CHAPTER III

DESIGNING THE QUESTIONNAIRE

This chapter is for survey coordinators. It will enable you to:

- ✔ Decide which indicators will be measured with the survey.
- ✔ Decide what information you need to collect.
- ✔ Design a good questionnaire.
- ✔ Decide how to ask the questions to obtain the information.
- ✔ Decide who the respondents will be.

WHICH GOALS CAN BE MONITORED WITH A SURVEY?

Seven Mid-Decade Goals can be monitored with surveys.[1] Each goal has a quantified target to be reached. Box 3.1 summarises these goals.

A set of health indicators, like those defined to measure the Mid-Decade Goals, specifies the minimum information that should be available from the health information system. Full information on the indicators of the Mid-Decade Goals and guidelines for measuring them are found in *Technical Guidelines for Monitoring Progress Toward Mid-Decade Goals*,[2] sent to every UNICEF country office in March 1994.

Many of these indicators rely on routine data collection or collecting special data from health services, but a number of them can be measured in a survey. For some indicators, we must rely entirely upon surveys to provide information representing the whole population. That is why surveys are an integral part of the health information system.

Special modules of questions have been devised to obtain the information needed to estimate indicators of these goals. The modules contain the minimum number of questions needed to estimate these indicators. The Model Questionnaire found at the end of this chapter can be used to obtain survey data on indicators for seven of the Mid-Decade Goals, and for several indicators of two World Summit for Children (Year 2000) goals (see below).

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[1] *Reporting on Progress towards the Mid-Decade Goals*, UNICEF Executive Directive CF/EXD/1994-001 (10 March 1994).

[2] Programme Instructions, UNICEF CF/PROG/IC/94-003 (15 March 1994).

Box 3.1

MID-DECADE GOALS THAT CAN BE MONITORED IN A SURVEY

Goal 1 ➳	Elevation of immunization coverage of six antigens of the Expanded Programme on Immunization to 80 per cent or more in *all* countries.
Goal 5 ➳	Virtual elimination of vitamin A deficiency. (At least 80 per cent of all children under 24 months of age in areas with vitamin A deficiency receive adequate vitamin A.)
Goal 6 ➳	Universal salt iodization in IDD-affected countries.
Goal 7 ➳	Achievement of 80 per cent usage of ORT (increased fluids) and continued feeding as part of the programme to control diarrhoeal diseases.
Goal 11 ➳	Reduction of 1990 levels of severe and moderate malnutrition by one-fifth or more.
Goal 12 ➳	Strengthen basic education so as to achieve reduction by one-third the gap between (a) primary school enrollment and retention rates in 1990 and universal enrollment and retention in primary education of at least 80 per cent of the school-age children, and (b) primary school enrollment and retention rates of boys and girls in 1990.
Goal 13 ➳	Increased water supply and sanitation so as to narrow the gap between the 1990 levels and universal access by the year 2000 of water supply by one-fourth and of sanitation by one-tenth.

WHAT ARE THE INDICATORS OF THESE GOALS AND WHAT INFORMATION IS REQUIRED TO MEASURE THEM?

To develop your questionnaire, choose only the modules for indicators you need to monitor with a survey.

The information necessary to measure the agreed-upon indicators that can be monitored with a survey is described below. Some indicators are more difficult to measure than others, but the lack of available data has pinpointed the urgent need to measure proxy indicators for these goals. The Model Questionnaire has been developed so that countries can choose to include only the modules for goal indicators they need to include in a survey.

✎ **EXAMPLE:**

In Zambia, the Breastfeeding, Immunization and Salt Iodization modules were chosen to add on to a crop forecast survey to be carried out twice every year.

Some countries will have data to measure some indicators from routine sources and will not need to include all the modules in a survey. The more modules that are included, the more complex the survey becomes.

Goal 1: Elevation of immunization coverage of six antigens of the Expanded Programme on Immunization to 80 per cent or more in *all* countries.

Indicator (1.1–1.4): proportion of children receiving each immunization (DPT3, measles, OPV3, BCG) before first birthday.

Indicator (1.6): proportion of children protected against neonatal tetanus through immunization of their mother.

Many countries already have information from routine data collection to monitor indicators *1.1, 1.2, 1.3 and 1.4*. If you choose the question modules for these indicators of immunization coverage, you will find that several options for collecting these data are given. One option, given in the standard Immunization Module found in the Modules for Children Under Five Years of Age, is to record all vaccinations and the dates they were given, as in the EPI survey. Another option, used in the Alternative Immunization Module, is to record only whether the dose was given, from either the card or the mother's verbal report, and gives alternative probing questions to use when no card is available. Choose the option that best serves your country's monitoring needs, and suits the demands of your survey.

Indicator 1.6 is more difficult to monitor with a rapid survey than child immunization status. In many countries validation of a mother's immunization at the time of a child's birth with dates from a card may be difficult because many mothers will not hold cards for this immunization. When few mothers hold cards, asking questions about immunizations during the last pregnancy and probing further back in time about previous doses of tetanus toxoid received may produce the best information. The Tetanus Toxoid Module is found in the Modules for Mothers (beginning on page 3.28 [Q4]).

Goal 5: Virtual elimination of vitamin A deficiency. (At least 80 per cent of all children under 24 months of age in areas with vitamin A deficiency receive adequate vitamin A.)

Indicator (5.1): proportion of children under 2 years of age receiving adequate vitamin A (in known deficient areas only).

In the absence of information on vitamin A deficiency, it is very likely that areas with a high prevalence of child protein-energy malnutrition, high infant and young child mortality rates, known seasonal food shortages and periodic droughts, and areas with a high prevalence of diarrhoea and/or measles will also be areas where vitamin A deficiency in young children is prevalent. On the basis of this information, it should be possible to map major regions of the country according to the risk of vitamin A deficiency. If no programme is in operation in these defined "at risk" areas, and no further information is available, the goal will not be met.

If a programme to eliminate Vitamin A deficiency is under way, then proxy indicators of programme progress can be measured, but a multiple-indicator survey is *not* a suitable vehicle for assessing Vitamin A deficiency.[3]

As agreed by WHO and UNICEF,[4] the operational definition of Indicator 5.1 will vary according to the programme strategy undertaken by a country, as follows:

> **For countries/areas with a Supplementation Programme**: proportion of children reaching 24 months of age who had received at least 400,000 IU of vitamin A from supplements given at appropriate intervals according to established policy, and/or the proportion of mothers given high-dose supplements as a proportion of the number of children immunized against BCG.
>
> OR
>
> **For countries/areas with a Food Fortification Programme**: proportion of 12–24-month-old children receiving at least 1,100 micrograms retinol equivalents per week from fortified foods.
>
> OR
>
> **For countries/areas with a Dietary Diversification/Education Programme**: proportion of 12–24-month-old children eating a diet providing at least 2,200 micrograms retinol equivalents per week.

The indicators described above cannot be measured by asking simple questions incorporated into a multi-purpose monitoring survey. More detailed dietary assessment surveys are needed to assess the adequacy of vitamin A intake, and to assess the proportion of the population receiving an

[3]See *Methodologies for Monitoring and Evaluating Vitamin A Deficiency Intervention Programmes* (Washington, D.C.: International Vitamin A Consultative Group Secretariat, 1994).

[4]These indicators are explained in more detail in *Technical Guidelines for Monitoring Mid-Decade Goals*, CF/PROG/IC/94-003 (15 March 1994).

adequate amount of vitamin A. However, a monitoring survey will be able to provide useful information which can help countries decide whether they are likely to be on track in reaching the goals, and whether in-depth surveys to look more closely at quantitative indicators of vitamin A intake are needed.

The questions in the Vitamin A Module of the Modules for Children Under Five Years of Age are designed only to measure the extent to which the programme under way in the given country or area of a country is reaching those to whom it is targeted. The modules are *not* designed to measure the extent of vitamin A deficiency or the adequacy of vitamin A intake. They are not designed to measure the frequency with which supplements, vitamin A–rich foods or foods fortified with vitamin A are consumed.

