

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEY

Manual for Interviewers

February 2005

The Demographic and Health Survey project is part of MEASURE DHS. This project assists countries worldwide with the collection and use of data to monitor and evaluate population, health, and nutrition programs. Funded by the U.S. Agency for International Development (USAID), MEASURE DHS is administered by ORC Macro in Calverton, Maryland.

The main objectives of the MEASURE DHS project are to: 1) provide decision makers in survey countries with information useful for informed policy choices, 2) expand the international population and health database 3) advance survey methodology, and 4) develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

The DHS project is carried out in countries in Africa, Latin America, Eastern Europe, Asia and the Middle East.

Information about the MEASURE DHS project can be obtained by contacting ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD, 20705, USA. Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: <http://www.measureDHS.com>.

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I. INTRODUCTION

The 2005 Cambodia Demographic and Health Survey (CDHS) is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in Cambodia. The CDHS will involve interviewing a randomly selected group of women and men who are between 15 and 49 years of age. Women will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, AIDS and sexually transmissible diseases, and other information that will be helpful to policy makers and administrators in health and family planning fields. Men (in every second selected household) will be asked questions about their background, children they have fathered, AIDS and sexually transmitted diseases, and other information that will be helpful to policy makers and administrators in health and family planning fields.

In addition to household and individual interviews, you will also be collecting biomarker data in every second selected household. That is, eligible women and men in every second selected household will be anonymously tested for HIV. Eligible women and children in every second selected household will be tested for anemia, as well as weighed and measured. The goal of this national epidemiological study is to provide the government with information on the magnitude of these health problems.

You are being trained as an interviewer for the CDHS. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams, going to different parts of the country to interview households and men and women in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you will be working on the CDHS for seven months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates.

During the training course, you will be listening to lectures about how to fill in the questionnaires correctly. You will also be conducting practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. SURVEY OBJECTIVES

The Cambodia DHS is part of a worldwide survey program. The international MEASURE DHS program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS program, surveys are being carried out in countries in Africa, Latin America and the Caribbean, Asia, Eastern Europe and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. CDHS SAMPLE

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and cheaply. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The size of the sample is determined by statistical methods and defines the number of interviews needed to provide an accurate picture of the whole country. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we do not call back to interview them, we may bias the fertility estimates.

The CDHS sample consists of 557 villages, or clusters (small geographically defined areas) throughout the country. A complete list of all the households in each of these clusters was recently compiled by NIS. A sample of households was then scientifically selected from the list of households in each cluster. While the number of households selected in each cluster may vary, on average, 24 households have been selected in each urban cluster, and 28 households have been selected in each rural cluster. Interviewer teams will visit each of these households and information about each household will be collected using the Household Questionnaire. Women age 15-49

years will be interviewed using the Individual Woman Questionnaire and Men age 15-49 years will be interviewed using the Individual Man Questionnaire. We will interview about 15,000 households, 18,000 women, and 7,500 men in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women and men will provide insights into the behavior and attitudes of persons in Cambodia.

C. SURVEY ORGANIZATION

The CDHS is being conducted under the aegis of the Ministry of Health and the Ministry of Planning, which have a primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The National Institute of Public Health (NIPH) and the National Institute of Statistics (NIS) will serve as the implementing agencies for the CDHS. The NIPH and NIS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The NIPH and NIS will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from the NIPH and NIS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the CDHS will be provided by the United States Agency for International Development (USAID), the Asian Development Bank (ADB), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the Centers for Disease Control and Prevention/Global AIDS Program (CDC/GAP). The Demographic and Health Research Division of ORC Macro (Macro) will provide technical assistance during all phases of the survey.

During the CDHS fieldwork, you will work in a team. Each team will work in a specific province or group of provinces and will travel from cluster to cluster.

In the central office there will be a team of regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will also monitor data quality and provide for the regular transfer of completed questionnaires and blood samples to the central office. Data entry staff and computer programmers will be assigned to the project.

D. TEAM COMPOSITION

Each team will consist of three female interviewers, one male interviewer, a team leader (supervisor), and a field editor. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The supervisor will be assisted by the field editor, who will be in charge of the team in the absence of the supervisor. The specific duties of the supervisor and the field editor are described in detail in the Manual for Supervisors and Editors.

All interviewers will complete household interviews, but only female interviewers will interview women and male interviewers will interview men.

In each team, two female interviewers, the male interviewer, and the team leader (supervisor) will also be trained in biomarker data collection. Biomarker data collection will include: anthropometric measurement (taking height and weight measurements) of women and children, anemia testing of women and children, and drawing blood samples from women and men for laboratory testing of

HIV. Male interviewers will not be in charge of conducting anthropometric measurement or anemia testing, but will be trained in order to assist female interviewers in these activities as needed. Female interviewers will draw blood samples from women for later HIV testing and male interviewers will draw blood samples from men for later HIV testing.

One female interviewer per team will be designated to interview the 25 percent of households in which there is no biomarker data collection, but in which there will be additional modules in the questionnaire.

E. SURVEY QUESTIONNAIRES

There are three types of questionnaires that will be used in the CDHS: the Household Questionnaire, the Individual Woman's Questionnaire, and the Individual Man's Questionnaire.

The households that have been scientifically selected to be included in the CDHS sample will be visited and interviewed using a Household Questionnaire. The Household Questionnaire consists of a cover sheet to identify the household and a form on which all members of the household and visitors are listed. You will collect some information about each household member, such as name, sex, age, education, and survival of parents for children under age 18 years. The Household Questionnaire also collects information on housing characteristics such as type of water, sanitation facilities, quality of flooring, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible for the Individual Questionnaire. Women age 15-49 years in every selected household who are members of the household (those that usually live in the household) and visitors (those who do not usually live in the household but who slept there the previous night) are eligible to be interviewed with the individual Woman's Questionnaire.

After all of the eligible women in a household have been identified, female interviewers will use the Woman's Questionnaire to interview the women. The Woman's Questionnaire collects information on the following topics:

- socio-demographic characteristics
- reproduction
- birth spacing
- maternal health care and breastfeeding
- immunization and health of children
- cause of death of children
- marriage and sexual activity
- fertility preferences
- characteristics of the husband and employment activity of the woman
- HIV/AIDS and other sexually transmitted infections
- maternal mortality
- women's status
- household relations

In one-half of the households, men will be identified as eligible for individual interview, and the male interviewer of each team will use the Man's Questionnaire to interview the eligible men. Team leaders will inform their teams which households in the sample have been selected for including

interviews with men. The Man's Questionnaire collects information on the following topics:

- socio-demographic characteristics
- reproduction
- birth spacing
- marriage and sexual activity
- HIV/AIDS and other sexually transmitted infections

Biomarker data collection will be conducted in the same one-half of the households which are selected to include men for interview. The biomarker data collection will include: measuring the height and weight of women and children (under age 6 years), anemia testing of women and children, and drawing blood samples from women and men for laboratory testing of HIV. Biomarker data collection will be recorded in the Household Questionnaire.

F. ROLE OF THE INTERVIEWER

Interviewers occupy the central position in the CDHS because they collect information from respondents. Therefore, the success of the CDHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire.
- Identifying all eligible women in all CDHS households.
- Identifying all eligible men in one-half of the CDHS households.
- Interviewing all eligible persons in the households using the Individual Woman's Questionnaire and the Individual Man's Questionnaire. Female interviewers will interview women and male interviewers will interview men.
- Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded.
- Returning to households to interview women and men that could not be interviewed during the initial visit.
- Measuring and recording height and weight of women and children.
- Collecting blood samples for anemia testing of women and children.
- Collecting blood samples from women and men for laboratory testing of HIV.

These tasks will be described in detail throughout this manual. In addition, the Field Manual for Anemia and HIV Testing discusses the procedures involved in collecting blood samples from women, men and children.

G. TRAINING OF INTERVIEWERS

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Woman and Man Questionnaire
- Manual for Interviewers
- Field Manual for Anemia and HIV Testing (for those selected for this activity).

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training also will include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

H. SUPERVISION OF INTERVIEWERS

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor and the field editor will play very important roles in continuing your training and in ensuring the quality of the CDHS data. The team supervisor will:

- Oversee the work of the team.
- Assign households to interviewers.
- Help interviewers locate households.
- Spot-check some of the addresses selected for interviewing to be sure that you

interviewed the correct households and the correct women and men.

- Review all non-interviews.
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly.
- Handle funds and manage equipment.
- Supervise anthropometric measurement, anemia testing, and blood sample collection.
- Meet with you on a daily basis to discuss performance and give out future work assignments.
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

The field editor will:

- Oversee the work of the team.
- Assign households to interviewers.
- Help interviewers locate households.
- Review all non-interviews.
- Review all questionnaires before the team leaves the cluster.
- Review completed questionnaires with interviewers and observe interviews.

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the CDHS a success.

I. CDHS REGULATIONS

During the next few weeks, your presence, interest, participation, and cooperation are absolutely vital. For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing NIPH and NIS, organizations of the Government of Cambodia. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to

transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. CDHS data are confidential. **They should not be discussed with anyone, including your fellow interviewers.** Under no circumstances should confidential information be passed on to third parties. Persons breaking these rules, and therefore the confidence placed in them by the respondent, will be dismissed.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. **BUILDING RAPPORT WITH THE RESPONDENT**

The supervisor will assign an interviewer to make the first contact with each of the households selected for the CDHS. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be a woman or man age 15-49). If at least one eligible woman is identified in the Household Questionnaire, the interviewer will go on to complete a Woman's Questionnaire. In households selected for inclusion of men, a male interviewer will interview all the eligible men in the household and a female interviewer will interview all the eligible women in the household.

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge.

1. **Make a good first impression.**

Do your best to make a respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

For the Household Questionnaire, a good introduction might be

"My name is _____. I am a representative of the Ministry of Health and the Ministry of Planning. We are conducting a survey about family life and health, and we are interviewing women and men throughout Cambodia. I would like to talk to you and ask you some questions."

The introduction for the Woman's Questionnaire and the Man's Questionnaire should be read exactly as it is printed in the questionnaire.

2. **Always have a positive approach.**

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

3. **Stress confidentiality of responses when necessary.**

If the respondent is hesitant about responding to the interview or asks what the data will be

used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report. Also, you should never mention other interviews or show completed questionnaires to the supervisor or field editor in front of a respondent or any other person.

4. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If she asks, you can tell a female respondent that the interview usually takes about 45 minutes. If he asks, you can tell a male respondent the interview usually takes about 20 minutes. If the respondent for the Household Questionnaire is an older woman or man (over age 50), you can tell the respondent that the interview usually takes about 20 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

The respondent may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific birth spacing methods. It is important not to interrupt the flow of the interview so tell her that you will be happy to answer her questions or to talk further after the interview.

5. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other.
- You must omit certain questions which you are instructed in the questionnaire to ask only if you have total privacy.
- When interviewing a woman, extra effort should be made to gain privacy if the other person is a man, particularly the husband.
- When interviewing a man, extra effort should be made to gain privacy if the other person is a woman, particularly the wife.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. TIPS FOR CONDUCTING THE INTERVIEW.

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

A respondent may ask you questions during the interview, for example, about certain contraceptive methods or treatments for diseases. Or they may ask you about your use of birth spacing or your ideal family size. Tell them that we are interested in their opinions and that you cannot answer their questions because otherwise you would slow down the pace of the work.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the CDHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt her by saying something like “I suppose you mean that. . . Is that right?” In many cases, she will agree with your interpretation of her answer, even when that is not what she meant. Rather, you should probe in such a manner that the respondent herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If they still do not understand, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondents simply say, “I don’t know,” give an irrelevant answer, act very bored or detached, or contradict something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the woman or man is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, try to overcome their reluctance, explaining once again that the same question is being asked of women or men all over the country and that the answers will all be merged together. If they still refuse, simply write REFUSED next to the question and proceed as if nothing had happened. If you have successfully completed the interview, you may try to obtain the missing information at the end, but do not push too hard for an answer. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. Do not assume women and men from rural areas or those who are less educated or illiterate do not know about birth spacing or various family planning methods.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what they are being asked. After you have asked a question, pause and give them time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

C. LANGUAGE OF THE INTERVIEW

The questionnaires for the CDHS have been translated into Khmer. However, there may be times when you will have to use an interpreter or modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

Of course, one of the first things you will do when you approach a household to do an interview is to

establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the female interview. You should not use the respondent's husband as an interpreter under any circumstances. Children are also unsuitable interpreters. Remember, try to avoid using interpreters if at all possible since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct.

III. FIELDWORK PROCEDURES

Fieldwork for the CDHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. PREPARATORY ACTIVITIES AND ASSIGNMENT SHEETS

1. Interviewer Assignment Sheets

The 2005 CDHS has two types of Interviewer Assignment Sheets. One (Form 3) is for interviewers assigned to households that require interviews with eligible women only. This one is titled 2005 Cambodia DHS Interviewer Assignment Sheet (for households that do not include height & weight, anemia and HIV testing). The other assignment sheet (Form 4) is for interviewers assigned to households selected to include the male interview, which will also include interviewing women, height and weight measurement of women and children, anemia testing of women and children, and collection of blood samples for HIV testing of men and women. This one is titled 2005 Cambodia DHS Interviewer Assignment Sheet (for households that include height & weight, anemia and HIV testing).

Each morning, your supervisor or field editor will brief you on your day's work and explain how to locate the households assigned to you. Your supervisor/field editor will provide the CDHS cluster number to fill-in at the top left-hand corner of the Interviewer Assignment Sheet. Write your name and interviewer code number in the spaces provided at the top of the sheet.

Interviewers assigned to households not selected for the male interview and using Form 3 will fill in the CDHS household number, structure number or address, name of the head of the household, and the date they are assigned the household. All this information will be provided to you by your supervisor/field editor. Interviewers assigned to households selected to include the male interview will fill-in Columns (1) to (3) of their Interviewer Assignment Sheet and circle "Y" or "N" to indicate whether the household is selected to include male interviews.

The rest of the columns of the Interviewer Assignment Sheet summarize the results of your work in the field for each household. At the end of the day, you will be responsible for recording the final outcome for all household visits and individual interviews you conduct.

When you receive your work assignment, review it and ask any questions you might have. Your supervisor will not always be available to answer questions once the day's work begins. Be sure that:

- Columns (1) through (4) of your Interviewer Assignment Sheet are complete and that they contain all the information you will need to identify the selected households.
- You have a Household Questionnaire for each household assigned to you.
- The identification information on the cover page of each Household Questionnaire is filled in before you try to locate the selected households.
- You know the location of the selected households you are to interview, and have

sufficient materials (maps, written directions, etc.) to locate them.

- You understand any special instructions from your supervisor about contacting the households.
- You have several blank Woman or Man Questionnaires.

If you are interviewing a household not selected for the male interview, when you are finished the household interview you will record the results of the household interview in the appropriate columns of the Assignment Sheet:

- Column (5): final result of the household interview (from the cover page)
- Column (6): total number of eligible women
- Column (7): whether or not the household has been selected for male interview
- Columns (8) and (9): names of women eligible for individual interview and their line numbers.

