**** 

**LQAS HOUSEHOLD SURVEY 2012**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 12-23 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 12-23 MONTHS OF AGE; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.** **IF MORE THAN ONE CHILD AGED 12-23 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 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: 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…………….……….………………..…...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 MONTHS.****RECORD ‘0’ IF LESS THAN 1 MONTH.** | AGE (IN COMPLETED MONTHS) \_\_ \_\_ |  |

**Section 3: Childhood Immunizations**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CV1 | Do you have a card where (NAME)’s vaccinations are written down?**(IF YES)** May I see it please? | YES, SEEN 1YES, NOT SEEN 2NO CARD………………………………... 3 | 🡺CV3🡺CV3 |

|  |  |
| --- | --- |
| **CV2**1. Copy dates for each vaccination from the card.
2. Write ‘44’ in day column if card shows that vaccination was given but no date recorded.
 | **Date of Immunization** |
| **Day** | **Month** | **Year** |
| BCG |  |  |  |  |  |  |  |  |
| Polio at birth |  |  |  |  |  |  |  |  |
| Polio 1 |  |  |  |  |  |  |  |  |
| Polio 2 |  |  |  |  |  |  |  |  |
| Polio 3 |  |  |  |  |  |  |  |  |
| DPT/PENTA1 |  |  |  |  |  |  |  |  |
| DPT/PENTA2 |  |  |  |  |  |  |  |  |
| DPT/PENTA3 |  |  |  |  |  |  |  |  |
| Measles (or MMR) |  |  |  |  |  |  |  |  |
| Yellow Fever |  |  |  |  |  |  |  |  |
| Vitamin A (most recent)  |  |  |  |  |  |  |  |  |
| Pneumococcus |  |  |  |  |  |  |  |  |
| Rotavirus |  |  |  |  |  |  |  |  |
| **THIS TABLE SHOULD BE ADAPTED TO BE IN LINE WITH NATIONAL VACCINATION CARDS** |

|  |
| --- |
| **ASK ONLY THOSE MOTHERS WHO DO NOT HAVE A VACCINATION CARD** |
| CV3 | Has (NAME) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day? | YES 1NO 2DON’T KNOW 98 | 🡺 VA1 |
| CV4 | Has (NAME) ever received a BCG vaccination against tuberculosis – that is, an injection in the arm or shoulder that usually causes a scar? | YES 1NO 2DON’T KNOW 98 |  |
| CV5 | Has (NAME) ever received any “vaccination drops in the mouth” to protect him/her from getting diseases – that is, polio? | YES 1NO 2DON’T KNOW 98 | 🡺 CV7🡺 CV7 |
| CV6 | How many times was the polio vaccine received? |

|  |
| --- |
|  |

NUMBER OF TIMESDON’T KNOW 98 |  |
| CV7 | Has (NAME) ever received a DPT/PENTA vaccination – that is, an injection in the thigh or buttocks? **PROBE BY INDICATING THAT DPT/PENTA VACCINATION IS SOMETIMES GIVEN AT THE SAME TIME AS POLIO** | YES 1NO 2DON’T KNOW 98 | 🡺CV9🡺CV9 |
| CV8 | How many times has (NAME) received an injection in the thigh or buttocks? |

|  |
| --- |
|  |

NUMBER OF TIMESDON’T KNOW 98 |  |
| CV9 | Has (NAME) ever received a Measles 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? | YES 1NO 2DON’T KNOW 98 |  |

**Section 4: Child Vitamin A**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| VA1 | Has (NAME) received any Vitamin A capsule like this?**SHOW COMMON TYPES OF** **AMPULES / CAPSULES / SYRUPS**  | YES 1NO 2DON’T KNOW 98 | 🡺VA3🡺VA3 |
| VA2 | Has (NAME) received a Vitamin A dose like this within the last 6 months? **SHOW COMMON TYPES OF**  **AMPULES / CAPSULES / SYRUPS**  | YES 1NO 2DON’T KNOW 98 |  |
| VA3 | May I see (NAME’s) immunization card or child health record card?**RECORD FROM (NAME’S) CARD NUMBER OF VITAMIN A CAPSULES AND DATE OF LAST DOSE RECEIVED** | NUMBER OF DOSES

|  |
| --- |
|   |

**LAST DOSE WAS RECEIVED:** IN THE LAST 6 MONTHS 1BETWEEN 6 AND 12 MONTHS AGO 2CARD NOT AVAILABLE 3DATE NOT RECORDED 4 |  |

**Section 5: Family Planning**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| FP1 | I would like to talk with you about another subject – family planning.  Are you pregnant now? | YES, CURRENTLY PREGNANT 1NO 2UNSURE OR DON’T KNOW 98 | 🡺FP6 |
| FP2 | Would you like to have another child in the next two years? | YES 1NO 2DON’T KNOW 98 |  |
| FP3 | Couples use various ways or methods to delay or avoid a pregnancy.Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1NO 2 | 🡺FP6 |
| FP4 | What are you doing to delay or avoid a pregnancy?**DO NOT PROMPT.****IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE EACH ONE.**  | FEMALE STERILIZATION 1MALE STERILIZATION 2IUD 3INJECTABLES 4IMPLANTS 5PILL 6MALE CONDOM 7FEMALE CONDOM 8DIAPHRAGM 9FOAM / JELLY 10LACTATIONAL AMENORRHOEAMETHOD (LAM) 11PERIODIC ABSTINENCE / RHYTHM 12WITHDRAWAL 13OTHER (SPECIFY)\_\_ ­96  |  |
| FP5 | How long have you been using your main method? \_\_\_ years X 12 mo. = \_\_\_\_MONTHS |

|  |
| --- |
|   |

   MONTHS | 🡺PR1 |

|  |  |  |  |
| --- | --- | --- | --- |
| FP6 | What is the main reason you are not using any method to delay or avoid getting pregnant?**DO NOT READ****ONE ANSWER ONLY** | NOT MARRIED 1NOT HAVING SEX 2INFREQUENT SEX 3WIFE/PARTNER IS BREASTFEEDING 4WANTS MORE CHILDREN 5WIFE/PARTNER IS PREGNANT 6OPPOSED TO USING METHOD 7PARTNER IS OPPOSED 8OTHER IS OPPOSED 9RELIGIOUS REASON 10DOESN’T KNOW WHERE TO GET METHOD 11HEALTH CONCERNS 12FEAR OF SIDE EFFECTS 13TOO EXPENSIVE 14INCONVENIENT 15DON’T KNOW 98OTHER (SPECIFY) \_\_ 96   |  |

**Section 6: Diarrhoea, Cough and Fever Prevalence**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| PR1 | In the last two weeks, has (NAME) had diarrhoea? | YES 1NO 2DON’T KNOW 98 | 🡺 ADMINISTER QUESTIONNAIRE ON DIARRHOEA (IF NEEDED) |
| PR2 | In the last two weeks, has (NAME) been ill with a fever at any time? | YES 1NO 2DON’T KNOW 98 | 🡺 ADMINISTER QUESTIONNAIRE ON FEVER (IF NEEDED) |
| PR3 | At any time in the last two weeks, has (NAME) had an illness with a cough and fast/difficult breathing? | YES 1NO 2DON’T KNOW 98 | 🡺 ADMINISTER QUESTIONNAIRE ON ARI (IF NEEDED) |

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

**THANK YOU - THE END**