The question modules *are* designed to measure the proportion of the population (either families or children) reached by the programme:

- through measuring the proportion of children who have received a vitamin A supplement within the prescribed time period, or
- the proportion of households with a fortified food product, which is given to children in those households, or
- the proportion of mothers who have heard the programme message and put the message into practice (by assessing the proportion of children who eat the target foods).

The vitamin A modules (A, B or C) are designed to monitor programme coverage. Therefore, only those countries with a defined strategy for vitamin A deficiency and an active programme should use the questions.

The choice of questions is determined by the strategy undertaken. The modules give examples of questions that can be used as models for programme-specific questions. You will need to tailor the wording of these questions to fit your country's vitamin A intervention programme. In some cases, this will mean compiling a list of vitamin A–rich foods available in particular areas during different seasons of the year.

Goal 6: Universal salt iodization in IDD-affected countries.

Indicator (6.1): proportion of households consuming adequately iodized salt according to agreed criteria (i) in the whole country, and (ii) in areas known to be at high risk of IDD.

Testing kits[5] for salt iodization are used to test the salt used in the household. The questionnaire items are found in the Salt Iodization Module of the Household Questionnaire.

[5]See chapter 5 of this handbook for ordering information.

Goal 7: Achievement of 80 per cent usage of ORT (increased fluids) and continued feeding as part of the programme to control diarrhoeal diseases.

In 1993, the definition of oral rehydration therapy (ORT) changed. ORT is now defined as increased intake of acceptable fluids, including plain fluids found in the home and oral rehydration solution. Both the pre-1993 definition of ORT use and the current definition of ORT (increased fluids) and continued feeding can be measured in the survey, as follows:

Indicator (7.1): proportion of all diarrhoea episodes in children under five years of age treated with oral rehydration salts (ORS) and/or recommended home fluids. Use of ORT (pre-1993 definition).

Indicator (7.2): proportion of diarrhoea episodes in under-fives treated with ORT (increased fluids) and continued feeding. Use of ORT (increased fluids) and continued feeding.

Suggested questions and response categories, agreed upon by WHO and UNICEF, are given in the Diarrhoea Module of the Modules for Children Under Five Years of Age. Individual country programmes will need to decide how to tailor response categories to the country setting for questions about treatments and fluids given for a diarrhoeal episode, and decide on the codes for "correct" responses.

Goal 11: Reduction of 1990 levels of severe and moderate malnutrition by one-fifth or more.

Indicator(11.1,2): proportion of under-fives who fall below minus 2 (minus 3) SD from median weight for age.

(OPTIONAL) *Indicator (11.3, 4)*: proportion of under-fives who fall below minus 2 (minus 3) SD from median height for age.

Obtaining data for these indicators will require that children under age five are weighed (and, optionally, measured). The Anthropometry Module in the Modules for Children Under Five Years of Age contains items to record weights of under-fives in each household and (optionally) height or length. More information about the procedures to measure weight and height are found in Appendix 2.

Goal 12: Strengthen Basic Education so as to achieve reduction by one-third of the gap between (1) primary school enrollment and retention rates in 1990 and universal enrollment and retention in primary education of at least 80 per cent of the school-age children, and (2) primary school enrollment and retention rates of boys and girls in 1990.

Indicator (12.1): proportion of children entering first grade of primary school who eventually reach grade 5.

Indicator (12.2): number of children enrolled in primary school who belong in the relevant age group (e.g., of primary-school age, as defined in country), expressed as a percentage of the total number in that age group (net enrollment).

Indicator (12.3): proportion of children of primary-school entry age who enter grade 1 at that age.

Indicator (12.4): percentage of children enrolled in primary school of total number of primary-school–age children (gross enrollment).

Questions to measure these indicators are found in the Education Module, administered to mothers or caretakers of children over the usual age of school entry who have not yet reached age 15.

Goal 13: Increased water supply and sanitation so as to narrow the gap between the 1990 levels and universal access by the year 2000 of water supply by one-fourth and of sanitation by one-tenth.

Questions to measure indicators of this goal are found in the Water and Sanitation Module of the Household Questionnaire. These questions should be asked in every household in the survey sample, whether or not eligible children and their mothers reside in the household.

Indicator (13.1): population with access to an adequate amount of safe drinking water located within a convenient distance from the user's dwelling.

A consistent definition of what is considered "safe and convenient" should be established before the first survey takes place. Type of water source is used to indicate "safe" supply. Possible categories for type of water source and distance from water source are shown in model questions 1 and 2. In some countries it may be appropriate to categorize "convenient distance" in terms of the time it takes to travel to the source, collect water and return; in some, distance can be estimated and categorized. It is suggested that countries not attempt to quantify "adequate amount" of water through this survey.

Indicator (13.2): population with access to a sanitary facility for human excreta disposal in the dwelling or within a convenient distance from the user's dwelling.

Definitions of what is considered a "sanitary facility" and "convenient distance" should be decided, and appropriate country-specific categories, covering likely responses, should be used. Suggested categories appear in model questions 3 and 4.

Some countries may wish to add further questions to this module. These may include questions to provide information on reliability of the current water source and who is responsible for maintaining operation of the source. Exercise caution when adding questions to a multi-purpose survey, so that field staff and respondents are not overburdened by the demands of the survey instrument.

✎ **EXAMPLE:**

A country may want to determine the reliability of the water source named by the household.

Ask: "Can you get water from this source everyday, most of the time, not very often or almost never?"

In addition to indicators of the seven Mid-Decade Goals, it is possible to measure indicators of the **World Summit For Children (WSC) Goal 16**: *empowerment of all women to breastfeed their children exclusively for 4–6 months, and to continue breastfeeding, with complementary food, well into the second year*. The indicators to monitor progress at mid-decade (**Mid-Decade Goal 8**, **Breastfeeding and Baby-Friendly Hospital Initiative**) are measured using data from health facilities, and cannot be measured with a household survey.

The following indicators have been devised for those countries that want to monitor breastfeeding using a survey.[6] The Breastfeeding Module is found in the Modules for Children Under Five Years of Age.

Indicator—Exclusive breastfeeding: proportion of infants less than 4 months of age exclusively breastfed.

Indicator—Timely complementary feeding: the proportion of infants 6–9 months of age receiving breast milk *and* complementary foods.

Indicator—Continued breastfeeding at 2 years: the proportion of children 20–23 months who are breastfeeding.

Indicator—Continued breastfeeding at 1 year: proportion of children 12–15 months who are breastfeeding.

Definitions of "complementary foods" can be made country-specific, if country programmes promote certain complementary foods as appropriate or adequate.

(OPTIONAL) *Indicator*—Bottle-feeding rate: proportion of infants less than 12 months of age receiving any food or drink from a bottle (current status).

[6]See *Indicators for Assessing Breastfeeding Practices*, WHO/CDD/SER/91.14 (June 1991).

(OPTIONAL) *Indicator*—Ever breastfed rate: proportion of infants less than 12 months of age who were ever breastfed.

The "current status" approach is adopted, to assess current breastfeeding practices at the time of the survey. However, numbers of children encountered in the age ranges of interest are likely to be quite small: 0–3-month-olds, 6–9- month-olds and 20–23-month-olds. These questions may be included in the survey, but to stay within feasible sample sizes, the precision with which they are measured may need to be less demanding than that for other indicators. There are well-known problems obtaining good data about breastfeeding duration when a mother has already stopped breastfeeding a child, but one question to be used in countries where breastfeeding durations are known to be very short (i.e., under 6 months) is also given.

One other indicator, maternal knowledge of referral in acute respiratory infection, can be monitored with a survey.[7] This is a key indicator that some countries may wish to use to monitor programme progress toward **WSC Goal 24**: r*eduction by one-third in the deaths due to acute respiratory infections in children under five years.*

Strategy for Control of Acute Respiratory Infections (CARI): Early recognition and prompt referral of pneumonia by parents and family.

(OPTIONAL) *Indicator*: proportion of mothers (caretakers) of children under five years who know the signs (fast/difficult breathing) which indicate that a child with a cough and/or cold must be taken to an appropriate health provider.