(FOR HOUSEHOLDS THAT DO NOT INCLUDE HEIGHT & WEIGHT, ANEMIA AND HIV TESTING)

CDHS CLUSTER NUMBER	<input type="text"/>		TOTAL NUMBER OF HOUSEHOLD QUESTIONNAIRES	<input type="text"/>		TOTAL NUMBER OF WOMAN QUESTIONNAIRES	<input type="text"/>		INTERVIEWER NAME	<input type="text"/>		INTERVIEWER NUMBER	<input type="text"/>	
HOUSEHOLDS							WOMEN							
CDHS HOUSEHOLD NUMBER	STRUCTURE NUMBER OR ADDRESS	NAME OF HEAD OF HOUSEHOLD	DATE ASSIGNED	FINAL RESULT	TOTAL ELIGIBLE WOMEN	HOUSEHOLD SELECTED FOR MALE INTERVIEW	NAME OF ELIGIBLE WOMAN	LINE NUMBER OF ELIGIBLE WOMAN	INTERVIEW FINAL RESULT	NOTES				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)				
						Y N								
						Y N								
						Y N								
						Y N								

CODES FOR COLUMN (5)

1 COMPLETED
 2 NO HH MEMBER AT HOME/NO COMPETENT RESPONDENT
 3 ENTIRE HH ABSENT FOR EXTENDED PERIOD
 4 POSTPONED
 5 REFUSED

6 DWELLING VACANT/ADDRESS NOT A DWELLING
 7 DWELLING DESTROYED
 8 DWELLING NOT FOUND
 9 OTHER

CODES FOR COLUMN (10)

1 COMPLETED
 2 NOT AT HOME
 3 POSTPONED
 4 REFUSED

5 PARTLY COMPLETED
 6 INCAPACITATED
 7 OTHER

2005 CAMBODIA DHS INTERVIEWER ASSIGNMENT SHEET
(FOR HOUSEHOLDS THAT INCLUDE HEIGHT & WEIGHT, ANEMIA AND HIV TESTING)

CDHS CLUSTER NUMBER	<input type="text"/>		NO. OF HOUSEHOLDS SELECTED IN THE CLUSTER FOR MALE SURVEY	<input type="text"/>		INTERVIEWER NAME	<input type="text"/>		INTERVIEWER NUMBER	<input type="text"/>		NO. OF ELIGIBLE RESPONDENTS FOR BLOOD SAMPLES	<input type="text"/>		COUNT OF BLOOD SAMPLES	<input type="text"/>	
HOUSEHOLDS					CHILDREN		WOMEN					MEN				NOTES	
CDHS HOUSEHOLD NUMBER (1)	STRUCTURE NUMBER OR ADDRESS (2)	NAME OF HOUSEHOLD HEAD (3)	HOUSEHOLD SELECTED FOR MALE INTERVIEW (Y=YES; N=NO) (4)	FINAL RESULT (5)	LINE NUMBER OF CHILD ELIGIBLE FOR ANEMIA TESTING (6)	CHILD TESTED FOR ANEMIA (Y=YES; N=NO) (7)	TOTAL ELIGIBLE WOMEN (8)	LINE NUMBER OF ELIGIBLE WOMAN (9)	INTERVIEW FINAL RESULT (10)	WOMAN TESTED FOR ANEMIA (Y=YES; N=NO) (11)	BLOOD SAMPLE TAKEN? (Y=YES; N=NO) (12)	TOTAL ELIGIBLE MEN (13)	LINE NUMBER OF ELIGIBLE MAN (14)	INTERVIEW FINAL RESULT (15)	BLOOD SAMPLE TAKEN? (Y=YES; N=NO) (16)		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		
			Y N			Y N				Y N	Y N				Y N		

TOTAL NUMBER OF HOUSEHOLD QUESTIONNAIRES	<input type="text"/>	TOTAL NUMBER OF WOMAN QUESTIONNAIRES	<input type="text"/>	TOTAL NUMBER OF MAN QUESTIONNAIRES	<input type="text"/>	NUMBER OF BLOOD SAMPLES TAKEN FOR WOMEN	<input type="text"/>	NUMBER OF BLOOD SAMPLES TAKEN FOR MEN	<input type="text"/>
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Allocate an Individual Woman Questionnaire for each eligible woman identified in the household. Fill in the identification information on the cover page of a Woman Questionnaire for each eligible woman identified in the Household Schedule. For example, if after completing the household interview you find two eligible women, you will conduct an interview with each of these women using one Woman Questionnaire for each of them.

If you are interviewing a household that is selected for the male interview, when you are finished the household interview you will record the results of the household interview in the appropriate columns of the Assignment Sheet:

- Column (5): final result of the household interview (from the cover page).
- Column (6): line number of each child eligible for anemia testing.
- Column (8): total number of eligible women.
- Column (9): line number of each woman eligible for individual interview.
- Column (13): total number of eligible men.
- Column (14): line number of each man eligible for individual interview.

The other columns (7), (10), (11), (12), (15), (16), (17) will be filled in after those activities are completed.

The next step is to prepare Individual Woman and Man Questionnaires for interview. Fill in the identification information on the cover sheet of a Woman Questionnaire for each eligible woman identified in the Household Schedule and recorded in Column (9) on the Assignment Sheet. Also fill in the identification information on the cover sheet of a Man Questionnaire for each eligible man identified in the Household Schedule and recorded in Column (14) on the Assignment Sheet.

During fieldwork, it is important to organize and keep all questionnaires for one household together. Always place the Woman and Man Questionnaires inside the Household Questionnaire to which they belong. When there is more than one individual questionnaire for a household, organize the individual questionnaires sequentially according to the respondent line numbers in the household schedule.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the eligible women and men identified. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits at three separate times of the day (or different days) when trying to locate a respondent. This will increase the possibility of successfully finding the person at home and completing the interview.

At the beginning of each day, you should examine the cover sheets of your questionnaires to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a callback in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an interview).

3. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- A sufficient number of questionnaires.
- Interviewer Assignment Sheets.
- Interviewer Manual.
- Identification.
- Something hard to write on.
- Blue ink pens.
- A bag to carry questionnaires and materials.
- Height/weight boards.
- Scales.
- Blood collection materials.

B. CONTACTING HOUSEHOLDS

1. Locating sample households

In recent months, household listing teams visited each of the selected sample clusters to:

- Draw sketch maps of each cluster to indicate location of every structure in the cluster.
- Record address information for each structure, or described its location.
- Write a CDHS structure number at the entrance of each structure, for example, CHDS /3 or CDHS/54. This is the same number indicated on the household listing form and sketch map.
- Make a list of the names of heads of all households in all structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance.

Within a dwelling unit, there may be one or more households. For example, a compound may have five households living in it, and each household may live in its own dwelling unit. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as

households in the CDHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The CDHS structure number is usually written by the entrance of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

- a) The selected household has moved away and the dwelling is vacant. If a household has moved out of the dwelling where it was listed and no one is living in the dwelling, you should consider the dwelling vacant and record Code '6' on the cover sheet of the Household Questionnaire (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- b) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.
- c) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household is living in the dwelling as the selected household.

Example: You are assigned a household headed by Sao Tum that is listed as living in structure number CDHS-004. But when you go to CDHS-004, the household living there is headed by Chanta Than. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Chanta Than.

- d) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Sao Tum located in CDHS-007, and you find that the Tum household actually lives in structure CDHS-028, interview the household living in CDHS-007.

- e) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. Make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

- f) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.
- g) The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.
- h) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- i) A household is listed as living in a structure that is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- j) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).
- k) No one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned. Remember that the usefulness of the CDHS sample in representing the entire country depends on interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be "eligible" means to "qualify" for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Woman and Man Questionnaire.

All women age 15-49 who are either members of the household *or visitors* are considered eligible in the CDHS, even if they do not usually live in that dwelling. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule. In half the households, all men age 15-49 who are either members of the household *or visitors* are considered eligible in the CDHS, even if they do not usually live in that dwelling. You will be told by your supervisor which households will include men.

In certain cases, you may find it difficult to decide whether or not a woman or man is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview her.

A woman is a usual resident but spent the previous night away at her sister's house. She should be counted as a member of the household on the Household Schedule and is eligible for interview.

You must complete the cover page of a Woman's Questionnaire for each eligible woman that you identify in the household before starting the interview. You must complete the cover page of a Man's Questionnaire for each eligible man that you identify in the households selected to include the male survey. If you cannot finish the individual interview for whatever reason, write the reason on the cover page. Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaire.

You may experience the following types of problems in obtaining an interview with an eligible woman:

- a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit on the cover sheet and ask a neighbor or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.
- b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Woman or Man Questionnaire. You may emphasize the confidentiality of the information. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the person still refuses to be interviewed, enter a Code '4' (REFUSED) as the result for the visit on the cover sheet and report it to your supervisor.
- c) Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record on the cover sheet of the questionnaire that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.
- d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED) on the cover sheet of the questionnaire and on your Assignment Sheet.

The outcome and date of the final attempt to contact an eligible respondent should be noted in your Interviewer Assignment Sheet. The Interviewer Assignment Sheet will provide a summary of all eligible respondents in the CDHS sample. These forms will be returned to the central office for review after completion of interviewing and will be used to calculate response rates.

C. CHECKING COMPLETED QUESTIONNAIRES

It is the responsibility of the interviewer to review each questionnaire when the interview is finished.

This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You can make minor corrections yourself, but any serious error should be clarified by the respondent. Simply explain to the respondent that you made an error and ask the question again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires you have been provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

D. RETURNING WORK ASSIGNMENTS

At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire of each respondent identified, whether you were able to interview them or not. For all of the interviews that you have completed write the final result on the Interviewer Assignment Sheet and make any notes that may be of help to the Supervisor and Editor, such as problems you experienced in locating a household or completing a Household Questionnaire and in conducting an interview with an eligible respondent. For these difficult cases, at least three visits will be made to a household during in an effort to obtain a completed interview.

E. DATA QUALITY

It is the responsibility of the field editor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The editing rules followed by the editor are explained in detail in the Manual for Supervisors/Editors. It is especially important for the field editor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The supervisor should assist in editing questionnaires during the first few weeks of fieldwork. The field editor will then discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some data error.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the CDHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the CDHS questionnaire.

A. ASKING QUESTIONS

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this 'probing'). If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a CDHS interviewer.

B. RECORDING RESPONSES

In the CDHS, all interviewers will use pens with blue ink to complete questionnaires. Supervisors and field editors will do all their work using pens with red ink. Never use a pencil.

There are three types of questions in the CDHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., "open-ended"; and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Have you ever attended school?	YES NO	→ 111

In some cases, precoded responses will include an 'Other' category. The 'other' code should be circled when the respondent's answer is different from any of the precoded responses listed for the question. Before using the other code, you should make sure the answer does not fit in any of the other categories. When you circle the code other for a particular question you must always write the

respondent's answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, "see note in comments section" next to that question.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS. DURING HER PERIOD RIGHT AFTER HER PERIOD HAS ENDED HALFWAY BETWEEN TWO PERIODS OTHER _____ (SPECIFY) DON'T KNOW	

2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent's answer in the space provided.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the boxes provided. There are two ways this is done:

- *Boxes preceded by codes.* Whenever response boxes are preceded by codes, you will fill the boxes in one row only. You must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row.

Example: If the respondent said her child died at the age of nine months, you would circle Code '2' for MONTHS and write the response in the boxes next to MONTHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						
220	<p>IF DEAD: How much time passed between the birth and death of (NAME)?</p> <p>IF '1 YEAR', PROBE: How many months old was (NAME)?</p> <p>RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.</p>	<div>DAYS..... 1</div> <div>MONTHS..... 2</div> <div>YEARS 3</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born in February 1988, you must record both the month and year.

215 In what month and year was (NAME) born? PROBE: What is their birthday?						
MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
812	What is your occupation, that is, what kind of work do you mainly do?	<table><tr><td></td><td></td></tr></table> 		

3. Marking filters

Filters require you to look back to the answer to a previous response and then mark an 'X' in the box. (See Section D.2 for description of filters.)

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/>	CODE '1' CIRCLED <input type="checkbox"/>	115

C. CORRECTING MISTAKES

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read.

If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Here is how to correct a mistake:

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
562	Have you ever heard of an illness called tuberculosis or TB?	YES..... NO	→ 601

Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are being entered into the computer.

D. FOLLOWING INSTRUCTIONS

Throughout the CDHS questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. Pay particular attention to the skip and filter instructions that appear throughout the questionnaire as these will instruct you to which question should be asked next.

1. **Skip instructions**

It is important not to ask a respondent any questions that are not relevant to her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. Follow these skip instructions carefully.

Example: If you circled either Code '2' or '8,' you would skip to Question 711. Question 710 about the method of contraception the woman would prefer to use is only asked of women who responded 'YES' to Question 711.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES NO DO NOT KNOW	1 → 711

2. **Filters**

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to

prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. You do not need to ask the respondent the same question a second time. Simply look back to the question and mark an 'X' in the appropriate box in the filter, then follow the skip instructions.

Example:

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
704	CHECK 226: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>		→ 709

E. CHECKING COMPLETED QUESTIONNAIRES

After you have completed an interview, you must review the questionnaire by carefully checking the answer to each question. Check that you have followed all the appropriate skip patterns and that you have not omitted any sections. Check that all answers are clear, particularly in questions where you corrected mistakes that you made in recording the respondent's answers. Review the questionnaire BEFORE you leave the household, so that if you need to question the respondent further, she will still be available.

Write any comments about the interview that you feel would clarify the answers you recorded or that would be of interest to your supervisor. If you have any doubts about how to record an answer, feel free to write a note on the questionnaire and then check with your field editor or supervisor. She is there to help you.

V. CONVERSION OF AGE AND DATE OF BIRTH

This chapter must be edited to update all examples to survey in 2005

In data processing and data presentation of CDHS data, age is calculated according to the international system. The international system is different from the system used by the Khmer people. In Cambodia, a person is counted as age 1 in the year that they were born, age 2 at the next New Year and so on. The international system counts the age of a child at birth to be age 0. A child is considered one year old only after one year (12 months) have passed from the day and month of birth in the international system, age 2 years after two years (24 months) have passed since the month and date of birth in the international system.

The Gregorian calendar divides the year into 12 months. One month lasts around 30 days. One week is exactly 7 days. This calendar is different from the Khmer calendar. Information on age is the most important information collected in this survey. It is very important that interviewers understand the Gregorian calendar and the international system in order to properly record information in almost every section of the survey. In order to be sure that the correct age, date of birth or time is recorded in the questionnaire, you will have to use conversion charts. These conversion charts will be provided to each interviewer to refer to while in the field. The three different conversion charts are explained below.

A. UNDER-FIVE CONVERSION CHART

The *Under-Five Conversion Chart* is for use for converting the Khmer date of birth into the Gregorian date of birth for children who are **less than five years of age**. The *Chart* begins at January 1995 and ends with the current month of the year 2000. To stay up to date, a new *Under-Five Conversion Chart* will be handed out at the beginning of each month during the survey. This chart is especially for use in Q.215 and Q.217. In this chart, the 1st column lists the Khmer year. The 2nd column lists the Khmer month. The 3rd column lists the Gregorian year. The 4th column lists the Gregorian months that correspond to the Khmer month in the 2nd column. The 5th column lists the exact age in years.

This chart can be used to calculate the Gregorian month and year of birth, the child's age, or to check the consistency of the age to the date of birth. If the Gregorian date of birth is not known, ask for the Khmer month and year of birth. First find the Khmer year in the first column on the *Under Five Conversion Sheet - Fieldwork Month Bos*.

For example, find the year of the Rat. Then find the Khmer month in the second column, for example Srap. From the month Srap, move horizontally into the third column, and look up until you find a western year. Here the year is 1996.

To find the Gregorian month corresponding to the Khmer month, again start at the month and move horizontally to the fourth column. The corresponding month(s) is recorded there. Sometimes there will be only one corresponding month. For the month Bos in the year of the Dog, the corresponding month is January 2 -31. Record the code '01' in the two boxes for January. In other cases there will be two corresponding months in the Gregorian month column. For example in the month Srap in the year of the Rat, the Gregorian months are August 15 to September 12. In this case you must ask the respondent if the child was born in the first half or the second half of the Khmer month. If the woman replies the first half, then the corresponding month would be August. If the answer is the second half, then the corresponding month would be September.

The last column has the child's age in years completed since his or her birth. You can see that in the year column there are a few grey boxes. Children whose Khmer date of birth falls in these

boxes could be the younger age or the older age. For example, a child born in the year of the Pig, in the month Bos could be 4 years old, or 3 years old. The Khmer month Bos corresponds with the Gregorian months of December and January. Ask the mother whether the child was born at the beginning of the month of Bos or at the end. If the child was born at the beginning, consider the child four years old, if the child was born at the end of the month, consider the child three years old.

Sometimes there will be the same Khmer month that occurs twice during one Gregorian year. For example, see the months of Cheth in the year of the Tiger on the Under-five Conversion Chart. When the respondent gives the Khmer date of birth of the child and there are two months to choose from in that year, it is necessary to determine in which month the child was born. Simply ask the respondent whether the child was born at the beginning of the Khmer year or at the end. This should give a clear answer for which of the months she is referring to.

