST TWO WEEKS 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 |
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**Section 1: Mother’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| MB1 | In what month and year were you born? | DATE OF BIRTHMONTH \_\_ \_\_ DK MONTH 98YEAR \_\_ \_\_ \_\_ \_\_ 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 1NO 2 | 🡺MB5 |
| MB4 | What is the highest level of school you attended? | PRESCHOOL 1PRIMARY 2SECONDARY 3HIGHER …………………………………………..…………4 |  |
| MB5 | What is your current marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/SEPARATED 7   |  |

**Section 2: Child’s Background**

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| **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…………….……….………………..…...1FEMALE……………….….…………………….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 BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_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: ARI Case Management**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CM1 | At any time in the last two weeks, has (NAME) had an illness with a cough? | YES 1NO 2DON’T KNOW 98 | 🡺select other child🡺select other child |
| CM2 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES 1NO 2DON’T KNOW 98 | 🡺select other child🡺select other child |
| CM3 | Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose? | PROBLEM IN CHEST ONLY………………………….1BLOCKED OR RUNNY NOSE ONLY………………2BOTH…………………………………………………………3OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98 | 🡺select other child🡺select other child🡺select other child |
| CM4 | Did you seek any advice or treatment for the illness from any source? | YES 1NO 2DON’T KNOW 98 | 🡺CM7🡺CM7 |
| CM5 | How many days after the cough and fast breathing began did you first seek treatment for (NAME)?**PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX.****IF SAME DAY THEN RECORD 00** |

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**DAYS**DON’T KNOW 98 |  |
| CM6 | From where did you seek advice or treatment?**PROBE:ANYWHERE ELSE?****CIRCLE ALL PROVIDERS MENTIONED,****BUT DO NOT PROMPT WITH ANY SUGGESTIONS.****PROBE TO IDENTIFY EACH TYPE OF SOURCE.****IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.**  | PUBLIC SECTOR GOVT. HOSPITAL 1 GOVT. HEALTH CENTRE 2 GOVT. HEALTH POST 3 COMMUNITY HEALTH WORKER 4 MOBILE / OUTREACH CLINIC 5 OTHER PUBLIC (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC 7 PRIVATE PHYSICIAN 8 PRIVATE PHARMACY 9 MOBILE CLINIC 10 OTHER PRIVATE MEDICAL (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11OTHER SOURCE RELATIVE / FRIEND 12 SHOP 13 TRADITIONAL PRACTITIONER 14OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| CM7 | Was (NAME) given any medicine to treat this illness? | YES 1NO 2DON’T KNOW 98 | 🡺END🡺END |
| CM8 | What medicine was (NAME) given?**PROBE:****ANY OTHER MEDICINE?****CIRCLE ALL MEDICINES GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED.****(NAMES OF MEDICINES)** | ANTIBIOTIC PILL / SYRUP 1 INJECTION 2ANTI-MALARIALS 3PARACETAMOL / PANADOL / ACETAMINOPHEN 4ASPIRIN 5IBUPROFEN 6OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98  |  |
| CM9 | For how many days did (NAME) take the medication? |

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DAYS |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
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**THANK YOU - THE END**