The CARI questionnaire module is found in the Modules for Mothers.

The **World Summit for Children Goal 1:** *Between 1990 and the year 2000, reduction of infant and under-five mortality rate by one-third or to 50 or 70 per 1,000 live births, respectively, whichever is less,* can also be monitored in a survey. A separate module of questions designed to monitor childhood mortality is also included in the Model Questionnaire.

Indicator—Infant mortality rate: the annual number of deaths of infants under 1 year of age per 1,000 births.

Indicator—Under-five mortality: the probability of children dying between birth and their fifth birthday, expressed per 1,000 children born alive.

[7]UNICEF, *Guidelines for Monitoring the Mid-Decade Goals: ORT, CDD, CARI* (New York: UNICEF, January 1994).

Complete information on how to administer these questionnaire modules and how to analyse the data is found in another UNICEF publication, *Measuring Childhood Mortality: A Guide for Simple Surveys.*[8]

WHAT ARE THE REQUIREMENTS OF A GOOD QUESTIONNAIRE?

A survey to measure indicators of the Mid-Decade Goals will have multiple aims, which means that the data collection process immediately becomes more complex than an EPI or other single-purpose survey.

Be clear about your aims—make sure the questionnaire for your survey is relevant to your purposes. Don't make the survey too long by including many unnecessary questions. It is always tempting to add more and more questions, expanding the survey unnecessarily. Resist this temptation, and collect only the minimum information you need. Otherwise you run the risk of overloading your field workers, and demanding too much of your respondents. Each question should have an explicit rationale for inclusion. Why is it included and what will be done with the information after it is collected?

Be clear about the data required to meet survey aims. A questionnaire should always contain the *minimum* number of questions needed to obtain the information.

The main aim of a good survey instrument is to minimize the amount of error that can occur when measuring whatever it is you want to measure. This means that a good questionnaire can be used by interviewers to obtain answers that are both *reliable* and *valid*. By reliable, we mean that no matter who asks the question, and no matter where and when it is asked, the same respondent would give the same answer. In a good questionnaire, the same question is asked in the same way by different interviewers—and differences between interviewers will be kept to a minimum. By valid, we mean that the question elicits a response that measures whatever it is you are interested in measuring and that the answer given to the question is true and accurate. A good questionnaire should enable you to obtain valid measures of the things you set out to measure, by helping to ensure that the respondent understands what information is being sought.

Collect reliable and valid information.

[8]P. H. David, L. Bisharat and A. G. Hill, *Measuring Childhood Mortality: A Guide for Simple Surveys* (Amman: UNICEF Middle East and North Africa Regional Office, 1990).

Box 3.2
SOURCES OF ERROR IN SURVEYS

Data from retrospective surveys may contain errors for many reasons. These errors can be grouped under two main headings:

Sampling error arises by chance, because the survey asks questions of a sample of respondents rather than the whole population. Errors can also arise because your sample is not representative of the entire population. You can avoid these kinds of errors by ensuring that your sampling frame is adequate and your sample size is large enough to enable your measurements to be precise. In chapter 4, we discuss the ways to avoid sampling and coverage errors.

Measurement error results from imperfectly measuring what you set out to measure. This kind of error is usually even more serious than sampling error because it cannot be corrected, and sometimes not even detected, when it happens. One important way to avoid measurement error is to ensure that your survey instrument is carefully designed. Chapter 3 tells you how to design your questionnaire. Another way to avoid measurement error is to ensure that the interviews are conducted by well-trained and supervised interviewers. Chapter 5 discusses this aspect of the survey in detail.

These considerations are especially important for monitoring surveys because the purpose of a survey is to measure trends in the indicators over time, and to compare indicators internationally.

In monitoring surveys, the questions must be asked in the same way each time a survey is conducted.

The survey instrument is the key to these two important criteria, but there are alternative ways to structure it, and each has arguments in its favour. You can use a *verbatim* questionnaire, in which the questions appear on the questionnaire exactly as they are to be asked, translated so that both interviewer and respondent have the same understanding about what is being asked. It is important that no ambiguous words or phrases are used in a questionnaire, to guard against misinterpretation. A verbatim questionnaire structures the interview and reduces variability between interviewers in the way they pose the questions. That is especially important in situations where responses can change a great deal, depending on the exact wording of the question.

The other alternative is a simple listing of the information needed, such as forms used for medical records. This saves time and space, and allows a great deal of flexibility. These forms usually contain a list of physical signs and symptoms to be ticked by the doctor or health worker. This kind of summary form is often used in EPI surveys.

The *questionnaire* format of the Model Questionnaire Modules, with each question appearing verbatim on the form, is preferable to a summary form.

Questions posed in multiple-indicator monitoring surveys, however, may be more general. They may ask for responses that can be conditioned by the way the question is asked. While the summary form may save on paper, in a more complex survey to measure multiple indicators it opens the way to many errors. The Model Questionnaire Modules to measure the Mid-Decade Goals are designed to be adapted for use all over the world. The verbatim questionnaire is most likely to ensure that results of surveys to measure the Mid-Decade Goals are comparable with results from other surveys conducted in other countries and with results from surveys that were repeated in the same country every few years.

✎ **EXAMPLE:**

When you ask a mother, "Would you take your child to a clinic if he had difficulty breathing?" she is likely to answer "yes" because she knows that is the "correct" or expected answer. You may get a very different answer to the question, "When your child has a cough or cold, what signs would prompt you to take him/her to a clinic?"

The EPI form gives only a space for the answer the mother gives, but does not contain the question as the interviewer should ask it:

Immunization Card	Yes/No
BCG	Date/+/0
Source	_____

Instructions on the form give only the key for responses given, not the questions to ask when a child has no immunization card. *You should write out the question just as you want the interviewer to ask it.*

A good questionnaire is accurate.

The other important aim of a good survey questionnaire is to obtain the necessary information quickly and easily. This means that, as noted earlier, it should contain the minimum number of questions needed to obtain the required data, and both the interviewer and the respondents should easily understand these questions. The wording and sequence of questions are designed to motivate respondents and help them recall difficult information. In this way, the survey should be manageable by country staff, economical in both time and money, and will intrude as little as possible on the activities and privacy of families who are interviewed.

✎ **EXAMPLE:**

Do not confuse the respondent by asking two questions at once, such as "How many children over the age of five are there and do any of them attend school?" Instead, ask two separate questions: "Can you give me the names and ages of each child in the household?" Then, for each child over five, ask, "Is [NAME] currently at school?"

Even when you have constructed a good questionnaire, it is not a guarantee that interviewers will stick to the correct interpretation of the questions. Good training in the use of the questionnaire is also essential. Instructions for administering the questionnaire are found in Appendix 1. Advice on how to select and train interviewers is found in chapter 5.

Your interviewers must learn how to ask questions properly. Be sure you use the interviewer guide to train your field staff.

A guide to help you calculate each indicator from the data obtained using a Model Questionnaire is found in chapter 7, and a computer program to analyse the data and to calculate each indicator accompanies this handbook (see Appendix 3). Sample sizes permitting, indicators can be tabulated for the whole country, and for each region, urban/rural residence, sex, age and socioeconomic status.

Several suggested questions to assess the socioeconomic status of the household are found on page 1 of the Model Questionnaire. If you want to examine within-country socioeconomic differentials for the indicators, you can adapt or change these questions to make them appropriate for use in your country.

✎ **EXAMPLE:**

Some countries may find that a question about education of the head of household is a good indicator of a family's wealth.

Ask: "Have you ever been to school?" and "For how many years did you attend school?"

Others know that information on the condition of the dwelling is a better proxy for a family's socioeconomic status, and families with a dirt floor are the poorest families.

Ask: "What is the dwelling floor made of?"