B. YEAR CONVERSION CHART

The *Year Conversion Chart* can be used to calculate the age, the Gregorian year of birth, or to check for consistency of the age to the year of birth for the respondent or for children older than five years of age. This chart can be used for women aged 15 to 49, men aged 15 to 49, and children older than five years of age. The first row of the chart contains all the animals of the Khmer year. The second row has each Khmer year divided into two divisions. The divisions are before the rice harvest (April to December) and after the rice harvest (January to March). The third row contains the age in completed years since the date of birth. The fourth row of the chart contains the corresponding Gregorian years to the Khmer year. The chart then repeats the third and fourth rows up to age 94.

To convert a Khmer year of birth to a Gregorian year, follow these steps. Start with the Khmer year given by the woman, and a general estimate of her age. For example, a woman says that she is born in the year of the Pig, and is about 30 years old. First find the year of the Pig in the first row. From the year of the Pig, trace downward noting the possible ages. These are 16, 28, 40, etc... The age closest to 30 is 28.

If the woman knows her year and month of birth, you can easily find the Gregorian year of her birth. If she was born in February, look at the second row just below the year of the Pig. There are the two divisions; before the rice harvest (April to December) and after the rice harvest (January to March). February falls between January and March. Go to the Jan- Mar column just below year of the Pig and trace down until you find the age 28. Below the age in the same column and Jan-Mar is the Gregorian year of birth. In this case, it is 1972. If the woman does not know her month of birth, you can ask if she was born before the rice harvest that year or after. You can see in the second row of the chart that April to December corresponds to before the harvest and January to March corresponds to after the harvest. According to her response, you can determine her Gregorian year of birth.

C. MONTH CONVERSION CHART

The *Month Conversion Chart* is included on the same page as the *Year Conversion Chart*. The *Month Conversion Chart* is used to convert the Khmer month of birth for women 15-49 years of age and children **over 5 years of age** into a Gregorian month. The chart can also be used to find the correct numerical code for Gregorian months to record in the questionnaire. To convert a Khmer month, simply find its name in the first row. The second row under the name is the Gregorian month, and the third row is the numerical code.

D. HISTORIC CALENDAR

The Historic Calendar is a list of the years in this century and the corresponding historical events. The 1st column of the calendar lists the Khmer year. The 2nd column contains the age of any respondent born during that year. The 3rd column lists the Gregorian years that correspond to the Khmer year listed in the 1st column. The 3rd column is divided into two parts. The first half (on the left side) contains the Gregorian year of birth for respondents born between the Khmer New Year and the end of the main rice harvest (April - December). The second half (on the right side) of the column contains the Gregorian year of birth for respondents born after the main rice harvest and before the Khmer New Year (January- March). The 4th column lists the political regime that was in power during that year. The 5th column lists historical events that occurred during that year.

The *Historic Calendar* can be used to find the age of an individual who does not know her age or date of birth. Attempting to find the age of a person by using the Historic Calendar is obviously less accurate than with the other charts above. To use this calendar, ask the person if she was born during, before, or after an event on the calendar. For example, for someone who appears close to 30 year old, ask if she was born before the invasion of South Vietnamese troops when Sihanouk was president. If she answers "yes," ask about another event that took place before this event. For example, ask her if she was born before the railroad was built from Phnom Penh to Kampot. If she answers "No," then she must have been born between 1966 and 1970. Continue in this way of questioning until you find the best estimate for her age.

NOTE: Do not use this calendar for children who have been born in the past five years.

VI. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women and men who are eligible to be interviewed with the Woman or Man Questionnaire.

All households selected for the CDHS are to be interviewed with the Household Questionnaire. All households selected for the CDHS are also to have all eligible women interviewed with the Woman Questionnaire. One-half of the selected households are to have all eligible men interviewed with the Man Questionnaire (in addition to interviewing all the eligible women). These same households which will interview both women and men will also include biomarker activities. One-quarter of the households will include particular modules of the Woman Questionnaire. Which households fall into each category has been determined at the time of the selection of the households in the central office.

A. IDENTIFICATION OF HOUSEHOLD ON THE COVER PAGE

Before you go to a selected household, fill in the identification information in the top half of the cover page. The identification information is obtained from the household listing and will be given to you by your supervisor. Write the name of the province, district, commune, and village in which the household is located and record the codes for these in the boxes to the right. Write the name of the head of the household. Also record the codes for the cluster number, household number, domain, and residence.

Below the identification information indicate whether or not this household has been selected for collection of biomarker data (anemia, HIV, height and weight) and whether or not this household has been selected to include particular modules of the questionnaire. The information to fill in here has been determined at the time of the selection of the households in the central office and will be given to you by your supervisor. These are discussed in more detail in the discussion of each relevant part of the questionnaire.

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below.

B. COMPLETING THE HOUSEHOLD QUESTIONNAIRE

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do not interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

Household Schedule (Qs. 1-33)

After introducing yourself and explaining the purpose of your visit (see Section II.A above), you are ready to start the household schedule. Read the introductory sentence at the top of the schedule to inform the respondent that you are interested in getting information about all usual household members and any other persons who might be staying with the household.

Column (1): LINE NUMBER

In Column (1), each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that individual.

Column (2): USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who slept in the household the night before the day you are conducting the interview. If an individual slept in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.
- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column (5) is YES—or has to have spent the previous night in the household—Column (6) is YES.

As your respondent lists the names, write them down, one in each row in Column (2) of the table, **beginning with the head of the household**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household then you may record this person on the second line.

Since there is not much room on the form, you may not be able to write the full names for each person, so, if the last name is the same for several people, you can abbreviate or use ditto marks:

Example: 01 Chanta Than
 02 Kim T.
 03 Tith "

After entering a name, the relationship of that person to the head of the household and the sex should be recorded in Columns (3) and (4) **before** going on to record the name of the next name.

Column (3): RELATIONSHIP

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: if the respondent is the wife of the head of the household and she says that Chanta is her brother, then Chanta should be coded as OTHER RELATIVE not BROTHER OR SISTER, because Chanta is a brother-in-law of the head of the household. If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 11 (ADOPTED/FOSTER/STEPCHILD).

Column (4): SEX

Always confirm the sex of a person before recording it in Column (4) since there are many names that may be given to either a male or female.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. To do this, ask the questions in the box at the end of the Household Schedule (To make sure that I have a complete household listing...). If the answer to any is YES, add those persons' names to the list.

After completing Columns (2) through (4) for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns (5) through (33). When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Columns (5) and (6): RESIDENCE

In Column (5), record information on the person's usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column (5) is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he is neither a member nor a visitor. After deleting the person, you must renumber the line numbers assigned to all of the persons listed in the household schedule after that person, and make all necessary corrections to line numbers

recorded elsewhere in the household schedule.

Example: You had listed Tith Chak as Line Number 04 and then learned that he does not usually live in the household and he did not sleep there the night before. Draw a line through Row 04, canceling Tith from the listing. Then **renumber** the subsequent Line Numbers in Column (1). Make the same change to the Line Number in the column to the left of Column (12). Whenever you make a correction to the Line Numbers, also check and make corrections to the Line Numbers in Columns (9), (10) and (11) if necessary. Line numbers are used to fill in Columns (17) and (20) and may also need to be corrected.

Column (7): AGE

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 105 and 106 in the Woman Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

Column (8): MARITAL STATUS

Record marital status for every person age 15 years and older using the codes at the bottom of the schedule.

Columns (9), (10) and (11): ELIGIBILITY

Look at Columns (4) and (7) and circle the Line Number in Column (9) for all women who are between 15 and 49 years of age (including those who are age 15 and 49). Also circle the Line Number in Column (10) for all men between 15 and 49 years of age (including those who are age 15 and 49) if the household has been selected for the male survey. (If the household has not been selected for the male survey, there is no need to circle Line Numbers for men.) These individuals are "eligible" women and men, and they qualify for an interview using the Woman or Man Questionnaire. Remember, the person may be a usual resident of the household or only a visitor.

Next, to identify eligible children look at Column (7) for children who are under six years of age, and circle the Line Number in Column (11).

Column (12): SICK PERSON

This question on "being very sick for at least 3 months" should be asked for all people who are age 15 years or older. By "very sick" we mean that the person has been too sick to perform his/her normal activities at work or at home for three months or longer. We do not want to know about all illnesses within the household, we are confining our interest to illness of the following kind:

- very sick (chronically ill) for three or more months AND
- very sick within the previous 12 months.

Columns (13) through (15): BASIC MATERIAL NEEDS

These questions are for each child age 5 to 17, including ages 5 and 17. They will be used to assess the capacity of families to provide children with minimum basic material needs.

Columns (16) through (22): SURVIVORSHIP AND RESIDENCE OF PARENTS

For all children who are younger than 18 years old, we want to know whether either of their own (natural) parents is alive and listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering in the population. For everyone age 18

years and more, Columns (16) through (22) will be left blank.

First, ask whether the child's natural mother is alive. By "natural" we mean the biological mother, that is, the woman who gave birth to the child. In many cultures, people consider other people's children whom they are raising as their own, especially children of their husband or sisters, etc. Be certain that the respondent understands that you are asking about the child's biological mother.

If the mother is still alive, ask the question in Column (17) to determine whether she lives in the household. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household) and record her Line Number in Column (17).

If the child's biological mother is still alive but does not live in the household, record '00' in the boxes in Column (17). Column (17) will be left blank when the child's biological mother is no longer alive or the respondent is not sure if the mother is alive.

If the child's biological mother is still alive but does not live in the household, ask the question in Column (18). This is the same question as was asked in Column (12), but is now being asked for someone who does not live in the household and was not asked the question in Column (12).

Columns (19) through (21) refer to the child's natural father, the man who is the biological father of the child, and should be asked in the same manner as was asked for the mother.

Column (22) is a filter to skip you past Columns (23) through (26) if the child's mother and father are both alive. Only if both parents are alive (Column (16) and Column (19) are both YES) will you record YES for the child here in Column (22), and skip to Column (27) for that child. If either one of the natural parents is dead (Column (16) or Column (19) is NO) or if both natural parents are dead, you will record NO for the child in Column (22) and continue to Column (23) for that child. You will also record NO in Column (22) if the living status of either one or both the natural parents is unknown (Column (16) or Column (19) is DK).

If sometime during the interview you had found it necessary to cross someone off the Household Schedule and renumbered the Line Numbers, check the Line Numbers here in Columns (17) and (20), and make the appropriate corrections.

Columns (23) through (26): NATURAL BROTHERS AND SISTERS UNDER AGE 18

You will ask separately for brothers and sisters. In Column (23) we want to know whether (NAME) has any brothers, but our definition of brother is very specific for purposes of this question. By "natural brother" we mean that (NAME) and the brother have the same biological mother and the same biological father. A YES response here means that (NAME) has at least one brother who is:

- under the age of 18 AND
- has the same natural biological mother as (NAME) AND
- has the same natural biological father as (NAME).

If the respondent mentions someone who has the same natural mother as (NAME) but a different natural father, we will not consider him as a brother for purposes of this question. Politely request the respondent to clarify whether or not the children have the same biological mother and father. It is very common for children who are being raised together to be considered brother or sister, but we are being very specific here.

We ask these questions about natural brothers and natural sisters for children whose natural (biological) mother or natural (biological) father is dead and for children whose natural mother and natural father are both dead. We will also ask it of children for whom the living status of one or both natural, natural parents is not known (Column (16) or (19) is DK). You will not have any problem in asking these questions for these children if you follow the skip instructions carefully.

In Column (24), a YES response will indicate that all of (NAME)'s natural (same mother/same father) brothers who are under the age of 18 live in the same household with (NAME). If (NAME) is a visitor to the household you are interviewing, the household would refer to (NAME)'s own household; do all of his or her natural brothers live with him or her there? If (NAME) has a natural brother under the age of 18 who does not live in the same household with (NAME), record NO. We are not asking about natural brothers that are 18 years or older.

Columns (25) and (26) will be asked for natural sisters in the same way as was done for natural brothers. The natural sisters we will be asking about have the same natural mother and the same natural father as does (NAME), and are under the age of 18.

Columns (27) through (32): EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply leave Columns (27), (28), (29), (30), (31), and (32) blank.

The term "school" means formal schooling, which includes primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns (28) through (32) blank. If the person has attended school, you will record the highest level of school the person has attained in the first box on the left in Column (28). Do this by using the codes at the bottom of the page. Then record the highest grade the person completed.

Example: A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

For people age 5-24 who have ever attended school, ask the question in Column (29). If a person has not attended school at all during the current school year, circle '2' and skip to Column (31), leaving Column 30 blank.

If the person has been in school at any time during the current school year, even if he is not currently attending school, you will ask the question in Column (30). Record the level (using the codes at the bottom of the page) and grade the person is/was attending.

For people age 5-24 who have ever been to school, you will also ask whether the person attended school during the previous school year (Column (31)). If the person went to school at all during the previous year, circle '1' even if the person did not attend school for the entire school year.

If the person attended school at any time during the previous school year, ask the question in Column (32) about the level and grade the person attended. If the person did not attend school during the previous school year, leave Column (32) blank.

COLUMN (33): BIRTH REGISTRATION

In this question we are seeking information about whether children age 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school. Later in childhood, identity documents help protect children against early marriage, child labor, premature enlistment in the armed forces or, if accused of a crime, prosecution as an adult.

We begin by asking if the child has a birth certificate (a baptismal certificate not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate then ask if the child was registered with the municipal or local authorities. If the respondent says a child does not have a certificate, then ask if the child was registered with civil authorities. In Column (33), circle '1' if the child has a birth certificate. Circle '2' if the child does not have a birth certificate but has been registered with the civil authorities; circle '3' if the child does not have a birth certificate and has not be registered; and circle '4' if the respondent does not know.

CONTINUATION SHEET

If you interview a household that has more than 20 members, mark the box at the end of the list of household members, take a fresh Household Questionnaire, fill in all the information on the cover page, and write "CONTINUATION" on the top. Then on the second Household Questionnaire, change Line Number 01 to 21 and if necessary, change line 02 to 22 and so on in Columns (1), (9), (10), and (11), and to the left of Columns (12) and (23). Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

Qs. 50 - 58: INJURED OR KILLED

These questions inquire about the number of persons in the household who have suffered injuries or death due to an accident in the past 12 months. If no one in the household has been hurt or killed in an accident, record NO and skip to Q. 59.

If there are individuals in the household who have been injured or killed in an accident, first record their names in the spaces given in Q. 52. If there are more than two persons, record the additional names on an additional questionnaire. Ask questions about one person at a time. In Q. 53, record the type of accident that caused the injury or death. Ask if the person listed in Q. 52 is still alive, and record the answer in Q. 54. If the person is still alive, record the line number of the person from the Household Schedule in the space in Q. 56. In Q. 57, record if the person's death was caused by the accident.

QUESTIONS 65 - 82: HEALTHCARE UTILIZATION

The questions on Healthcare Utilization ask about how persons in the household with illness seek health care. If no one in the household has been sick in the past 30 days, then record 'no' in Q. 65 and skip to Q. 101. If there were persons with an illness in the household, record their names and line numbers from the Household Schedule in Q. 67 and continue to ask questions for one person at a time. Questions are asked on the severity of the illness, if treatment was sought, where treatment was sought, and how much was spent on transportation and treatment. These questions are asked three times in order to collect information on all the places that the ill person went while seeking health care. If the respondent went to a private clinic three times to treat an illness, record that in the three sets of questions. If the respondent went to a shop selling drugs, then a private clinic, then to the district hospital, record those three responses in the three sets of questions.

HOUSEHOLD AMENITIES (Qs. 101A - 125)

This series of questions ask about amenities owned or most frequently used by household members.

Qs. 101A and 101B: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household's main source of water, separately during the dry and wet season. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water during that time of year.

Definitions of Water Source Codes for Qs. 101A, 101B, 102	
<u><i>Response Categories</i></u>	<u><i>Definition</i></u>
Piped in to dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.
Piped to yard/plot	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.
Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
Tubewell or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a "spring box" which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/ or bird droppings or animals. Unprotected springs typically do not have a "spring box".

Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or nonmotorized (e.g., a donkey).
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels
Bottled water	Water that is bottled and sold to the household in bottles.

Q. 102: MAIN SOURCE OF WATER FOR OTHER PURPOSES

Households that use bottled water as a source of drinking water are asked for the main source of water for cooking and hand washing to assess the cleanliness of the source of water to which the household has general access.

Q. 103: LOCATION OF WATER SOURCE

If the source of water is other than water piped into the dwelling or compound, rainwater or bottled water, probe to determine the location of the source, whether the source is located within the dwelling or yard or elsewhere.

Q. 104: TIME TO GET WATER

This question is not asked if the respondent's source of drinking water (or water for handwashing and cooking if the household uses bottled water for drinking) is piped and located within the household compound or if the household relies on rainwater.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030', and "one hour and a half" would be '090'. If the source of water is on the property, for example a stream that runs through the yard, you would record ON PREMISES.

Q. 105: WHO FETCHES WATER

The purpose of this question is to know which family members usually performs the task of fetching water. Knowing which member of the household usually hauls the water gives us an idea of whether gender and generational disparities exist with respect to water hauling responsibilities. If the respondent answers that there are several members from the household who perform this chore, emphasize that you are interested in the person who usually fetches the water (most of the time).

Qs. 106 and 107: TREATMENT OF DRINKING WATER

The purpose of Qs. 106 and 107 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

Definitions of Water Treatment Codes for Q. 107	
<u><i>Response Categories</i></u>	<u><i>Definition</i></u>
Boil	Boiling or heating of water with fuel
Add bleach/chlorine	Use of chlorine to treat drinking water. Chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder
Strain through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water
Use water filter (ceramic/sand/composite/etc.)	The water flows through a media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.
Solar disinfection	Exposing water, which is stored in buckets, containers, vessels, to sunlight
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity

Q. 108: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement.

Definitions of Toilet Facility Codes in Q. 108	
<u><i>Response Categories</i></u>	<u><i>Definition</i></u>
Flush/pour flush toilet	A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan, that prevents the passage of flies and odors. A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (there is no cistern)
- To piped sewer system	A system of sewer pipes (also called sewerage), that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems

	consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater
- To septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet
- To pit latrine	A system that flushes excreta to a hole in the ground
- To somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location
Pit latrine	Excreta is deposited without flushing directly into a hole in the ground
- ventilated improved pit latrine (VIP)	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark
- pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and easy to clean
- pit latrine without slab/ open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected
Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost
Bucket	Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal
Hanging toilet	A toilet built over the sea, a river, or other body of water into allowing excreta to drop directly into the water

Qs. 109 and 110: SHARED TOILET FACILITIES

Q. 109 asks about whether the toilet facilities are shared with one or more other households. In Q. 110, we want to find out how many households use the same facility. This is an important measure of the level of hygiene in the household.

Q. 111: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any items blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 112: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. Biogas includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

Q. 113: FOOD COOKED ON A STOVE OR OPEN FIRE

In this question we want to find out whether the food in the household is cooked on a stove or an open fire. There are various ways that the food can be cooked. For example, the open fire may or may not have a chimney or hood above to channel the smoke. The same is true for stoves; a stove may be open with or without a chimney, or closed with a chimney. Therefore, you need to probe for exact description of the type.

Q. 114: PLACE WHERE FOOD IS COOKED

The purpose of this question is to collect information on the location where food is prepared in the household: in the household, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling.

Q. 115: SEPARATE ROOM FOR KITCHEN

Information on whether the household has a separate room used as a kitchen provides additional information on the hygiene status of the household. Circle the code as appropriate.

Q. 116: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 117: ROOF MATERIAL

As with the floor material, you may not need to ask the respondent about the main material of the roof since you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you can not observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 118: WALL MATERIAL

This is not a question but an observation. You will usually be able to see for yourself what kind of material the walls are made of. However, you should ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 119: TYPE OF WINDOWS

Finally you will need to observe the type of windows the house has. If you cannot observe all the windows in the house or you are not sure about the type, ask the respondent. Make sure to circle either a '1' or a '2' for each item. Do not leave any blank. The windows in the house may vary. If this is the case, record a '1' if most of the windows appear to have the characteristic in question (for example, glass or screens).

Q. 120: NUMBER OF ROOMS FOR SLEEPING

Simply ask the number of rooms the household uses for sleeping.

Q. 121: OWNERSHIP OF WATCH/MEANS OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a bicycle, motorcycle, car, and other items. Follow the same procedure as in Q. 111 in asking about these items. A small child's bicycle is primarily a toy and should not be recorded here.

Qs. 122 and 123: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask Q. 122 to find out whether any member of the household owns any land that can be used for agriculture. If the answer is YES, ask Q. 123 on the number of hectares owned altogether by the members of the household. Record the answer in the respective boxes. If the number of hectares owned is more than '97', record '97'; if the number of hectares is unknown, record '98'. Record in whatever unit of measure used by the respondent.

Qs. 124 and 125: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 124 to find out whether the household owns any livestock, herds, or farm animals. If YES, ask Q. 125 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Qs. 126 - 136: COVERAGE AND USAGE OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of clinical malaria and malaria-related deaths, especially in children less than five years of age. Consequently, many countries are now instituting programs that promote the use of ITNs.

Questions 126 - 136 are designed to capture the most important information on the use of mosquito nets by household members and visitors the night preceding the interview.

For this set of questions, we want to know the mosquito net coverage, insecticide-treatment patterns and usage. For households with at least one mosquito net in Q. 126, information is collected on the total number of mosquito nets in the household (Q. 127). For each net, questions are asked about when the net was obtained, the brand of the net, soaking or dipping of the net, and use of the net the night before the interview. If the household has more than three nets, take a fresh Household Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Then on the second household questionnaire, change Net #1 to Net #4 and, if necessary, change Net #2 to Net #5 and so on. Then write the information for each of these nets. Return to the first Household Questionnaire to complete the interview.

Qs. 128 and 130: OBSERVING THE MOSQUITO NETS AND DETERMINING THE BRAND/TYPE OF NET

Ask the respondent to show you each of the nets in the household. Some respondents may refuse to let you see their bedrooms for personal reasons. In such cases, try to probe as much as you can, by asking about colors and promoted brand names, to help the respondents provide correct information. To distinguish each net, you may use phrases like, "Now let's talk about the first net..." When you have finished asking all necessary questions about the first net, then continue with each remaining net until you have covered all the nets mentioned in Q. 127.

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pretreated) or 36 months (permanent type). Some malaria control programs have a social marketing program for mosquito nets; therefore, they promote specific brands of treated nets. During training, you will be shown all the mosquito nets that are available in the country. By observing the mosquito nets yourself, you should be able to identify what brands or types of mosquito nets are owned by different households.

Q. 129: AGE OF THE MOSQUITO NET

With this question, we want to know the age of the mosquito net in months. If the net was obtained more than two years ago, circle '95.'

Qs. 131 and 132: TREATMENT OF THE MOSQUITO NET WITH INSECTICIDE

If the mosquito net is the type that does not need any re-treatment for three years (Permanent Net in Q. 130), you should not ask these questions. For every other type of mosquito net, ask whether it has ever been soaked or dipped in a liquid to repel mosquitoes. Make sure that the respondent understands that you don't mean simply "washing the net." We want to know whether the net was soaked or dipped in an insecticide and when the most recent soaking or dipping took place.

Qs. 133 and 134: WHO SLEPT UNDER THE MOSQUITO NET LAST NIGHT

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. If more than five persons slept under a single net the night before the survey, record only the first five persons mentioned by the respondent. For each person mentioned, record their name and their corresponding line number in the household schedule.

Q. 137: TYPE OF SALT

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter.

Ask the respondent for a sample of cooking salt in a spoon (a quantity of about one half teaspoon).

If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. To test the salt for iodine content, first shake the vial of clear liquid and squeeze one drop of the liquid into the middle of the salt sample. If the salt is iodized, then the wet salt should change color. Match the color of the wet salt with the color chart on the side of the iodine kit. Record whether or not iodine is present in the salt.

If there is no color change, you need to do a second test using a fresh sample of salt. First, flatten the salt so that it is even and not heaped. Then, shake the vial of pink liquid and squeeze one drop of the liquid into the middle of the fresh salt sample. Then squeeze one drop of the clear liquid on top of the same spot. Finally match the color of the wet salt with the color on the chart on the iodine kit and record the result. If the color remains white, record NO IODINE. If the color changes, record IODINE PRESENT.

RANDOM NUMBER TABLE

One female interviewer per team will be designated to interview the 25 percent of households in which there is no biomarker data collection, but in which the Women's Status Module and the Household Relations Module will be asked. While all women in the 25 percent of households will be asked the questions in the Women's Status Module, only one woman per household will be asked the questions in the Household Relations Module. The Random Number Table will be used to select which woman in the household will be asked the Household Relations Module.

To use the table follow these steps:

Check the last digit of the cluster number on the cover page of the Household Questionnaire.

This is the number of the Row to select.

Check the total number of eligible women in Column (9) of the Household Questionnaire.

This is the number of the Column to select.

Find the box where the Row and the Column meet and circle that number.

This is the position number of the woman who will be asked the Household Relations Module.

Draw a box around the line number of the eligible woman in that position.

BIOMARKERS

Biomarker data collection will be conducted in the same one-half of the households which are selected to include men for interview. The biomarker data collection will include: measuring the height and weight of women (age 15 - 49 years) and children (age 0 – 59 months), anemia testing of women (age 15 - 49 years) and children (age 6 - 59 months), and drawing blood samples from women (age 15 - 49 years) and men (age 15 - 49 years) for laboratory testing of HIV. Biomarker data collection will be recorded in the Household Questionnaire.

HEIGHT AND WEIGHT

The filter at the top of the page verifies if height and weight measurements are to be taken in this household. Refer to the cover page, confirm whether the household is selected for collection of

anthropometric data. One-half of the households included in the CDHS will be eligible for collection of anthropometric data.

Record the line numbers, names, and ages of women eligible for anthropometry in columns (150), (151), and (152), the top panel. Record the line numbers, names, and ages of children eligible for anthropometry in columns (150), (151), and (152), the bottom panel.

All women age 15-49 years and children under six years of age are considered eligible for anthropometry. Anthropometry should be collected for children who are born in January 2000 and after.

- If the Woman's Questionnaires are completed at the time of collection of anthropometric data, record the date of births of all children from Q.215 onto the Height and Weight page. Ask the respondent for the day of birth for each child. If the Gregorian day of birth is not known, record '98' in the boxes for day.
- If the Woman's Questionnaires are not completed when anthropometric data are collected, copy the information from Q. 215 into column (153) when the Woman's questionnaires are completed. After copying the date of birth for each child, ask the respondent for the day of the month when the child was born. If the Gregorian day of birth is not known, record '98' in the boxes for day.
- If anthropometric information is collected for a child that is not in the birth history of any Woman's Questionnaire, ask the respondent for the date of birth of that child. If the Gregorian date of birth is not known, ask for the Khmer date of birth Use the *Under-five Conversion Chart* to convert the date and record it in column (153).

NOTE: Do not check for consistency between the child's age in Column (152) and the date of birth in Column (153).

Columns (154)-(157): HEIGHT AND WEIGHT MEASUREMENTS

- a) record the weight of women and children in kilograms.
- b) record the height of women and children in centimeters.
- c) record whether the child was measured while lying down or standing up.
- d) record the result of the measurement.

Procedures for conducting height and weight measurement are described in Appendix A of this Manual.

ANEMIA TESTING

Procedures for conducting anemia testing are described in detail in the *Anemia and HIV Field Manual 2005 CDHS*.

HIV TESTING

Procedures for collection of dried blood spots for later laboratory testing of HIV antibodies are described in detail in the *Anemia and HIV Field Manual 2005 CDHS*.

C. RETURN TO COVER PAGE

After you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places: on the cover sheet of the Household Questionnaire and the Interviewer Assignment Sheet. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- ☐ Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.

- Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call “vacant,” and you should enter Code ‘6.’ Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code ‘6’ as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code ‘7.’
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code ‘8’ as the result for the visit to that household and inform your supervisor.
- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the ‘Other’ category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2005 would be DAY 31, MONTH 10, YEAR 2005. Write your assigned interviewer number in the boxes labeled INT NUMBER.

Record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total by TOTAL NUMBER OF VISITS.

TOTAL IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

After you have completed the household interview, you will record the total number of people listed in the schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD. You will also record the total number of women in the household who are eligible for interview with the Woman’s Questionnaire and the total number of men in the household who are eligible for interview with the Man’s Questionnaire. If no women or men were eligible then write ‘00’. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE record the Line Number of the person who was your respondent.

BOTTOM OF COVER PAGE

At the bottom of the cover page, the team leader will write his name and the date. The field editor will also write her name and the date on which she edited the questionnaire. Office editing and data entry will only be done in the main office, and space is provided for the office editor and data entry person to record their names.

PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

After completing the household interview, allocate an Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women and two men eligible for the individual interview, you will take three Woman's Questionnaires and two Men's Questionnaires and fill in the identification information for each of the three women and two men.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, you must write the eligible respondent's name and the Line Number they were assigned in the Household Schedule in Column (1). If an eligible respondent is immediately available, proceed to interview them.

Using information from the household schedule, you will also complete identification information in the Height and Weight, and Anemia Testing pages for all women and children eligible for anthropometric measures and anemia testing. Don't forget: both usual members and visitors who spent the night last night are eligible for anthropometry measures and anemia testing.

After completing interviews with the eligible respondents, you will return the completed Household Questionnaire to your field editor with ALL of the Individual Questionnaires tucked inside.

VII. WOMAN=S QUESTIONNAIRE

The Woman=s Questionnaire consists of a cover page and 13 sections as follows:

- Section 1: Respondent=s Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Pregnancy, Postnatal Care, and Children's Nutrition
- Section 5: Immunization, Health, and Women's Nutrition
- Section 5A: Cause of Death of Children Born and Dying in Past 3 Years
- Section 6: Marriage and Sexual Activity
- Section 7: Fertility Preferences
- Section 8: Husband=s Background and Woman=s Work
- Section 9: HIV/AIDS and Other Sexually Transmitted Infections
- Section 10: Maternal Mortality
- Section 11: Women's Status Module
- Section 12: Household Relations Module

The questionnaire also includes a page for the field staff to record observations about the course of the interview or the woman's answers.

A. COVER PAGE

After completing the Household Questionnaire, you should prepare a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labeled Interviewer Visits. Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer Assignment Sheet.

Before you begin the individual interview, ask the respondent to collect the birth certificates and health/immunization cards that she has for her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

B. SECTION 1: RESPONDENT=S BACKGROUND

INFORMED CONSENT

The respondent=s consent for participation in the survey must be obtained before you can begin interviewing her. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey and the voluntary nature of the respondent=s participation and then seeks her cooperation.

After reading the statement, **you** (not the respondent) sign in the space provided to affirm that you have read the statement to the respondent. If the woman does not agree to be interviewed, circle >2=, thank the respondent, and end the interview. Then record REFUSED as the result on the cover page.

Q. 101: TIME

Record the time you start the woman=s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box

Half past nine in the morning is:

HOUR

0	9
3	0

MINUTES

Half past four in the afternoon is:

HOUR

1	6
3	0

MINUTES

Q. 103: LENGTH OF RESIDENCE

This question asks how long the woman has been living in her current place of residence. Here, living continuously means without having moved away. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away.

If she has always lived in her current place of residence (that is, she has never lived in any other place), circle >95=. If she is a visitor, circle >96= for VISITOR. If either >95= or >96= is circled, the two code boxes should be left blank.

If she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she moved to this place). Record her answer in completed years. If the answer is three and one-half years, write >03=. If the answer is less than one year, write >00=.

Q. 104: TYPE OF PRIOR RESIDENCE

This question is for the place the woman lived just before she moved to her current residence. If she has lived in more than one place before, we want to know which type of place was the last one before her current place. That is why we say just before.

Q. 105: MONTH AND YEAR OF BIRTH

Questions 105 and 106 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman Questionnaire.