Box 3.3

POINTS TO REMEMBER WHEN DESIGNING YOUR QUESTIONNAIRE

- Use simple, direct language.
- Make questions clear and specific.
- Do not combine questions—ask them one at a time.
- When questions do not apply to all respondents, include SKIP instructions to filter out respondents.
- Make sure questions do not lead to “expected” answers; use wording which allows each response option to be given equal consideration.
- Put difficult or sensitive questions at the end of the questionnaire, if possible.
- Respect the respondent's right to privacy.

Decide How to Ask the Questions

Adapting and Translating Questionnaires

No changes should be made to the wording of the questions; they have been carefully designed to measure each indicator. However, the **response** categories for some questions may need to be adjusted to the requirements of different country settings. These response categories may be changed, but you should follow some guidelines for making these changes. If you make changes to the response categories, make sure that the options listed are mutually exclusive (one response does not fit more than one category), and that the categories available exhaust all possible responses. Be sure to allow for a residual category for responses which do not fit into other categories. This is so that interviewers will have a place to record all answers given, a code will be given to each answer and no blank spaces will be left when the questionnaire is completed.

✎ **EXAMPLE:**

You are questioning a mother about her baby’s diarrhoea.

Ask: "During Fatima’s diarrhoea, did she drink much less, about the same or more than usual?"

Categories for the interviewer to record the mother’s response are: (1) much less or none, (2) about the same (or somewhat less), (3) more, (4) don’t know.

It will usually be important to compare data obtained from one survey with another, and so

it is important to keep the questions and response categories the same every time the questionnaire is used. If the data collection method differs from one survey to the next, the data may no longer be valid and comparable. Make sure the response categories you choose are detailed enough to allow comparison with other data sources. The new response categories should be pre-tested.

☞ The number of response options should be as small as possible and contain a category for responses that do not fit any specific option.

Planning the Data Management and the Analysis

Any change to the format of the Model Questionnaire will require that changes be made to the data entry and calculation programs provided with this handbook.

If you decide to change or add questions to the modules, you will need an excellent programmer familiar with EPI INFO to make the necessary changes to these computer programs.

It is important to plan how the data will be entered into a computer and how they will be tabulated early in the planning process. You should construct dummy tables, based on the response categories you have chosen, to ensure that you can tabulate each indicator from your questionnaire.

✎ **EXAMPLE:**

Construct a dummy table indicating mothers of under-twos who have heard the programme message about vitamin A–rich foods and the number who mention the food promoted in the message.

	Mothers heard message		
Mentions green leafy vegetable	Yes	No	Total
Yes			
No			
Total			

Translating the Question Modules

These question modules need to be translated into the expected respondents' local language *before* the survey begins. Translation should never be left to the interviewer; small differences of interpretation can destroy the reliability and validity of your data.

In a separate operation, *another translator* should then translate the new questions back into the original language again (without reference to the original model). This new English translation should match the original English version. Any ambiguous words or phrases should be discussed, and the correct translation into the local language should be decided.

Pretesting the Questionnaire

The translated questionnaire should be *pre-tested* in the community, with respondents similar to the respondents in the survey sample. You will find more information about doing a pre-test in chapter 5. This pre-test should identify problem areas, misinterpretations and cultural objections to the questions.

The pre-test of your questionnaire is especially important—it is easy to get it wrong the first time. A pre-test can provide a great deal of information to use in designing the final questionnaire and for planning other aspects of the survey process.

Box 3.4

WHAT A PRE-TEST CAN TELL YOU

- Are respondents willing to answer the questions in the form you propose to use?
- Are any of the questions particularly difficult or sensitive? Extra training can focus on these questions.
- Are the questions misinterpreted by the respondents? Are any of the words ambiguous or difficult to understand? The pre-test should point to where changes in wording or improved translation is needed.
- Does the questionnaire flow smoothly? Can the interviewers follow the instructions easily? Do the interviewers misinterpret the questions?
- Is there adequate space on the form and are the answers clearly coded? The pre-test should show where the format needs to be improved before the final questionnaire is printed.
- How long does an interview take? The answer to this question will help you decide how many interviewers are needed and how long the field work will take.

The results of the pre-test should be incorporated into a final questionnaire.

You may find that the response categories for some questions are not sufficient to allow for the range of answers you receive. For example, you may need to add a very popular children's drink to the list of fluids given to a child during an episode of diarrhoea (See Diarrhoea Module). Or, you may find that there are too many categories for some questions in the suggested Model Questionnaire. For example, there may only be three or four sources of drinking water available to households in your sample (see Water and Sanitation Module). You can shorten the list of response categories, as long as you allow for a residual category and you are sure that your response groups allow you to compare your results with other sources of data.

✎ **EXAMPLE:**

If you know that many households get water from a cistern to collect rain water, and you want to know more about which ones obtain water in this way, you may make this a separate category.

Ask: "What is the source of drinking water for members of your household?"

1. piped-in dwelling
2. public tap
3. tube well, borehole, protected well or spring
4. unprotected well or spring
5. rainwater collected in cistern
6. pond, river or stream
7. tanker truck or vendor
8. other source

Do not rush to print your questionnaire before you have done the pre-test *and* made the necessary changes.

Do not ignore the lessons of the pre-test. But do not change the order or the meaning of the questions. You may need to do more than one pre-test before your questionnaire is satisfactory. Discuss the results with experienced colleagues and with the interviewers, and decide what changes are needed. Make any changes necessary to the instructions to interviewers, to the wording of prompting questions and to the translation. Only then are you ready to reproduce the questionnaire forms.

In summary, the final questionnaire should be the product of careful preparatory work. It should ask only for the information your programme needs. It should be as short as possible, but contain questions that elicit both reliable and valid responses. It should be as easy as possible for interviewers to use, while ensuring that the data obtained are accurate.

If the wording, order or layout of the questions is changed, special care should be taken to ensure that all the necessary information to estimate the indicators will be obtained.

Box 3.5
QUESTIONNAIRE CHECKLIST

- ✓ Questions should be clear, use simple language and be as short as possible.
- ✓ The questions should flow clearly and logically from one to the other, and the layout should make it easy to administer the questionnaire.
- ✓ Appropriate codes should be used for all response categories, and a code should be available for a category of answers that do not fit into the other response categories.
- ✓ Instructions to interviewers should be easy to follow and easy to distinguish from the questions to the respondents.
- ✓ Make sure the questionnaire has been translated, back-translated and pretested.
- ✓ Check that the questionnaire provides *all* the information needed to calculate estimates of each indicator.

Decide Who the Respondents Will Be

The model questionnaire to measure the Mid-Decade Goals is designed to be administered to every mother or caretaker of young children in each household drawn for the survey sample. Mothers or, in their absence, the principal caretaker, are asked questions about the education and health of the children in their care. The mother or principal caretaker is most likely to be able to give accurate answers to the questions. Mothers of under-fives are also asked about their own immunizations and about their knowledge of acute respiratory infections. The head of household may answer the questions about household water and sanitation and salt iodization. When the Anthropometry Module is included in the survey, each child under five living in the household must be weighed (and sometimes measured, when height-for-age is a chosen indicator).

You will see that the Modules for Mothers and the Modules for Children Under Five Years of Age are directed to mothers or caretakers of all children under age five. Most of the indicators measured in this survey focus on a specific age range: all under-fives for ORT use and nutritional status, under-twos for vitamin A programme coverage, under-ones for tetanus toxoid coverage, one-year-olds for other immunization indicators and different age groups for breastfeeding. The questions

are asked for all under-fives to enable you to obtain some subnational estimates based on the larger age range (see chapter 4). The calculations of national-level estimates are based on the specific age range for the indicator required for reporting on the Mid-Decade Goals.

The target respondents for a survey that includes childhood mortality measurement differ from those for a survey to monitor indicators of the Mid-Decade Goals.

A survey that includes mortality measurement must interview *all* women of reproductive age in the households sampled, whether or not they have living children. For further information about designing a survey that includes measuring the level of childhood mortality, consult the UNICEF publication *Measuring Childhood Mortality: A Guide for Simple Surveys*, by P. H. David, L. Bisharat and A. G. Hill (Amman: Middle East and North Africa Regional Office, 1990), available from the Office of Planning and Coordination, New York.

THE MODEL QUESTIONNAIRE

The model questionnaire for measuring the Mid-Decade Goals asks for the minimum information necessary to measure the chosen indicators. Short, specific questions using simple, everyday words are asked. One question is asked at a time. The structure of the questions, the wording used and the layout and order of the questions have been carefully chosen to ensure that all necessary information to monitor each indicator is collected.

The questionnaire is not intended to fulfill the functions of more elaborate EPI, CDD or other specific programme evaluation surveys. It is intended for use in surveys which aim to measure multiple indicators, for reporting progress toward the Mid-Decade Goals.

Organization of the Questionnaire

The questionnaire is set up as a series of modules. Country programmes can choose those modules that measure selected indicators they intend to monitor with a household survey.

The rationale for the organization of the questionnaire is:

1. The standard format for the questionnaire begins by collecting a few basic items of information about the household. For countries wishing to examine regional or socioeconomic differentials in the indicators, examples are given of possible questions to use to ascertain socioeconomic status.

2. A list of all mothers and children living in the household is obtained. In the mother's absence, the principal adult caretaker of these children is interviewed. The interviewer starts with the youngest mother, recording her name and age on the form. Then, each child's name, sex and date

of birth should be entered on the form. Special checks are used to make sure the date of birth and age obtained are accurate. The correct age is especially important when the Anthropometry Module is included in the survey. When a child over the age of 15 years is reached, the interviewer is instructed to stop listing, and to go on to other mothers/caretakers and their children who reside in the household.

3. Even in households where no mothers or young children reside, a questionnaire containing questions about water and sanitation and salt iodization is administered. These questions are to be answered only once for every household in the survey, and can be answered by any adult in the household.

4. For each child over the usual school-entry age, questions in the Education Module about school attendance are completed. The mother or caretaker of each eligible child is questioned.

5. The interviewer then moves to the Modules for Mothers, which include the Tetanus Toxoid Module and the CARI Module. These are addressed to all mothers of under-fives in the household. When the Tetanus Toxoid Module and the CARI Module are finished, the instructions take the interviewer to the Modules for Children Under Five Years of Age.

6. For each child under age five, a separate module is filled in. The Modules for Children Under Five Years of Age contain all the chosen health modules. The child's line number and name, as well as household and cluster identifying numbers, are entered on each page.

7. The first module, usually the Diarrhoea Module, is administered. If the child has not had a recent diarrhoea episode, a "skip" instruction takes the interviewer to the next module.

8. The next module is the Vitamin A and/or Breastfeeding Module. Although the indicators to be measured at the national level refer to specific age ranges, data are gathered on all under-fives. This will enable some subnational estimates of the indicators to be made, based on the larger group of children under age five.

9. Following the Vitamin A and Breastfeeding Modules, the interviewer moves to the Immunization Module, where data on immunizations are obtained.

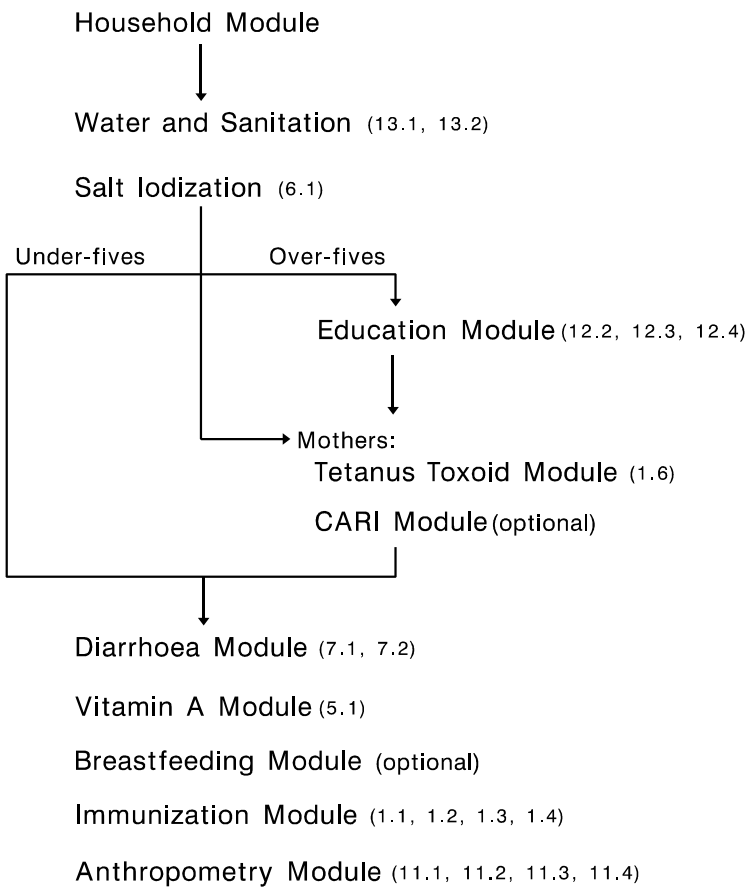
10. Finally, the interview ends with the Anthropometry Module for all children younger than five years of age. An option is to place a notation for presence of BCG scar in the Anthropometry Module, too, since it may require undressing the child. A measurer and assistant should be included in the team used for the anthropometry measurements. If possible, the interviewer makes up the third member of the interviewing team, left free to record the measurements or to go on to the next child.

One set of Modules for Children Under Five Years of Age is filled in for each child under five in the household, and then the team proceeds to the weighing and measuring. The anthropometry is left until last because it is likely to cause the most disruption to the interviewing process.

The flow of the Model Questionnaire is found in Figure 3.1.

Figure 3.1

FLOW OF THE QUESTIONNAIRE MODULES



Numbers shown are goal indicators as specified in Executive Directive CF/EXD/1994-001.

MODEL QUESTIONNAIRE MODULES

The model questionnaires that follow are not intended to be completely self-contained: use the detailed instructions for the interviewer (provided in Appendix 1) in conjunction with the modules. In addition, general instructions are provided in italic text (*instructions*) in the questionnaires themselves, except for the instruction to proceed to the next module, which is capitalized and bold (**GO TO NEXT MODULE** ⇨). Questions that the interviewer will be asking appear in small capital letters (INTERVIEWER QUESTION) in the questionnaires, to distinguish them from the general instructions. Because of space limitations in some of the modules, the response "don't know" is sometimes abbreviated as "DK," and "household" is abbreviated as "HH."

To include mortality measurement in multiple-indicator surveys, use the alternative listing sheet and Mortality Module on page 3.36 (Q12).

HOUSEHOLD MODULE

INTERVIEWER: *Begin by introducing yourself—for example,* WE ARE FROM _____ AND WOULD LIKE SOME INFORMATION THAT WILL HELP US IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN. THE QUESTIONS WILL TAKE ONLY A FEW MINUTES.

Household Information Panel

Cluster number:	Household number:	Date of interview (day/month/year): __ __ / __ __ / __ __
Interviewer no.:	Name of head of household:	Call-back necessary? Yes / No Time:__A.M./P.M.
No. persons in HH usually resident:	Material of dwelling floor: 1 wood/tile 2 planks/concrete 3 dirt/straw 4 other	Number of rooms in dwelling:
Data entry clerk no.:	All forms completed? 1 Yes 0 No	Region 1 2 3 4
	If not, why not? 1 Refusal 2 Not at home 3 HH not found/destroyed 4 other	Urban 1 Rural 2

INTERVIEWER: I WOULD LIKE TO ASK ALL MOTHERS OR OTHERS WHO CARE FOR CHILDREN SOME QUESTIONS ABOUT THE HEALTH AND WELL-BEING OF THE CHILDREN IN THIS HOUSEHOLD. *Ask to speak to each mother/caretaker, listing the first mother's name in line 1-0. (See Appendix 1 for more information.) Ask each woman in turn to list the names and birth dates of the children for whom she is responsible who live in the household, starting with the youngest child, who is listed on line number 1-1. Stop listing when you reach a child over age 15. Go on to the next woman, listing her name and the children for whom she is responsible who are living in the householder, starting with line number 2-0. Repeat the procedure for each mother/caretaker in the household.* ***Add a continuation sheet if there is not enough room on this page****. Then ask:* ARE THERE ANY OTHER CHILDREN WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? *(These may include children in school or at work.)* ***If yes, complete listing.*** *Then, ask and record answers to questions as described in the Instructions to Interviewers. Tick here if you use a continuation sheet ☐.*

Mother and Child Listing Form

Line no.: _____	**1. Name:** _____ _____	**2. Is ____ male or female? 1=male 2=female**	**3. Date of birth? (dd/mm/yy)**						**4. Age in years**		**5. Age 5 or over?[a]**
1-0		1 2									1 2 3 4
1-1		1 2									1 2 3 4
		1 2									1 2 3 4
		1 2									1 2 3 4
		1 2									1 2 3 4
		1 2									1 2 3 4

[a]For question 5, 1=yes, 2=no, 3=mother is respondent, 4=caretaker is respondent. Copy line numbers for all children age 5 and over to next page. Copy line numbers for all under-fives to separate Modules for Children Under Five Years of Age, one for each under-five, containing all health modules.