If the respondent knows her date of birth on the Gregorian calendar, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is >01=, February is >02=, March is >03=, and so on. Use the *Month Conversion Table* if you need to.

If she does not know her month of birth, circle >98= for DON=T KNOW GREGORIAN MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation

such as an identification card or a birth or baptismal certificate that might give her date of birth. Only when it is absolutely impossible to estimate the year of birth should you circle >9998= for DON=I KNOW GREGORIAN YEAR.

Q. 106: AGE

This is one of the most important questions in the interview, since almost all analysis of the data depends on the respondent's age. For example, two of the most important results of the survey, fertility rates and the proportion of women who use family planning, are calculated by the age of women.

You must obtain her age in completed years, that is, how many completed years have passed since her date of birth. The age of someone in the Khmer system is different from the age in the western system. According to the western system, when a child is born it is 0 years old. Only after one calendar year passes does the child become 1 year old. Care must be taken to record the age of the woman. You must record an age for the woman and you can do this in one of four ways, depending on the type of information you get from the respondent.

1. If she **knows her age**, first record the answer.
 - a) If she **knows her Gregorian date of birth**, check for consistency between the date of birth and age. You can check for consistency by adding her age to her year of birth. For example, if a respondent tells you that she was born in January 1970, she is 30 years old, and you are interviewing her in February 2000, you would add 1970 to 30. If the information the respondent gave you is consistent, the sum should be 2000, since February comes after January. If another respondent tells you that she was born in May 1968 and she is 31 years old, the sum should equal 1999 since she will not become a full year older until May (February is before May).
 - b) If she **does not know her Gregorian date of birth**, then ask for her Khmer date of birth in order to check for consistency between her date and age. Write the Khmer month and year on the line below the question text in Q. 106. First convert the Khmer month to a Gregorian month. Second find her age on the *Year Conversion Chart*. Use the Gregorian month to help decide if she was born before the harvest season or after. If her stated age is within plus or minus one year of her calculated age, do not change the age recorded, and continue. If her stated age is two or more years above or below her calculated age, then probe to find the most accurate information. Ask the respondent if she is more sure of her age or her date of birth. After finding a more definite answer, record that information in the box labeled AGE IN COMPLETED YEARS.
2. If the woman **does not know her age**, follow the methods below to find her age.
 - a) If she **knows her Gregorian date of birth**, use the *Year Conversion Chart* and *Month Conversion Chart* to calculate her age.
 - b) If she **knows her Khmer date of birth**, then you may compute her age in the same manner as written above. Write the Khmer month and year on the line below the question text in Q. 106. First convert the Khmer month to a Gregorian month. Second, find her age on the *Year Conversion Chart*. If her stated age is within plus or minus one year of her calculated age, do not change her recorded age, and continue. If her stated age is two or more years above or below her calculated age, then probe to find the most accurate information.

Record that information in the box labeled AGE IN COMPLETED YEARS.

- c) If the woman **does not know her date of birth**, you will have to probe to try to estimate her age. Probing for ages is time-consuming and sometimes tedious, however, it is important that you take the time to try to get the best possible information. There are several ways to probe for age:

Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child. For example, if she says she was 19 years old when she had her first child, and that the child is now 12 years old, she is probably 31 years old. Also try to relate her age to that of someone else in the household whose age is more reliably known.

Try to determine how old she was at the time of an important event such as war, flood, earthquake, change in political regime, and add her age at that time to the number of years that have elapsed since the event. Use the *Historic Calendar* to help match her age (and year of birth to a historical event).

If probing does not help in determining the respondent's age, and date of birth was not recorded in Q. 105, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Remember, you **MUST** fill in an answer to Q. 106.

Do not check for consistency between the age recorded in the Household Questionnaire and the Woman Questionnaire.

The only time you will go back to correct information recorded on the Household Questionnaire will be to correct information that affects the eligibility status of a woman.

Note: Before moving on to the next question, verify that the respondent is eligible. If the woman is younger than 15 years or older than 49 years of age, you must:

1. Respectfully end the interview.
2. Cross out the cover page of the Woman Questionnaire and write 'Not Eligible'.
3. Change the number of eligible women on the cover page of the Household Questionnaire.
4. Change age and eligibility in Columns (7) and (9) of the Household Questionnaire.
5. Reselect a woman for the Household Relations Section if necessary.

Q. 107: EVER ATTENDED SCHOOL

The term school means formal schooling, which includes primary, secondary, and postsecondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

Q. 108: HIGHEST LEVEL ATTENDED

Record the highest level she ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 109: HIGHEST GRADE COMPLETED

For this question, record only the number of years that the respondent successfully completed at that level.

EXAMPLE: if a woman was attending Grade 3 of secondary school and left school before completing that year, record >2=. Although Grade 3 was the highest year she attended, she completed two years of secondary school.

Note that you will record the number of years completed at the level that was recorded in Q. 108.

EXAMPLE: If she attended only two weeks of Grade 1 of secondary school, record >00= for completed years.

Q. 110: FILTER FOR EDUCATION LEVEL

Follow standard filter procedures.

Q. 111: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for the sentences in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, circle >4= and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

Q. 112: LITERACY PROGRAM

This question asks about participation in any kind of program (except primary school) that includes learning to read or write as part of the program. Included might be literacy programs, health and nutrition programs, microenterprise programs, business cooperatives, etc., as long as learning to read or write is a part of the program.

Q. 113: FILTER FOR LITERACY

Follow standard filter procedures.

Q. 114: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of

articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply whether she usually reads them and how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 115: RADIO LISTENING

If there is any doubt as to whether she listens almost every day, use your judgment. For example, if she says Al listen almost every day, but during the planting season, I=m away and I don=t listen at all, record ALMOST EVERY DAY, since she usually listens almost every day. It does not matter who owns the radio and what program she listens to.

Q. 116: TELEVISION WATCHING

As with Qs. 114 and 115, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television and what program she watches.

Qs. 116A and 116B: TIME AWAY FROM HOME

These are times away from home that involve sleeping elsewhere overnight. In 116B a YES response would be for an absence away from home that totaled more than one month in one visit.

Q. 117: RELIGION

Follow standard procedures.

C. SECTION 2: REPRODUCTION

In this section, information is collected about all the births that a woman has had during her life. This is a particularly important section, and you need to be especially careful to obtain all the required information. The questions in this section can be divided into seven groups:

Qs. 201-210: Total number of sons and daughters that a woman has given birth to

Qs. 211-221: Specifics about each birth a woman has had (date of birth, age, sex, etc.)

Qs. 222-224: Completing the birth history table

Qs. 226-230: Current pregnancy and earlier pregnancies

Qs. 232-233A: Induced abortions

Qs. 237-239: Menstruation

Qs. 240-242: Succession planning for dependent children

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to

record all of the respondent=s natural births, even if the child no longer stays in the household and even if the child is no longer alive. Children who survived only for a few minutes (and showed signs of life by crying, breathing, or moving) should also be recorded.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the household. You also should not include children of the husband to whom the respondent did not give birth herself. You must also not record children who were born dead (still births), miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the respondent tells you she has never given birth (Q. 201 is NO), you still proceed to ask Q. 206 because she may have not told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are those who live with her in her household (which will usually be the household in which you are interviewing the woman, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write >00= in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent=s OWN children and not foster children, children of her husband by another woman, or children of a relative. If Q. 202 is NO, skip Q. 203 and leave the boxes blank. It is never correct to record >00= in the boxes for both sons and daughters since women with no children living at home skip Q. 203.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to her sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write >00= in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, Any baby who cried or showed signs of life but survived only a few hours or days? Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL BIRTHS

Add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Ask the respondent whether the total is correct. If she says NO, first check your addition, and then go through the list to check with the respondent whether you have obtained the information correctly.

EXAMPLE: starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

BIRTH HISTORY TABLE: Qs. 211-221

In this table, we want a complete list of all the births she has had in the order in which they occurred.

Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

If at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order

Q. 212: NAME OF CHILD

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born. If a child is a multiple birth, be sure to record the twin (or triplet, etc.) on a separate line.

Write the name that distinguishes that child from the others—in other words, if there are two children, Darith Tak and Tum Tak, write “Darith T” and “Tum T” not “D. Tak” and “T. Tak.” If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name.

Q. 213: SINGLE OR MULTIPLE BIRTHS

Ask the respondent whether any of her births were multiple births and record the status of each child. After you have completed Qs. 212 and 213 for all births, you are ready to proceed with Qs. 214-221 for one child at a time.

Q. 214: CHILD’S SEX

Although you can often tell the sex from the name, check with the respondent by saying, for example, “and Tum is a boy?” Do not assume sex of the child from the name.

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? IF GREG. DATE OF BIRTH IS NOT KNOWN, ASK FOR THE KHMER DATE OF BIRTH AND CONVERT	Is (NAME) still alive?	How much time has passed since (NAME)'S birth? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How much time passed between the birth and death of (NAME)? IF '1 YR'; PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 <input type="checkbox"/> 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <input type="checkbox"/> (NEXT BIRTH)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/>	
02	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 <input type="checkbox"/> 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <input type="checkbox"/> GO TO 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/>	YES 1 NO 2
03	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 <input type="checkbox"/> 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <input type="checkbox"/> GO TO 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/>	YES 1 NO 2
04	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 <input type="checkbox"/> 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <input type="checkbox"/> GO TO 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/>	YES 1 NO 2
05	SING....1 MULT...2	BOY .. 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2 <input type="checkbox"/> 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> <input type="checkbox"/> GO TO 221	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS2 <input type="text"/> <input type="text"/> YEARS ...3 <input type="text"/> <input type="text"/>	YES 1 NO 2

Q. 215: MONTH AND YEAR OF BIRTH

Questions Q. 215 and 217 must be asked independently of the information collected in the Household Questionnaire. Here you will record the exact ages of children according to the Western system of age.

1. If the respondent knows the Gregorian date of birth for the child, record the month and year in the boxes given.
2. If the respondent does not know the Gregorian date of birth for the child, ask for the Khmer date of birth. Write the child's date of birth in Khmer months and years in the margin on the same row that you are working. Convert the Khmer date into the Gregorian month and year by using either the *Under-five Conversion Chart* or the *Year Conversion Chart*.

If she gives you a year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 1987, but she doesn't know which month, ask her if she gave birth in the dry or wet season, or before or after the rice harvest to try to determine the month of birth. Convert months to numbers, as before.

3. If the respondent cannot recall the year when the birth occurred, you need to probe carefully. Check the documents collected at the beginning of the interview, such as the birth certificate or immunization record, to see if a date of birth has been recorded. Before entering a date from these documents, check with the respondent to determine if she believes the date is accurate.

If there is no family book or birth certificate with information about the child, see if the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 1985, and the first child was just a year old at that time, enter '1984'.

You must enter a year and month of birth for all children, even if it is an estimate.

Q. 216: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, skip to Q. 220. If alive, ask Q. 217.

Q. 217: AGE OF CHILD

Pay special attention to this question, as age and date of birth of each child is very important information in this survey. The question is asked, how much time has passed since the birth of your child. The answer is recorded in completed years. The ages of all living children should be recorded according to the western system and not the Khmer system of measuring age. The western system counts the number of years completed since the date of birth of the child.

For example, a child will become 3 years old on his birthday next week. This child should be recorded as 02 years today. A child age less than one year old will be recorded as age 00 years.

Sometimes a mother will not know the current age of her child. In this case, you can use other available information. For example, you can relate Sam's age to the age of a child she does know.

For example, the mother may know that her youngest child was born 1 year ago, and that Sam was two years old at that time, in which case Sam would be three years old now. If the child is older than five years of age, you can use the *Historic Calendar* to estimate his or her age and date of birth.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using the procedures explained for Qs. 105 and 106. You can use either the arithmetic procedure or the Age/Birth Date Consistency Chart:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should be 2005. If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be 2004. If the child's month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either 2004 or 2005.

Age/Birth Date Consistency Chart. Locate the age on the chart. Check that the birth year is consistent with that age in the chart. Use the right hand column if the month of birth is before the month of interview and the left hand column if the month of birth is after the month of interview. If the month of birth is the same as the interview or the month is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 105 and 106.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their own mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: LINE NUMBER OF CHILD

Check the Household Questionnaire. In Q. 219, record the number from Column (1) of the household schedule which corresponds to the line (the Line Number) on which the child's name is recorded. If the child is not living in the household, enter >00= in the boxes. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule and record the Line Number in Q. 219.

Be careful in recording the line number, since errors in the Line Numbers cause problems during data processing.

After recording Q. 219, you will proceed with Q. 214 if the child is the first birth. After recording Q. 219 for any birth after the first child, you will go to Q. 221.

Note that Q. 219 is skipped, and the coding boxes should be empty, for children who have died.

Q. 220: AGE AT DEATH

If you are following the skip pattern correctly, you will only be asking this question for children who have died.

For children who have died, you must record information about age at death in Q. 220, even if the information is only a best estimate.

Age at death information is recorded either in days, months, or years.

- If the child was less than one month old at death, circle >1= and write the answer in DAYS.
- If the child was less than two years old but at least one month old when he or she died, circle >2= and write the answer in MONTHS.
- If the child was two years old or older when he or she died, circle >3= and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record **>00= months or >00= or >01= years.**

Here are some examples of how to record age at death:

RESPONSE

A She was 3 years old when she died.@

A He was only 6 months old.@

A She died when she was 5 days old.@

A He was 4 and a half months old.@

A He was 2 weeks old when he passed away.@

CORRECT ENTRY

DAYS 1

MONTHS 2

YEARS 3

DAYS 1

MONTHS 2

YEARS 3

DAYS 1

MONTHS 2

YEARS 3

DAYS 1

MONTHS 2

YEARS 3

DAYS 1

After probing, you learn that the baby was actually 12 days old when he died.

MONTHS	2		
YEARS	3		

AShe died on the same day she was born.@

DAYS	1		
MONTHS	2		
YEARS	3		

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says Afour and a half months,@ record MONTHS >04=.
- **Convert answers given in weeks to days or months.** Note that if the respondent gives you an answer in weeks, you must convert the answer to days or months.
 - If the answer is **less than one month** (less than four weeks), probe to find out the **exact age at death in days**. For example, if the answer is Athree weeks,@ probe for the number of days. If the mother says 19 days, record DAYS >19=.
 - If the answer is one or more months (four weeks or more), you would convert the answer to months. An answer of Aseven weeks@ would be recorded as MONTHS >01=.
- **Probe when the answer is ‘one year’.** If the respondent answers Aone year,@ you need to probe to find the exact number of months. We know that if a child died at the age of 10, 11, 12, 13, or 14 months, a woman is likely to round off her answer because she does not know that we need the exact age. This means that she is likely to respond Aone year old@ even if the child really was 10 months or 13 months old. Therefore, anytime a woman responds Aone year@ to this question, probe by asking, AHow many months old was (Name)?@ Record the answer in completed months.

AShe died when she was one year old.@

After probing, you may learn that the child was actually 13 months old.

DAYS	1		
MONTHS	2		
YEARS	3		

In responding to this question, a woman may tell you that the baby was not alive when it was born. If she does, probe by saying, ADid the baby cry or show any sign of life when it was born?@ If she says the baby was dead when it was born, cross out entries in the table for this baby. Make sure to renumber the birth order numbers when this occurs.

Q. 221: LIVE BIRTHS IN THE INTERVAL

The purpose of this question is to make sure that we have not missed any of the respondent=s own births. Ask the respondent whether there were any live births that may have occurred between the two births. If the woman tells you there was no other birth, record NO in Q. 221. Then proceed with

Q. 214 for the next birth (or go to Q. 222 if you were asking Q221 for the last birth).

If the woman tells you that there was another birth, record YES in Q 221. Then draw an arrow showing the birth=s proper location in the history, correct the birth order numbers in the table for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-209.

EXAMPLE. Initially a respondent tells you that she has had three births, Eng, Neth and Sok. After recording all of the information for Qs. 212-220 for Neth as appropriate, you ask Q. 221: AWere there any other live births between the birth of Eng and Neth?@ The woman tells you there was a birth after Eng and before Neth, record YES in Q. 221 and add that birth to the end of the birth history.