WATER AND SANITATION MODULE Cluster no.__ Household no.__

Ask the questions in this module once for each household visited. Record the number for only one answer in the space at right. If a respondent gives more than one answer, enter the most usual source/facility:

1. WHAT IS THE SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD ?

Piped-in dwelling	1	Unprotected dug well or spring,		
Public tap	2	rainwater	5	
Tube well or borehole	3	Pond, river or stream	6	
Protected dug well or protected		Tanker-truck, vendor	7	
spring	4	Other	9	_

2. HOW FAR IS THIS SOURCE FROM YOUR DWELLING ?

On premises	1	500m–1km	4	
Less than 100 metres	2	More than 1 km	5	
100m–less than 500m	3	Don't know	9	_

3. HOW LONG DOES IT TAKE TO GET THERE , GET WATER AND COME BACK ?

No. of minutes ⏲	.....	
Water on premises	888	
Don't know	999	_

4. WHAT KIND OF TOILET FACILITY DOES YOUR HOUSEHOLD USE ?

Flush to sewage system	1	Covered by dry latrine	4	
Flush to septic tank	2	Uncovered latrine	5	
Pour flush latrine	3	No facilities ⇨ **GO TO NEXT MODULE**	9	_

5. HOW FAR IS THE FACILITY FROM YOUR DWELLING ?

In dwelling	1	50m or more away	3	
Less than 50m away	2	Don't know	9	_

GO TO NEXT MODULE ⇨

SALT IODIZATION MODULE

INTERVIEWER: WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY WE SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?
Once you have examined the salt, complete the questions below.

1. *Record test outcome*:	Iodized	1	
	Not iodized	2	
	No salt in home	3	
	Not tested	9 ⇨ **GO TO NEXT MODULE**	_
2. *Record type of salt:*	Salt in bag with seal	1	
	Granular (loose or coarse)	2	
	Salt in blocks	3	
	Other _____	4	
	Not seen	9	_

GO TO NEXT MODULE ⇨

EDUCATION MODULE Cluster no. ___ Household no. ___

The questions in this module should be asked for all children in the household age 5 years and over (or over school-entry age).

Questions	Line no.: ___ Name: _____	Line no.: ___ Name: _____	Line no.: ___ Name: _____	Line no.: ___ Name: _____
1. HAS [NAME] EVER ATTENDED SCHOOL?				
Yes 1	1	1	1	1
No 0 ⇨ **GO ON TO NEXT CHILD**	0	0	0	0
DK 9 ⇨ **GO ON TO NEXT CHILD**	9	9	9	9
IF THERE ARE NO OTHER CHILDREN 5 YEARS AND OVER, GO TO NEXT MODULE ⇨				
2. IS HE/SHE CURRENTLY AT SCHOOL THIS YEAR?				
Yes 1	1	1	1	1
No 0 ⇨ **GO TO QUESTION 4**	0	0	0	0
DK 9 ⇨ **GO TO QUESTION 4**	9	9	9	9
3. WHICH GRADE AND LEVEL IS HE/SHE CURRENTLY ATTENDING?	Grade _____			
Level: Primary 1, Secondary 2	Level _____			
4. WAS [NAME] ATTENDING SCHOOL LAST YEAR?				
Yes 1	1	1	1	1
No 0 ⇨ **GO ON TO NEXT CHILD**	0	0	0	0
DK 9 ⇨ **GO ON TO NEXT CHILD**	9	9	9	9
IF NO OTHER CHILD IS 5 YEARS OR OVER, GO TO NEXT MODULE ⇨				
5. WHICH GRADE AND LEVEL DID [NAME] ATTEND LAST YEAR?	Grade _____			
Level: Primary 1, Secondary 2	Level _____			

GO TO NEXT MODULE ⇨

MODULES FOR MOTHERS

The following modules are directed to all mothers of under-fives in the household (page Q1, question 5 = 3). Fill in the mothers' identifying numbers and names in the spaces provided.

TETANUS TOXOID (TT) MODULE Cluster no. ___ Household no. ___

Questions	**Mother line no.:** _____ **Name:**_____ _____	**Mother line no.:** _____ **Name:** _____ _____	**Mother line no.:** _____ **Name:**_____ _____
1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? Yes (seen) 1 Yes (not seen) 2 No 0 Don't know 9			
2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION (E.G., TO PREVENT HIM/HER FROM GETTING CONVULSIONS AFTER BIRTH, AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE SHOULDER)? Yes 1 No 0 DK 9			
3. IF YES, HOW MANY DOSES OF TT DID YOU RECEIVE DURING YOUR LAST PREGNANCY? ***No. of doses:***			
If the mother reports two TT injections during the last pregnancy, STOP HERE. If she has received fewer than two TT injections during her pregnancy, continue to question. Use the following questions:			
4. DID YOU RECEIVE ANY TT INJECTION (AT THE TOP OF THE SHOULDER) AT ANY TIME BEFORE YOUR LAST PREGNANCY, EITHER DURING A PREVIOUS PREGNANCY OR BETWEEN PREGNANCIES? Yes 1 No 0 DK 9			
5. IF YES, HOW MANY DOSES DID YOU RECEIVE? *Number of doses:*			
6. WHEN WAS THE LAST DOSE RECEIVED? *(Record month and year OR number of years ago.)*	mm/yy: or years ago:	mm/yy: or years ago:	mm/yy: or years ago:
Add up responses to Q.3 and Q.5 and enter in box(es) below:			
7. Total doses in lifetime:			

CARE OF ACUTE RESPIRATORY ILLNESS MODULE (optional)

Cluster no. ___ Household no. ___

Questions		Line no.: ___ Name: _____	Line no.: ___ Name: _____	Line no.: ___ Name: _____
1. COUGH AND COLD ARE COMMON ILLNESSES. WHEN YOUR CHILD IS ILL WITH A COUGH AND/OR COLD, WHAT SIGNS OR SYMPTOMS WOULD LEAD YOU TO TAKE HIM/HER TO A *[list appropriate health providers—e.g., clinic, community health worker, doctor]* OR OTHER HEALTH PROVIDER? ***Do not prompt.*** *Circle the number for* ***each*** *answer mentioned. More than one answer can be circled.*				
When he/she:				
1A. has a blocked nose	1 . . . . . 1A	1	1	1
1B. has trouble sleeping/eating	2 . . . . . 1B	2	2	2
1C. has a fever	3 . . . . . 1C	3	3	3
1D. is breathing fast	4 . . . . . 1D	4	4	4
1E. has difficulty breathing	5 . . . . . 1E	5	5	5
1F. is ill for a long time	6 . . . . . 1F	6	6	6
1G. other _____	7 . . . . . 1G	7	7	7
1H. don't know	9 . . . . . 1H	9	9	9

MODULES FOR CHILDREN UNDER FIVE YEARS OF AGE

The following modules are directed to the mothers or caretakers of all children under age 5 in the household.