Draw an arrow to show the location of the birth between Eng and Neth. Correct the birth order number in Q. 212 for all births following Eng, i.e., the birth order number for the baby entered at the end of the table should be changed to '02', the birth order number for Neth will become '03' and for Sok, '04'. You may also have to correct the information in Qs. 202-209 if the woman had not included the baby in her responses to those questions. Finally, before going on to Neth, ask Qs. 213-221 for the birth you have just recorded between Eng and Neth.

Qs. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth. For example, if Sok is reported to be her last birth, and she was born in 1994, ask, AHave you had any live births since the birth of Sok?@

If, however, there was no birth after Sok, record NO in Q222. If the woman tells you there was a birth since Sok, record YES in Q. 222 and add that birth to the end of the birth history. Then ask Qs. 213-221 for that birth. You may also have to correct the information in Qs. 202-209. .

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code >98= for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer, even if it is only your best estimate. It is very important to obtain information for these questions, so you must probe for this information and make your best estimate on the basis of the woman=s answers.
- 2) Recording of information on twins. If there are any twins, record the information about each twin on a separate line. If the twins are the respondent=s last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Recording information for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number >01= on the birth history in the second questionnaire to a >13= and so on. After you have recorded information in the birth history

for the additional birth(s), return to the first questionnaire to complete the interview.

- 4) Correcting of reported sequence of births. If you find that the respondent reports a birth that is not in order of birth, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and June 1994, probe and correct dates. Either the December birth occurred earlier or the June birth occurred later, or both.

Q. 223: CHECK ON BIRTH TABLE RESPONSES

Q. 223 requires you to review the birth table to make sure that the information is consistent with earlier responses in the questionnaire and that all information is completely and correctly recorded.

- **Consistency of Total Births.** Check that the number in Q. 208 is the same as the number of births listed in the table. If the number in Q. 208 is the same as the number of births recorded in the table, mark the box labeled NUMBERS ARE SAME and proceed with the rest of Q. 223.

If the number recorded in Q. 208 is not the same as the number of births in the table, mark the box labeled NUMBERS ARE DIFFERENT. Then you must probe to find the cause of the difference and correct it before you continue with the rest of Q. 223. When properly completed, your questionnaire must always have the same number of births in the table as the number recorded in Q. 208. When this is so, mark the box NUMBERS ARE SAME. The rest of Q. 223 is to check that you have filled in the birth history table correctly.

- **FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.** Look back to Q. 215 to check that every birth has a year of birth recorded. After a year of birth is recorded for every birth, mark the box to the right of the statement.
- **FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.** Look back to Qs. 216 and 217. For every child that is still alive (Q. 216 is YES), there must be an age recorded in Q. 217. When you have checked that an age is recorded for every living child, mark the box to the right of the statement. (If after checking the table you see that there are no living children, you still mark the box to show you have gone back to check the table.)
- **FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.** Look back to Qs. 216 and 220. For every child that is dead (Q. 216 is NO), there must be an age at death recorded in Q. 220. When you have checked that an age at death is recorded for every dead child, mark the box to the right of the statement. (If after checking the table you see that there are no dead children, you still mark the box to show you have gone back to check the table.)
- **FOR AGE AT DEATH 12 MONTHS OR ONE YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.** Look back to Q. 220. If the age at death is reported to be 12

months, probe to determine whether the child died at exactly 12 months, or earlier or later. For example, ask the respondent whether the child had reached his first birthday before he died. For any dead child that died at an age less than two years (but at least one month), the age at death must be recorded in months. This means that any child with a recorded age at death of YEARS >01= should be probed for the exact number of months. No child should be recorded as dying at one year.

Q. 224: FILTER FOR BIRTHS IN 2000 OR LATER

Look back to Q. 215, count how many births occurred in 2000 or later, and record this number in the box. You must include all births in 2000 or later, even if they later died.

Q. 226: CURRENT PREGNANCY STATUS

If the respondent does not know for certain whether or not she is pregnant, record UNSURE.

Q. 227: MONTHS OF PREGNANCY

If the woman does not know how many months she has been pregnant, probe to get an estimate of the completed months of pregnancy.

EXAMPLE: Are you in your Xth month of pregnancy, or have you completed your Xth month of pregnancy?@

Record the answer, putting a zero in the first box, if she has completed nine or fewer months of pregnancy. For example, record >03= for three completed months.

Q. 228: DESIRED TIMING OF PREGNANCY

Read the entire question to the respondent before accepting an answer, stressing the underlined words.

Q. 229: LOST PREGNANCIES

We want to know whether the respondent had any pregnancies that did not result in a live birth, so we ask about each type of lost pregnancy. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth.

Q. 230: DATE OF LAST PREGNANCY LOSS

If a respondent has ever lost a pregnancy, write the month and year that the most recent such pregnancy ended. Follow the same procedure for converting months to a number, for example, >08= for August. If the woman cannot remember the date, use probes discussed in Q. 215.

Use the *Under-Five Conversion Chart* to convert a date that occurred in the past 5 years. Use the *Month and Year Conversion Charts* for dates that occurred more than 5 years ago.

Q. 231: FILTER FOR DATE OF PREGNANCY LOSS

Check the answer to Q. 230 and mark the appropriate box. If the last pregnancy loss occurred

before January 2000, mark the box on the right. If the last pregnancy loss occurred in or after January 2000, mark the box on the left. Follow the appropriate skip pattern.

Q. 232: GESTATION LENGTH

This question is asked only of women who lost a pregnancy in January 2000 or later. Record the length of the last lost pregnancy in completed months. If the woman responds in weeks, you will have to convert the answer to completed months.

EXAMPLES. If she says the pregnancy ended at 14 weeks, record >03=. If a woman says she had an abortion after ten weeks of pregnancy, you record >02=.

Q. 232A: PREGNANCY ENDED BY ABORTION

Ask the woman if the pregnancy was terminated through an abortion. Do not include miscarriages and stillbirths when asking this question.

Q. 232B: COMPLICATIONS

These would be complications that occurred within the seven days after the induced abortion.

Q. 232C: AID OF ABORTION INITIATION

Ask the woman who helped to initiate the abortion. This does not mean who was present during the abortion.

Q. 232D: LOCATION WHERE ABORTION TOOK PLACE

Follow standard procedures.

Q. 232E: AID DURING ABORTION

Follow standard procedures.

Q. 233: OTHER PREGNANCY LOSSES

The respondent has told you about her last pregnancy loss that ended in an induced abortion in Qs. 229-232. Now ask her whether she has had any other pregnancy losses (miscarriage, abortion, or stillbirth).

Q. 233A: NUMBER OF INDUCED ABORTIONS

Ask the woman how many pregnancy terminations were purposefully induced. This number should not include stillbirths or miscarriages.

Q. 237: START OF LAST MENSTRUAL PERIOD

Answers to this question will help to determine whether respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

EXAMPLES: if she says "three weeks ago," circle >2= and record WEEKS AGO >03.= If she says "Four days ago," circle >1= and record DAYS AGO >04.=

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

Qs. 240 – 242: PRIMARY CAREGIVER FOR DEPENDENT CHILDREN

Because we have been directing the respondent's attention only to children she has given birth to biologically, it is important here in Qs. 240 - 242 to communicate to the respondent that in these questions we are asking about any children for whom she is the primary caregiver, regardless of who was the biological parent. We want to be certain to also discuss children the respondent may be caring for of which she is not the biological parent. These questions are designed to ask about all children for whom the respondent is the primary caregiver. By primary caregiver we mean the person on whom the child depends to survive. It is also the person who makes decisions when necessary, on behalf of the child.

So for example, if a respondent tends to another woman's infant for most of the day while the mother is working, and then returns the infant to the mother when she is not working, the respondent would not be considered the primary caregiver of that infant. Even though the respondent in this case is caring for the infant most of the day, and may even be with the infant more than the mother is, the mother is the person making decisions over the life and well-being of the child (such as choosing who should care for the child while she is working), then the mother is the primary caregiver, not the respondent. If, on the other hand, a woman has given up the care of her child completely to another person, and no longer has any say in matters pertaining to the child, she would not be the primary caregiver.

In Qs. 241 and 242 we are asking about children under the age of 18. In Q. 242 when we ask whether the respondent has made arrangements for children we are asking whether she has made any plans. For example, she may have asked someone, perhaps a relative, to care for her children if she becomes unable to care for the children she cares for now. If the respondent says her husband made the plans with his brother (and that she herself did not make the plans), you would still record YES.

D. SECTION 3: CONTRACEPTION

This section collects information on the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. Questions about the use of methods of contraception apply to all partners of respondents, whether or not the couple is currently living together or married. For example, if the respondent has been married more than once, it does not matter with which particular husband or partner she may have used a method.

The topic of contraception and birth spacing may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same

questions are being asked of women all over the country.

GENERAL NOTE ON CONTRACEPTIVE TABLE

The contraceptive table asks the respondent about her knowledge and use of specific contraceptive methods. In the first column of the table, you will record the respondent's knowledge of specific methods. In the second column, you will record whether she has ever used any of the methods she has heard of.

This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table. Then read Q. 301 and wait for the respondent to mention the contraceptive methods she knows about. Circle >1= in the first column for each method that she mentions.
- 2) Now proceed down the list of methods, asking Q. 301 for any methods that the respondent did not mention, circling >1= if she knows the method and >2= if she does not know the method.
- 3) After you have completed the list of methods asking about knowledge, return to the top of the list and ask Q. 302 (ever use) for each method that the respondent has heard of.

Follow the above procedure to first ask about knowledge for all methods before asking about use so that the respondent does not become confused about whether you are asking about knowledge or use of a particular method.

Q. 301: KNOWLEDGE OF WAYS TO DELAY/AVOID PREGNANCY

This is a general question to find out which contraceptive methods the respondent has heard of. Read the statement at the top of the table: ANow I would like to talk about family planning the various ways or methods@ Then read Q. 301: AWhich ways or methods have you heard about?@ Wait for the woman to tell you which methods she knows about. Circle >1= for YES for each method that she mentions Aspontaneously@. If she mentions a traditional or folk method (such as herbs) or any method not listed in the table, circle >1= for Method 14 at the bottom of the table and write the names of the methods in the space provided. If she mentions more than two other methods for Method 14, record only the first two methods mentioned.

Check that you have recorded all methods the respondent mentioned. Then, for each method she did not mention spontaneously, ask whether she has heard of the method. For example, if she did not mention the pill spontaneously, ask her about it, reading the description of the method: AHave you ever heard of the pill? Women can take a pill every day to avoid becoming pregnant.@ If she says she has heard of it, record >1= for YES. If she has never heard of the pill, record NO by circling >2=. Repeat this for each method not mentioned spontaneously, reading the description of each method.

At first you may feel embarrassed to talk about and describe these methods, but remember, if you are embarrassed, you may increase the embarrassment of the respondent. You should keep from smiling or giggling so that you encourage her to be direct and to feel more comfortable talking with you about this subject.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail. For this, you need to have some knowledge of these contraceptive methods yourself and be familiar with names that people use to refer to each method. Some additional information about selected methods is given below:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (a hysterectomy) or ovaries. If the respondent had her womb or uterus removed for reasons not related to birth spacing, you will not record her as being sterilized. For example, a woman may have her uterus removed as a result of a problem during delivery, or a woman may have recurrent spells of heavy bleeding, or she may have cancer, and doctors decided to remove her uterus for these reasons. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

INJECTABLES. An injection of hormones that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo-Provera, Depo, or *Megestron*^R. Another injectable contraceptive, NET EN (also called *Noristera*^R) is given every two months.

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman=s upper arm. They usually protect a woman against pregnancy for five or more years.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, PERIODIC ABSTINENCE, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman=s monthly cycle. To ensure that the respondent understands, stress the phrase “On the days of the month she is most likely to get pregnant” while putting the question to the respondent. Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method. She has to avoid sex to avoid pregnancy.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called Amorning-after pills.®

Now I would like to talk about birth spacing - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 <input type="checkbox"/>		Have you ever had an operation to avoid having any more children? YES.....1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 <input type="checkbox"/>		Have you ever had a partner who had an operation to avoid having any more children? YES.....1 NO2
03	DAILY PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
03A	MONTHLY PILL or CHINESE PILL Women can take a pill once a month to avoid becoming pregnant.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 <input type="checkbox"/>		YES.....1 NO2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 (SPECIFY) (SPECIFY) NO2 <input type="checkbox"/>		YES.....1 NO2 YES.....1 NO2

Methods not specifically described in the table which a woman may mention include:

DIAPHRAGM. This method is used in the vagina. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

FOAM OR JELLY. Spermicides including foam, cream, jelly, foaming tablets, or suppositories are used to kill sperm or make sperm unable to move toward the egg.

ANY OTHER METHODS. Women may mention traditional methods such as certain herbs or medicines. If so, write the name of the method or methods. If she mentions prolonged abstinence or breastfeeding, write these down, since she considers them methods of birth spacing.

Q. 302: EVER USE OF CONTRACEPTIVE METHODS

After you have completed Q. 301, you are ready to ask the respondent about use of contraception. Before you ask Q. 302 for each method, check whether the respondent reported having knowledge of the method in Q. 301, (Code >1= is circled in Q. 301, indicating that the respondent has heard of the method). Do not ask Q. 302 for methods the woman has not heard of (Code >2= circled in Q. 301).

When asking about the use of female sterilization, say, Have you ever had an operation to avoid having any more children? If the woman indicates that she has had such an operation, probe to determine that the operation was undertaken for birth spacing purposes, i.e., because the woman wanted to avoid having more children and not because the woman had health problems which required the removal of the uterus or ovaries.

In asking Q. 302 for male methods, such as the condom and withdrawal, use the phrase, Have you and your husband or any partner ever used (condoms/withdrawal)? Similarly, when asking about male sterilization, say, Have you ever had a partner who had an operation to avoid having any more children? If she has had more than one husband or partner, we are interested in finding out whether any of them ever used condoms or withdrawal with her or was sterilized. Remember that the answer to this question is YES even if the husband/partner used a method for only a short time or if the woman used the method with only one partner.

If she has named any other methods in Q. 301 (Method 14), be sure to ask whether she ever used them in Q. 302 and record her answer.

Q. 303: FILTER FOR EVER USED A METHOD

This is a filter for you to screen women according to whether they have ever used any method or have never used any method. Check the answers to Q. 302 and mark the appropriate box in Q. 303. If there are no responses at all recorded in Q. 302 because the woman has never heard of any method, mark the box NOT A SINGLE YES on the left.

Qs. 304 and 306: PROBE FOR EVER USE

The purpose of these questions is to be certain that neither the respondent nor her husband, or any partner, has ever used anything to delay or avoid getting pregnant.

If the woman responds YES to Q. 304, ask Q. 306 to find out what she has used or done. Do not record the YES answer to Q. 306 in the coding section to the right of the question. Instead, go back to the contraceptive table and correct Qs. 301 and 302. For example, if the woman tells you here that her husband has used a condom with her, you may have to change Q. 301 in the row for condom from Code >2= to Code >1=. Then change Q. 302 to Code >1=. Also correct the filter in Q. 303 and then continue with Q. 307.

Q. 307: LIVING CHILDREN WHEN FIRST USED FAMILY PLANNING

This question refers to the number of living children the respondent already had the first time she used a method to avoid getting pregnant. If she has never given birth to a child, or if she started to use family planning before she had any children, record >00=.

Qs. 308 and 309: FILTERS FOR FEMALE STERILIZATION AND PREGNANCY STATUS

These filters ensure that the following questions relating to the current use of contraception will not be asked of women who have been sterilized or of women who are pregnant.

Qs. 310 - 311A: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Since methods are effective for different lengths of time, you may sometimes have difficulty deciding whether a respondent is currently using a method. Coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods will have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily or monthly.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

If the woman reported in Q302 that she had been sterilized in order to avoid having another child, you will record FEMALE STERILIZATION as the current method.

If the woman=s current partner has been sterilized, you will record MALE STERILIZATION as the current method. If she is no longer married to, or living with, a former partner who had a vasectomy, this should not be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Check that the response to Q. 311 is consistent with the responses to Q. 301 and Q. 302. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill or reported in Q. 302 that she has never used the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 311 as necessary.

Qs. 312 - 312B: PILL OR CONDOM BRAND

If the pill or condom is reported as the current method in Q. 311, we would like some further information about the methods. First we are interested in the brand of pills or condoms that are being used. Knowing the brand of pill or condom can help to assess the popularity of certain brands that may be offered in special social marketing that the government is sponsoring. In addition, with regard to the pill, there are special types of pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

Ask first to see the brand of pill or condom that is being used. If you are able to see the pill or condom packet, circle '01' in Q. 312 and specify the brand in the space provided. If the pill or condom packet is not available, ask Q. 313A to determine if the respondent is able to tell you the brand. She may not be able to name the brand but she may describe the packaging. Probe and write down as many details as she is able to provide since it may be possible to determine the brand from her description.

You do not need to fill in the boxes if the respondent shows you a pill or condom packet or names the brand that is being used. These boxes will be filled in the office during the data entry phase.

In probing to obtain information on the pill or condom brand, you may learn that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of pills for several months. If it is determined while inquiring about the brand of pills or condoms that the woman is not currently using the method, Q. 311 should be corrected.

Q. 312B: NUMBER OF CYCLES OR PACKETS

Information on the number cycles that a pill user obtained or the number of packets a condom user obtained is useful to contraceptive security programs. These programs plan to ensure that users have access to reliable supplies of pills and condoms. Knowing the quantities that pill or condom users typically obtain or purchase helps in forecasting contraceptive needs. For example, knowing that most users obtain only a single pill cycle or a few condom packets can aid in understanding patterns of discontinuation of these methods. A pill or condom user may be more likely to stop using the method because they run out of pills or condoms before obtaining additional cycles or packets. When combined with the information in Q. 312C on the amount the user paid for the method, these data can help in estimating the average cost of contraception for pill and condom users.

Q. 312C: COST OF METHOD

This question is asked of users of modern contraceptive methods other than male and female sterilization. This question seeks information about the amount the user paid to obtain the method. It is important that you read the question carefully so that the user understands: (1) you are referring to the last time the method was obtained (the most recent time) and (2) you want to know the total amount paid. This would include fees that might have been paid for a consultation with the provider of the method, or any charges for the method itself.

If the respondent did not pay for the method herself, then she may not know exactly what the costs were. Perhaps her partner paid for the method, or a health insurance program paid for the method. In those instances, record 'Don't Know' since there was a cost involved in obtaining the method, even though the respondent does not know the cost. Record 'Free' only in cases where the provider of the method did not charge anything for the method.

It may be difficult to obtain an accurate response to this question, especially if the method was

obtained a considerable time prior to the interview. If you have questions about what to record, note them in questionnaire and discuss the appropriate response with your team supervisor.

Q. 313: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent=s or her partner=s sterilization. Record her response in two ways: (1) write the name of the place in the space provided on the questionnaire if the place is a hospital, health center, or clinic and (2) circle the code that indicates what type of place it is.

When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a nongovernmental organization, it should be considered the private sector. If the respondent does not know whether the place is governmental or private, inform your supervisor after you complete the interview. Since you have recorded the name of the place, your supervisor will be able to find out what type of place it is from other people in the area.

Q. 315: INFORMED ABOUT CONSEQUENCES OF STERILIZATION

We want to know whether the woman or her partner were told that after the sterilization operation, she or her partner would not be able to have any more children.

Q. 315A: COST OF STERILIZATION

This question asks about the amount of money the woman or her partner paid to obtain the sterilization. In determining the cost, the woman should take into account all charges, including any fees that might have been paid for the consultation with the doctor, and the cost of the operation.

Q. 316/316A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

If the respondent does not remember the date when she or her partner had the sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

For users of other family planning methods, ask when she started using the method most recently without stopping. For example, a woman started using the pill in June 2001. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2004 and started using the pill again in March 2004. When interviewed, she is still using the pill. In this case, record >03= for MONTH and >2004= for YEAR.

Q. 316B: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

Check to see whether the date in Q. 316 is AFTER the date of birth of the last child or last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 321: FILTER FOR CURRENT METHOD

Look back to Q. 311/311A and circle the same method here; this is the method currently being

used.

Qs. 322 - 324: TOLD ABOUT SIDE EFFECTS

Qs. 322-324 refer to the information a current user has or has not received about the side effects or problems associated with her current method. Q. 322 asks whether the user was told about potential side effects or problems at the time she obtained her current method. If there has been more than one episode of the use of the method, ask about the time that she started using the method during the current episode of use.

If a current user was not told about problems associated with using her current method, then Q. 323 will ask whether she had ever been told (by a health worker) about problems in using the method at any time that she had been in contact with a health or birth spacing worker. If the respondent tells you she was told about side effects or problems by a friend or relative but not by a health provider, record NO.

If a current user was informed about the side effects or problems she might experience in using her current method, then Q. 324 will ask whether she was ever advised about what to do if she actually experienced any side effects or problems in using the method.

Qs. 325 and 326: TOLD ABOUT OTHER METHODS

In these questions, a current user is asked whether she was told by the family planning provider or health worker about other methods of birth spacing either at the time she obtained her current method or at some other time. For example, if a pill user says that a health worker told her about injectables, the pill, and the IUD at the time when she started to use the method, record '1' in Q. 325. Users who were not told about any other method at the time they started using their current method should be asked Q. 326 to find out if they ever received information about other family planning methods from a health or family planning worker.

Q. 327: FILTER FOR CURRENT METHOD

Circle the method currently being used after checking Q. 311/311A.

Q. 328: SOURCE OF CURRENT METHOD

Mention the current method circled in Q. 311. For example, if she is using condoms with her husband, ask her Where did you obtain the condoms the last time?. If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

Record the response in two ways: (1) write the name in the space provided in the questionnaire if the place is a hospital, health center, or clinic and (2) circle the code that indicates what type of place it is. If the woman tells you she got her pills from a doctor, ask her where the doctor is located. If she tells you a hospital, ask her for the name of the hospital, and write it down. Then ask her whether it is run by the government or is privately owned. Record PRIVATE DOCTOR only if the doctor has his own practice that is not located within a larger facility.

Qs. 329 and 330: KNOW SOURCE FOR BIRTH SPACING METHOD

Q. 331 is asked of women who have never used contraception. This is to find out if they know of a place where they can obtain a birth spacing method. Nonusers who report they are aware of place where they can get a method are asked in Q. 330 to name the place or places that they know. Once the woman names a place, use the probe "Any other place?" to record all sources that a woman may know.

Q. 331: VISITED BY FIELDWORKER

This question is asked to ascertain whether any fieldworker visited the respondent in the last 12 months and talked to the respondent about birth spacing. It does not matter whether it was a family planning worker, a health worker, or some other type of fieldworker, as long as birth spacing was discussed during the visit. It also does not matter whether the principal purpose of the visit was to give birth spacing advice or services. If any fieldworker talked to her about birth spacing in the last 12 months, circle >1= for YES.

Q. 332: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for any purpose in the past 12 months for care for herself or her children. The visit did not have to be specifically for birth spacing. However, if the only visits she made were to accompany a friend, neighbor, or relative, record NO.

Q. 333: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing birth spacing for the answer to be YES. Staff persons may take the opportunity to discuss birth spacing even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about birth spacing during any of her visits, record YES.

E. SECTION 4: PREGNANCY, POSTNATAL CARE, AND CHILDREN'S NUTRITION

The objective of this section is to obtain information related to childbearing health care, including antenatal care, delivery care, and postnatal care. The section also collects information relating to postnatal checkups for newborns and child nutrition. Questions in the section pertain to births that occurred since January 2000. If a woman has not had a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN JANUARY 2000 OR LATER

Check Q. 224 and mark whether or not the respondent has had one or more births in January 2000 or later.

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

All births since January 1, 2000 will be entered in the table. You will need to check Q. 215 to identify births the woman may have had during this period.

For each birth since January 2000, beginning with the last birth (which will be found in the last row that is filled in the birth history), record the Line Number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the other pages in this section. Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

EXAMPLE: If the last births were twins, Tick (Line 07 in Q. 212) and Tock (Line 08 in Q. 212), Tock should be recorded as the LAST BIRTH in this table and Tick as the NEXT-TO-LAST birth.

If the respondent has had more than two births in January 2000 or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. On the second Woman Questionnaire, change the heading of the second column from NEXT-TO-LAST BIRTH to SECOND-FROM-LAST BIRTH and record the name and line numbers for the additional births. Leave the first column of the second questionnaire blank. Then return to the original questionnaire to begin asking the questions for the last born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. Be sure to insert the name of the child where indicated when asking questions so there is no confusion as to which child you are referring to.

You will notice that the set of questions for prior births are more limited than the questions for the last birth. It is very important that you do not miss asking all of the appropriate questions for these births so you will need to follow the skip instructions carefully. You should not proceed to Q. 468 until you have asked the appropriate questions for all births the woman had since January 2000, including any births you may have had to record in a second questionnaire.

Q. 405: DESIRED TIMING OF PREGNANCY

This question is asked to ascertain whether each child was wanted or unwanted and, if wanted,

whether born sooner than preferred. Read the entire question to the respondent before accepting an answer, stressing the underlined words.

Q. 406: HOW LONG TO WAIT

Record the answer in either months or years, and circle the corresponding code. If the respondent gives a general answer such as I would have liked to have waited until I was ready,[@] ask her how many months or years she would have liked to have waited. Record the extra time she would like to have waited before becoming pregnant.

EXAMPLE: A woman became pregnant 18 months after her previous birth but tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would circle 1 for MONTHS and record >06= in the adjacent boxes (24 !18 = 6).

Q. 407: ANTENATAL CARE PROVIDERS

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been to check her pregnancy and not for other reasons.

This is a two-part question because if the respondent answers YES, you will ask whom she saw. Since we are interested in all the persons the woman saw, you must use the prompt ('Anyone else?') to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 408: PLACES WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman=s home.

Similar to Q. 407, we are interested in all of the places where the woman received antenatal care. Be sure to prompt ('Anywhere else?') and record all the places where she was seen for care.

Q. 409: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time.

Q. 410: FREQUENCY OF ANTENATAL CHECKUPS

Ask how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and would not include seeing a doctor or nurse for other reasons.

Q. 411: TESTS PERFORMED DURING ANTENATAL CHECKUPS

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

Blood pressure is measured with a medical instrument. A rubber cuff is wrapped around a

person's upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure.

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various diseases, such as anemia, parasite infestations or infectious diseases.

Qs. 412 and 413: PREGNANCY COMPLICATIONS

Find out whether the health care provider told the respondent about problems related to pregnancy and how to detect them during any of her antenatal checkups and, if so, whether the health care provider also advised her about where to go if she experienced any of the problems.

Qs. 414-420: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. A pregnant woman can receive tetanus toxoid injections in order to transfer immunity against tetanus to the baby in her womb. Another name for tetanus is lockjaw. If a local term exists for tetanus, it may be used in explaining the disease to the respondent. This immunization is usually given to the pregnant woman as an injection in the arm or shoulder.

Qs. 414-420 are designed to determine whether a respondent was adequately immunized against tetanus when she was pregnant with her last child. If a woman receives at least two tetanus injections during any pregnancy, she is considered to be adequately immunized to protect against neonatal tetanus. A woman also is considered to be adequately immunized during pregnancy if she has received at least five tetanus injections during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 414-415 ask about whether the respondent received any tetanus injection during that pregnancy and, if so, how many times she was given the tetanus injection. A respondent who does not report receiving at least two tetanus injections during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy.

In 414A you will record dates of injections as recorded on her vaccination card. Copy the dates carefully.

Qs. 417-418 inquire about whether she received any tetanus injection prior to the pregnancy and, if so, how many times in total she was given a tetanus injection before the pregnancy. If she had received any tetanus injection prior to the pregnancy she also will be asked how many times she received such an injection.

Qs. 421 and 422: IRON TABLETS/SYRUP

Anemia is a common problem during pregnancy. This problem is easily overcome by additional intake of iron. Sometimes a pregnant woman is given a supply of iron tablets during antenatal checkups. Question 421 asks whether the woman was given any iron tablets during her pregnancy. If the woman is not aware of such tablets, probe by showing the sample tablets, and record the response. Note that we are not asking whether or not she consumed the tablets she was given or bought; rather, we want to know whether she had the tablets in her possession during the

pregnancy.

If the respondent was given or bought iron tablets (YES in Q. 421), ask her for how many days during her pregnancy she took the tablets. If she does not remember, ask her to estimate. Probe for the approximate number of days. Record the response in the boxes. Remember to put a leading zero in front; 30 tablets would be >030.=

Q. 422A: INTESTINAL PARASITES

Follow standard procedures.

Qs. 423 and 424: VISION PROBLEMS DURING PREGNANCY

We want to know whether at any time during the pregnancy the respondent experienced problems related to her vision. During pregnancy, especially in the third trimester, a woman may suffer from night blindness due to vitamin A deficiency. Night blindness is a condition in which a person has more difficulty than normal seeing when it is dark or in low light conditions.

In Q. 423, ask the respondent whether she suffered from problems with her vision during the day, for example, blurred vision. Do not include problems such as nearsightedness or farsightedness. In Q. 424, ask her about night blindness. Be sure to use the local term for night blindness so that the woman understands what condition you are referring to.

Q. 429: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman=s own opinion about the size of her baby. Some respondents may give you the baby=s birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby=s size at birth, do not try to guess the answer based on birth weight information. Simply circle >8= for DON=T KNOW.

Qs. 430 and 431: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 431 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. KILOGRAMS FROM RECALL refers to the mother=s verbal report of her child=s birth weight, which she is reporting from memory. Fill in only one set of boxes and always record the birth weight from the card when possible. You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card.

When recording the birth weight, first circle the appropriate code in front of the boxes; >1= for KILOGRAMS FROM CARD and >2= for KILOGRAMS FROM RECALL, and then fill in the birth weight. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON=T KNOW if she absolutely cannot remember even an approximate weight.

Q. 432: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to insert the name of the child you are referring to, so that there is no confusion. If she is not sure of the status of the person who attended the delivery—for example, if she does not know whether the person was a midwife or a traditional birth attendant—probe. We want to know who assisted with the delivery itself, not who helped in other ways such as boiling water or wrapping the baby in a blanket. The codes are letters of the alphabet to remind you to circle codes for all the people she says attended her. Do not forget to ask whether any adults were present during delivery if she says that no one assisted her.

Q. 433: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. If the respondent does not know whether the place is run by the government or is private, write the name of the place and tell your supervisor. Your supervisor will learn from other people in the community whether the place is public or private and then circle the appropriate code.

Q. 434: STAY IN HEALTH FACILITY FOLLOWING DELIVERY

This question is intended to find out the length of a woman's stay in a health facility following a delivery. Note that we are not concerned with the total time she spent at the facility but the time she remained in the facility after giving birth. In recording her response, first circle the appropriate code for the unit of time ('1' for HOURS, '2' for DAYS, or '3' for WEEKS) and then record the time she remained in the facility in the boxes next to that code. Remember to put a '0' (zero) before the number if the checkup occurred less than ten hours after the delivery. Record '00' if the checkup took place less than an hour after delivery.

Q. 435: CAESAREAN SECTION

A caesarean section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

Qs. 436 - 439: POSTPARTUM CHECKUP FOR MOTHERS DELIVERING IN A HEALTH FACILITY

Getting a postpartum checkup soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum checkup and if so how many days or weeks after the birth the first checkup took place, who performed the checkup, and where the checkup took place. In this set of questions, we are asking only about a health checkup for the mother. If someone checked on the health of the baby, but not the mother, that checkup would not be included.

Q. 436 is directed to women who delivered in a health facility and inquires whether a health professional checked on the woman's health before she was discharged. If YES, there are additional questions about how long after delivery the first checkup took place (Q. 437) and the type of provider who checked on her (Q. 438).

Questions 437 and 438 refer to the first checkup after the birth, so multiple answers are not allowed. In completing Q. 437, remember that you must first circle a code for the unit of time the

respondent mentions (i.e., HOURS, DAYS, AND MINUTES) and fill in a number in the boxes to the right of the code you circle. If the woman reports that more than one person conducted the first postpartum checkup, circle the code for the highest person on the list who checked on her health.