A separate form should be filled in for each child under 5 years listed in the Household Module on page Q1. Fill in the name and line number of each child along with the cluster and household numbers in the space at the top of each module. Go through each question module with the mother. Circle the number corresponding to the mother's response where indicated. Make sure all identifying information is filled in correctly, until all children under age 5 have been covered.

DIARRHOEA MODULE Cluster no. ___ Household no. ___ Child no. ___

Questions	Response
1. HAS [NAME] HAD DIARRHOEA IN THE LAST 2 WEEKS? *(Diarrhoea is determined as perceived by mother, or as three or more loose or watery stools/day or blood in stool.)* Yes 1 No 0 ⇨ **GO TO NEXT MODULE** DK 9 ⇨ **GO TO NEXT MODULE**	
2. DURING THIS LAST EPISODE OF DIARRHOEA, DID [NAME] DRINK ANY OF THE FOLLOWING? *(Prompt and circle code for all items mentioned.)* **1=Yes 2=No 9=DK** 2A. breast milk? . . . . . 2B. cereal-based gruel or gruel made from roots or soup? . . . . . 2C. other locally-defined acceptable home fluids (e.g., SSS, yogurt drink)? . . . . . 2D. ORS packet solution? . . . . . 2E. other milk or infant formula? . . . . . 2F. water with feeding during some part of the day? . . . . . 2G. water alone? . . . . . 2H. defined "unacceptable" fluids . . . . . 2I. nothing ⇨ **GO TO QUESTION 4**	**Y N DK** 2A. 1 0 9 2B. 1 0 9 2C. 1 0 9 2D. 1 0 9 2E. 1 0 9 2F. 1 0 9 2G 1 0 9 2H. 1 0 9 2I. 1 0 9
3. DURING [NAME]'S DIARRHOEA, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL? Much less or none 1 About the same (or somewhat less) 2 More 3 Don't know 9	
4. DURING [NAME]'S DIARRHOEA, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? *(If **less**, probe:* MUCH LESS OR A LITTLE LESS THAN USUAL?) None 1 Much less 2 Somewhat less 3 About the same 4 More 5 Don't know 9	

VITAMIN A MODULE Cluster no. ___ Household no. ___ Child no. ___

For the questions in modules A, B and C, below, fill in the appropriate number in the response column at right.

MODULE A (for countries with supplementation programme)	**Response**
A1. HAS [NAME] EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? *(Show capsule or dispenser.)* Yes 1 No 0 ⇨ **GO TO NEXT MODULE** DK 9 ⇨ **GO TO NEXT MODULE**	
A2. HOW MANY MONTHS AGO DID [NAME] TAKE THE LAST CAPSULE? **(DK = 99)**	
MODULE B (for countries with food fortification programme)	
B1. WE WOULD LIKE TO KNOW IF SOME FOOD PRODUCTS ARE USED IN YOUR HOUSEHOLD. DO YOU HAVE [FORTIFIED FOOD PRODUCT] IN THE HOUSE? WOULD YOU SHOW US? Yes (seen) 1 Yes (not seen) 2 No 0 ⇨ **GO TO NEXT MODULE**	
B2. SINCE LAST [DAY OF THE WEEK], DID [NAME] EAT [NAME OF FOOD FORTIFIED BY PROGRAMME]? *(Show product package and **prompt:** USED IN COOKING, STIRRED IN DRINKS, ETC?)* Yes 1 No 0 Don't know 9	
MODULE C (for countries with dietary education programme)	
C1. HAVE YOU HEARD ANY [COUNTRY-SPECIFIC] MESSAGES WHICH PROMOTE CERTAIN FOODS THAT ARE IMPORTANT FOR SIGHT AND HELP PREVENT BLINDNESS? Yes 1 No 0 ⇨ **GO TO NEXT MODULE** DK 9 ⇨ **GO TO NEXT MODULE**	
C2. CAN YOU TELL ME WHAT SOME OF THESE FOODS ARE? *Circle code if mentioned. **Do not** prompt. (List Vitamin A–rich foods that are country/region/season-specific. The foods need not be limited to two types, as in this example.):*	
Mentioned: C2A. Food 1 (country-specific) Yes 1 No 0	
C2B. Food 2 (country-specific) Yes 1 No 0	
C2C. Other responses _____ Yes 1 No 0	
C3. SINCE LAST [DAY OF THE WEEK], DID [NAME] EAT ANY OF THE FOLLOWING FOODS? *(List country/region/season-specific target Vitamin A food source.)*	
C3A. Food 1 (country-specific) Yes 1 No 0 DK 9	
C3B. Food 2 (country-specific) Yes 1 No 0 DK 9	

BREASTFEEDING MODULE (optional) Cluster no. ___ Household no. ___ Child no. ___

Questions	Response
1. HAS [NAME] EVER BEEN BREASTFED? Yes 1 No 0 ⇨ **GO TO NEXT MODULE OR QUESTION 4, IF INCLUDED** DK 9 ⇨ **GO TO NEXT MODULE OR QUESTION 4, IF INCLUDED**	
2. IS HE/SHE STILL BEING BREASTFED? Yes 1 No 0 ⇨ **GO TO NEXT MODULE OR QUESTION 4 AND/OR 5, IF INCLUDED** DK 9 ⇨ **GO TO NEXT MODULE OR QUESTION 4, IF INCLUDED**	
3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING? *Prompt **and** circle code for all items mentioned.* **1=Yes 2=No 9=DK** 3A. vitamin, mineral supplements or medicine . . . . . . 3B. plain water . . . . . . 3C. sweetened, flavoured water or fruit juice or tea or infusion . . . . . . 3D. oral rehydration solution (ORS) . . . . . . 3E. tinned, powdered or fresh milk or infant formula . . . . . . 3F. any other liquids (specify: _____) . . . . . . 3G. solid or semi-solid (mushy) food . . . . . . 3H. received ONLY breast milk	**Y N DK** 3A. 1 0 9 3B. 1 0 9 3C. 1 0 9 3D. 1 0 9 3E. 1 0 9 3F. 1 0 9 3G. 1 0 9 3H. 1 0 9
4. ***Optional question***: SINCE THIS TIME YESTERDAY, HAS [NAME] BEEN GIVEN ANYTHING TO DRINK FROM A BOTTLE WITH A NIPPLE OR TEAT? Yes 1 No 0 DK 9	
5. ***Optional question*** (for countries where breastfeeding durations are very short—i.e., less than 6 months): IF [NAME] IS NO LONGER BREASTFED, AT WHAT AGE WAS BREASTFEEDING STOPPED? *(Record age in months. If the mother does not know, record 99.)*	

IMMUNIZATION MODULE Cluster no. ___ Household no.___ Child no. ___

If an immunization card is available, copy the dates for each type of immunization below. If no date for vaccination is recorded on the card, or if no card is available, use probing questions to find out if the child received that vaccination, and if so, how many doses. Record the mother's response for each vaccine dose in the space provided.

Questions	**Y=1 N=0 DK=9**	**Date of immunization (day) (month) (year)**
1. IS THERE A VACCINATION RECORD CARD FOR [NAME]? Yes 1 No 0 DK 9		
2. BCG Yes 1 No 0 DK 9		
3A. DPT1 Yes 1 No 0 DK 9		
3B. DPT2 Yes 1 No 0 DK 9		
3C. DPT3 Yes 1 No 0 DK 9		
4A. OPV1 Yes 1 No 0 DK 9		
4B. OPV2 Yes 1 No 0 DK 9		
4C. OPV3 Yes 1 No 0 DK 9		
5. Measles Yes 1 No 0 DK 9		
6. BCG scar? *(Check for scar, and see optional placement in the Anthropometry Module.)* Yes 1 No 0 Not examined 9		
Probing questions to use when no vaccination card is available:		
2. HAS [NAME] EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS—THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR?		
3. HAS [NAME] EVER BEEN GIVEN "VACCINATION INJECTIONS"—THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS—TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? HOW MANY TIMES?		
4. HAS [NAME] EVER BEEN GIVEN ANY "VACCINATION DROPS" TO PROTECT HIM/HER FROM GETTING DISEASES—THAT IS, POLIO? HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?		
5. HAS [NAME] EVER BEEN GIVEN "VACCINATION INJECTIONS" —THAT IS, A SHOT IN THE ARM, AT THE OF 9 MONTHS OR OLDER)—TO PREVENT HIM/HER FROM GETTING MEASLES?		

ALTERNATIVE IMMUNIZATION MODULE

Record all doses of each vaccine that a child received, indicating the source of information by filling in the number of doses in the appropriate box at right. If there is no card, or if no dose is recorded on the card, ask the mother how many doses of each vaccine the child received.

Questions	Source: Card	Source: Mother's report
1. HAS [NAME] EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS—THAT IS, AN INJECTION IN THE LEFT SHOULDER THAT CAUSED A SCAR? Yes 1 No 0 DK 9		
2. HAS [NAME] EVER BEEN GIVEN "VACCINATION INJECTIONS" (THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS) TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? HOW MANY TIMES?	Number:	Number:
3. HAS [NAME] EVER BEEN GIVEN ANY "VACCINATION DROPS" TO PROTECT HIM/HER FROM GETTING DISEASES (I.E., POLIO)? HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	Number:	Number:
4. HAS [NAME] EVER BEEN GIVEN "VACCINATION INJECTIONS"(THAT IS, A SHOT IN THE ARM, AT THE AGE OF 9 MONTHS OR MORE) TO PREVENT HIM/HER FROM GETTING MEASLES?	Number:	Number:
5. BCG scar? *(Check for scar.)* Yes 1 No 0 Not examined 9		

ANTHROPOMETRY MODULE Cluster no. ___ Household no. ___ Child no. ___

INTERVIEWER: *After questionnaires for all children are complete, the measurer weighs (and **optionally** measures) each child. Record weight (and height, if measured) below, taking care to record the measurement on the correct questionnaire for that child (**check child's name**).*

Measurements	**Result**
***Optional placement**: (See Immunization Module, question 6 or Alternative Immunization Module, question 5.)* 1. BCG scar? (*Check for scar.)* Yes 1 No 0 Not examined 9	
2. Weight (kg)	□□.□
3. (***Optional)*** Height/length (cm)	□□□.□
3A. Measurement made: lying down 1 standing 2	
4. Measurer code	
5. Result: Measured 1 Not present 2 Refused 3 Other 9	

GO ON TO NEXT CHILD ⇨

When all children in the household have been weighed, check that all modules have been filled in and that the identifying number for the household is at the top of each page. Clip all the pages together as instructed. Go back to page 1 and record that the interview is complete.

Thank the mother for her cooperation.

MORTALITY MODULE

To include mortality measurement in multiple-indicator surveys, use the alternative modules below.

HOUSEHOLD MODULE

INTERVIEWER: *Begin by introducing yourself—for example,* WE ARE FROM _____ AND WOULD LIKE SOME INFORMATION THAT WILL HELP US IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN. THE QUESTIONS WILL TAKE ONLY A FEW MINUTES.

Household Information Panel

Cluster number:	Household number:	Date of interview (day/month/year): __ __ / __ __ / __ __
Interviewer no.:	Name of head of household:	Call-back necessary? Yes / No Time:____ A.M./P.M.
No. persons in HH usually resident:	Material of dwelling floor: 1 wood/tile 2 planks/concrete 3 dirt/straw 4 other	Number of rooms in dwelling:
Data entry clerk no.:	All forms completed? 1 Yes 0 No	Region 1 2 3 4
	If not, why not? 1 Refusal 2 Not at home 3 HH not found/destroyed 4 other	Urban 1 Rural 2

INTERVIEWER: CAN YOU TELL ME THE NAMES AND AGES OF ALL WOMEN OVER AGE 15 WHO SLEPT HERE LAST NIGHT? *Fill in the following information about each woman*[9] *in the household, listing the first woman's name in line 10. First ask for names, and then go back and ask for each woman in turn, naming her:* HOW OLD ARE YOU? HAVE YOU EVER HAD A CHILD? *If she answers yes, ask about own-born children living with her, own-born children living elsewhere and own-born children who are now dead. (For this part of the questionnaire, you need to make it clear that you are* ***not*** *interested in the children of* ***other*** *women (i.e., children adopted or fostered into the household). If the woman is not present, ask the head of household or other women to supply the information for her. If you cannot obtain the answer to a question,* ***do not leave a blank space: put a 99 in the space provided for the answer****.*

Mother Listing Form

Line no.	1. Mother's name	2. Age in years		Children ever-born to mother:						
				Living at home		Living elsewhere		Died		Total children
				Male	Female	Male	Female	Male	Female	
10										
20										
30										
40										
50										

[9]Eligibility criteria will vary from country to country. Where almost all childbearing occurs within marriage, only ever-married women (i.e., currently married, separated, widowed or divorced) women need to be interviewed. In such cases, it is preferable to ask for ''years since first marriage'' instead of age.

Fill in the Pregnancy History Form below for every mother listed in the Mother Listing Form on page Q12. If the woman is not at home, you may ask for the information about her from another woman living in the household—for example, her mother, adult daughter, co-wife, etc. Complete the Child Listing Form for every mother or other woman who is a primary caretaker in the household, even if she has not given birth herself.

Cluster no. ___ Household no. ___

INTERVIEWER: I WOULD LIKE TO ASK ALL MOTHERS OR OTHERS WHO CARE FOR CHILDREN SOME QUESTIONS ABOUT THE HEALTH AND WELL-BEING OF THE CHILDREN IN THIS HOUSEHOLD. *For each woman with at least one birth (alive or dead) listed on the previous table, fill in the following form. Fill in one form for each woman. Ask each woman in turn about her last three pregnancies:* FIRST, I WOULD LIKE TO RECORD SOME INFORMATION ABOUT YOUR MOST RECENT PREGNANCIES. WAS THE OUTCOME OF YOUR LAST PREGNANCY A LIVE BIRTH, A STILLBIRTH OR A MISCARRIAGE? *Make sure the woman understands that a live birth is any child who breathed or cried after birth, even if he/she lived only a short time.* ***Fill in the table below, once for each woman, going back as far as three pregnancies.***

Pregnancy History Form

Woman's line no.: ___ Name: _____	**Pregnancy outcome[a]**	**Child's name**	**For live births only:**			**Age at death (months)**
			Child's sex: 1=Male 2=Female	**Date of birth: (dd / mm / yy)**	**Still alive? 1=Y 0=N**	
1. Last			1 2		1 0	
2. Next-last			1 2		1 0	
3. Second-last			1 2		1 0	

[a]1 = live birth, 2 = stillbirth, 3 = miscarriage/abortion.

INTERVIEWER: *Now fill in the Child Listing Form below about* ***only*** *the children under age 15 for whom this woman is the primary caretaker (that is, her* ***living*** *children and any other children in the household that she cares for, even if they are not the biological children of any woman in the household—i.e., fostered children, stepchildren, younger siblings of the woman). Stop listing when you reach a child over age 15. Then ask:* ARE THERE ANY OTHER CHILDREN YOU CARE FOR WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? *These may include children in school or at work.* ***If yes, list these children. Add continuation sheet if not enough room on this page.*** *If continuation sheet used, tick here. ☐*

Child Listing Form **Woman's name: _____** **Line no.: ___**

Child line no.	**1. Child's name:**	**2. Child's sex: 1=Male 2=Female**	**3. Day, month, year of birth? (d d / m m / y y)**	**4. Age in years**	**5. Age 5 or over? Y=1, N=0**
		1 2			1 0
		1 2			1 0
		1 2			1 0
		1 2			1 0

Continue to complete a form for every woman in the household who is a primary caretaker, using one page for each woman. (If the woman has never given birth, omit the Pregnancy History Form by drawing a line through it.) Copy line numbers for all children over age 5 to the next page. Copy line numbers for all under-fives to the separate Modules for Children Under Five Years of Age, one for each under-five.