Q. 439 is asked of women who delivered in a health facility but who did not receive a postpartum checkup from a health professional before being discharged. It seeks information on whether the woman had a postpartum checkup from a health professional or trained birth attendant after she was discharged from the health facility. You should mark YES to this question only if the checkup was related to her recent delivery and not if the care was for some other problem she had. If YES, the respondent is skipped to Q. 442 to obtain more information on the checkup. If NO, she is directed to Q. 449.

Q. 440: REASON FOR NOT DELIVERING IN A HEALTH FACILITY

Q. 440 is asked of all women who delivered outside a health facility. If the respondent reports more than one reason for not giving birth in a facility, record all the reasons she mentions.

Q. 441: POSTPARTUM CHECKUP FOR MOTHERS NOT DELIVERING IN A HEALTH FACILITY

Like Q. 440, Q. 441 is directed toward women who delivered outside a health facility. It asks if the woman was seen by a health professional or a traditional birth attendant for a check of her health relating to the delivery. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 442 - 444: POSTPARTUM CHECK UP AFTER DISCHARGE

These questions are asked of mothers who delivered in a health facility but did not have a postpartum checkup before being discharged and of mothers who did not deliver in a health facility. Check Qs. 437 and 438 for instructions for completing Qs. 442 and 443. Q. 444 seeks information on the place where the first postpartum checkup took place. Such care is usually given at a health care facility but is sometimes provided in the woman's home.

Qs. 445 - 448: CHECK UP OF CHILDREN

Q. 445 is directed to women who delivered outside a health facility and asks about whether their child received a check up from a health professional or traditional birth attendant in the two months after they were born. For those children who did have a checkup, additional questions are asked about the first checkup the child had including when this check up took place, who did the check up and where the check up took place.

Q. 449: VITAMIN A

Show the vitamin A capsule and ask the respondent whether she was given vitamin A within eight weeks after delivery.

Qs. 450-452: POSTPARTUM AMENORRHEA

After a woman has given birth, there is a length of time when she is unlikely to become pregnant again because she does not have her monthly menstrual periods (postpartum amenorrhea). Note that Q. 450 is asked about the last birth while Q. 451 is asked for all other births.

Q. 452 is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for a period of less than ten months.

Qs. 453 - 455: POSTPARTUM ABSTINENCE

Couples may observe a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 453-455 are asked to determine for how long the woman abstained from intercourse after the birth of her child. Again record the woman's answer in completed months. The filter in the last birth column (Q. 453) must be completed before asking Q. 454 so you will not ask pregnant woman a redundant question about the resumption of sexual activity.

Q. 456: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Qs. 456A and 457: WHEN BREASTFEEDING BEGAN

Colostrum provides natural immunities for the baby, but some mothers will express the colostrum from their breast before beginning the breastfeeding of their baby, and not feed the colostrum to the baby. First ask in 456A whether the mother gave the colostrum to the baby.

If the mother reports that the baby was put to the breast immediately after birth, circle >000.= Otherwise, record the time in completed hours or days.

EXAMPLES: if the woman said she began breastfeeding within ten minutes of the birth, circle >1= and record '0' hours. If the mother began breastfeeding within 24 hours of the birth, circle >1= and record the number of hours that passed before the baby was put to the breast.

If she began breastfeeding 24 hours or more after the birth, circle >2= and record the number of days.

Always record the response in completed number of units.

EXAMPLE: If the baby was first breastfed 30 hours after delivery, circle >2= and record 01 days.

Qs. 458 and 459: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 459, circle all applicable codes.

Qs. 460 - 461: STILL BREASTFEEDING

Q. 461 is only asked if the child is still alive (Q. 460). Note that for Q. 461, it does not matter whether she is giving the child other liquids or foods as well as breastfeeding. We are interested in knowing whether the child is being breastfed at all.

Q. 462: NUMBER OF MONTHS BREASTFED

This question is for women who are no longer breastfeeding the child in question. If the respondent says she cannot remember how long she breastfed a child, urge her to think about it for a while or ask her whether she remembers how old the child was when she completely stopped breastfeeding him or her. If she gives an approximate answer, such as About one year,^a establish whether it was exactly one year or how much more or less.

Record the number of months until she completely stopped breastfeeding the child. It does not matter whether she was giving the child other liquids or foods as well as breastfeeding. We are interested in how many months she was breastfeeding at all.

Q. 463: FILTER FOR LIVING CHILD

Check Q. 404. If the child is alive, mark the box on the left and skip to Q. 466. If the child is dead, you have finished the questions in Section 4 for this child. For the dead child, mark the box on the right and then do one of two things: 1) if there is another birth in the table (another child born in January 2000 or later), go back to Q. 405 and ask the questions in Section 4 for that child, or 2) if there are no more births (you have obtained information for all the births born in January 2000 or later), you will go to Q. 468.

Qs. 464 and 465: NIGHTTIME AND DAYTIME BREASTFEEDING

These questions are only asked if the child is still being breastfed. Find out in Q. 464 how many times the woman put her child to the breast last night, that is between sunset and sunrise. If she feeds the child on demand or she cannot remember how many times she breastfed last night, ask her to estimate. In Q. 465, we want to find out how many times she put her child to the breast yesterday, that is, during the daytime from sunrise to sunset. Again, if she is not certain, ask her to estimate. Put a zero in the first box for durations less than ten months.

Q. 466: BOTTLE WITH NIPPLE

Since use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning, this question seeks to measure bottle-feeding practices.

Q. 467: SKIP TO NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 468.

Qs. 468 - 470: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of these questions is to obtain a better picture of the variety of the child's diet. The questions are intended to be asked about the youngest child born since January 2002. Check Qs. 215 and 218 and complete Q. 468 as appropriate.

In Q. 469, we ask the mother about types of liquids and in Q. 470 about types of foods that may have given to her child in the 24 hours prior to the interview. In these questions, foods are categorized based on their most important nutritional contribution to the diet. For example:

470c: Foods made from grains (i.e., oats, maize, barley, wheat, sorghum, millet, etc.) are good

sources of calories, niacin, and B vitamins; examples of such foods are bread, pasta, rice, noodles, biscuits and cookies

470d: Foods made from roots, such as yams and white potato, are a good source of energy and are often used as a staple food.

470e and g: Foods that have a high vitamin A content include yellow sweet potatoes, carrots, pumpkins, red squash, mangoes, and papayas.

470f: Dark green leafy vegetables are a good source of vitamins and supplementary minerals.

470h: Other fruits and vegetables, such as oranges, bananas, apples, avocados, and tomatoes, provide additional vitamins and minerals.

470i-l: Eggs, fish, poultry, meat, and dairy products are primarily sources of animal protein and iron.

470n: Foods made of lentils, beans, and pulses are good sources of vegetable protein but also provide micronutrients.

470p: In addition to breast milk and other milks, infants may secure proteins from cheese and yogurt.

In asking these questions, begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response (YES, NO OR DON'T KNOW) for an item before asking about the next item. For categories that have more than one item of food or drink, circle '1' for YES if any item in that category was given.

As you are asking about the initial items, the mother may tell you that the child was given only one or two food items yesterday and name those items (e.g., breastmilk or breastmilk and porridge). In this case, check to be sure that the child was not given anything else (e.g., by asking 'Did (NAME) drink any other liquid at all?' and "Was (NAME) given any other solid or semi-solid food'). If the mother confirms in response to these questions that the child was not given any other liquid or food, mark YES for those items the mother reported she gave the child and NO for all other items in the list.

Sometimes the mother may tell you that the child was given 'vegetable soup' or 'meat stew'. Since these typically include a variety of food types, it is important that you still ask individually about the specific food items listed in Q. 469 and 470.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 469 and 470 you obtain information on liquids or foods the child was given from other household members, you should write down the names of these individuals and a description of the circumstances on the same page as the questions. Also put a note in the OBSERVATION section at the end of the interview.

Q. 471: FILTER FOR CHILD ATE ANY FOOD

This filter checks Q. 470 to determine if at least one YES circled for an item, i.e., the child ate some food during the day or night before the interview.

Q. 472: NUMBER OF TIMES CHILD GIVEN FOODS OTHER THAN LIQUIDS

In this question, we try to find out the total number of times that the child was given non-liquid foods the day preceeding the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

Example: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record '3' in Q. 472 since the child ate solid/semisolid foods 3 times the day before the interview.

F. SECTION 5: IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

Qs. 501 - 503: TABLE HEADING

Complete the table heading, following the same procedure as you did for Section 4. There is an important difference between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you still need to complete the table headings for both living and dead children in Section 5. All women will be asked a series of health-related questions at the end of this section.

Check Q. 212 and fill in the Line Number (Q. 502), child's name, and survival status (Q. 503) at the top of this page and the child's name at the top of the next 6 pages. Make sure to start with the last birth, then the next to last, etc. If there are more than three births since January 2000, use the second column of a continuation questionnaire. Make sure to record information on the cover sheet of the continuation questionnaire.

After completing Q. 503 for all births born since January 2000, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 547.

Qs. 504 and 505: VITAMIN A

Show the vitamin A capsule and ask the woman whether her child ever received vitamin A. In Q. 505 record the number of months that have passed since the child took the last dose. If the number of months is less than 10, put a zero in the first box.

Q. 507: VACCINATION CARD

You should have obtained documentation (birth certificates and vaccination cards) at the beginning of the interview. If you have already collected a vaccination card for the child, circle '1' for YES, SEEN.

If you have not collected the child's vaccination card, ask the respondent to look for the health cards of all eligible children. In some cases, the respondent may hesitate to take time to look for the health cards, thinking that you are in a hurry. Since it is critical to obtain written documentation of the child's immunization history, be patient if the respondent needs to search for the card.

If the respondent shows you the health card, record YES, SEEN. If the respondent says the child has a health card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 508: EVER HAD VACCINATION CARD

If, in Q. 507 the woman tells you she does not have a card for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it.

Q. 509: RECORDING VACCINATIONS

If you have a health card for the child, fill in the responses to Q. 509, taking the information directly from the health card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The health card may list the vaccinations in a different order than the questionnaire. Question 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates on which the mother should bring her child for the next immunizations (appointments). Do not record a scheduled appointment date as a vaccination date. It is possible that an appointment date was written down, but the child never received the vaccination. Only record dates that vaccinations were actually given, not dates of appointments. Be patient and read the card thoroughly.

Here are some examples:

Example:

The health card shows the following immunizations:

BCG	May 20 1998
Polio 0	May 20 1998
Polio 1	August 25, 1998
Polio 2	October, 1998
Polio 3	No date
DPT 1	August 25, 1998
DPT 2	October, 1998
DPT 3	No date
Measles	Given, no date
Vitamin A	Received October 1998

	LAST BIRTH							
	DAY		MONTH		YEAR			
BCG	2	0	0	5	1	9	9	8
POLIO 0	2	0	0	5	1	9	9	8
POLIO 1	2	5	0	5	1	9	9	8
POLIO 2	9	8	1	0	1	9	9	8
POLIO 3								
DPT 1	2	5	0	5	1	9	9	8
DPT 2	9	8	1	0	1	9	9	8
DPT 3								
MEASLES	4	4						
VITAMIN A (MOST RECENT)	9	8	1	0	1	9	9	8
VITAMIN A (2 ND MOST RECENT)								

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given.

Example: If the date given was July 1997, you would record '98' for DAY, '07' for MONTH, and '1997' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. However, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since this probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT1 and POLIO1, DPT2 and POLIO2, etc. If there is a date on one of these lines, record the same date for both the

DPT and polio injections.

Q. 510: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes, a child receives a vaccine but no record is made on the health card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccinations given in national immunization campaigns.

If the child did so, record YES, then find out which vaccine was given. Go back to Q. 509, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. If the child did not receive any immunizations in addition to the ones you have already recorded a date for, circle '2' for NO and go to Q. 513.

At the end of this question, skip to Q. 513 no matter what answer was recorded.

Q. 511: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a health card for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 512 - 512G: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's health card and the respondent tells you that the child did receive at least one vaccination, you will ask about the following four vaccinations: BCG, polio, DPT, and measles.

Read the introductory question (Q. 512) and then ask Qs. 512A-F, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the polio and DPT vaccinations. For the polio vaccine, we ask whether the child received it, and how many times the child received it. Similarly, for the DPT vaccination, we ask whether the child received the vaccination and how many times.

Q. 513: WHERE RECEIVED VACCINATIONS

The child may have received vaccinations at different sources for different vaccinations. Record which place the child received most of their vaccines.

Q. 514: WHY DID NOT VACCINATE

Write down the respondent's response if none of the pre-coded responses applies.

Q. 515: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means "more than three runny stools per day." While reading this question, emphasize "in the last two weeks."

Q. 516: BLOODY DIARRHEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by bacteria.

Qs. 517 and 518: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has fever/cough may be different from what the child normally receives. Read the entire question before accepting a response. If a respondent says 'less' probe to determine more specifically if she meant 'much less' than usual or 'somewhat less'.

Qs. 519 and 520: SEEKING ADVICE FOR DIARRHEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child's diarrhea (it does not have to be the mother who sought the treatment).

If advice or treatment was sought (Q. 519 is YES), ask Q. 520 and probe for all persons seen. If advice was received from more than one source, circle the code for each facility or person contacted.

Qs. 521 and 522: FIRST PLACE SOUGHT TREATMENT FOR DIARRHEA

Q. 521 is a filter. If the respondent stated more than one source in Q. 520, probe in Q. 522 for the first place where advice/treatment for diarrhea was sought.

Q. 523: HOW SOON WAS ADVICE/TREATMENT SOUGHT FOR DIARRHEA

Women are asked how long (that is, how many days) they waited before seeking advice/treatment for diarrhea, since prompt treatment is critical. Record '00' if advice was sought immediately.

Q. 524: CURRENT STATUS OF DIARRHEA

This question provides information on the prevalence of diarrhea at the time of the survey.

Q. 525: SPECIAL FLUIDS

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) such as Oralyte, or a home made rice, sugar and salt solution. Read out each item and circle the answer given after each item. Circle a code for each item.

Qs. 526 and 527: TREATMENT OF DIARRHEA

These questions ask the mother whether the child received any other treatment for diarrhea other than those mentioned in Q. 525 for this episode of diarrhea. If in Q. 525 you learned that the child was given fluid from an ORS packet, then phrase Q. 526 by saying, "Was anything else given to treat the diarrhea?" If none of these liquids was given, ask Q. 526 by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 526 that other treatment was given for the episode of diarrhea, ask Q. 527 to identify anything else the mother or anyone else may have given the child. After recording a treatment, ask the woman whether “anything else” was given, but do so without implying that something else should have been given.

Q. 530: FEVER IN LAST 2 WEEKS

Fever is a symptom of malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Record YES only if the fever occurred in the two weeks prior to the date of interview.

Q. 531: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 532: SHORTNESS OF BREATH

This question is asked only if the child had a cough in the past two weeks. Pneumonia and respiratory infections, which can be accompanied by short, rapid breathing, are a principal cause of death among children.

Q. 533: DISTINGUISH BETWEEN ORDINARY COLD AND RESPIRATORY ILLNESS

The purpose of this question is to better distinguish between respiratory illness which is life threatening and an ordinary runny nose which is less serious.

Q. 534: FILTER FOR FEVER

This question is a filter to identify children with fever so that Qs. 535 and 536 on the amount to eat and drink will be asked.

Qs. 535 and 536: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from what is normally given. Read the entire question before accepting a response. If a respondent says ‘less’, probe to determine if it was ‘much less’ than usual or ‘somewhat less’.

Qs. 537 and 538: ADVICE OR TREATMENT SOUGHT FOR COUGH AND FEVER

If the child had only a fever or a cough, read the question with the appropriate illness at the end of the sentence. If the child had both a fever and a cough, read the question as follows: “Did you seek advice or treatment for the fever and the cough?” Record YES if anyone sought advice or treatment for the child’s fever or cough (it does not have to be the mother who sought treatment).

If advice or treatment was sought, go on to ask Q. 538. Probe to determine whether more than one person or more than one place was consulted, and record all seen.

Qs. 539 and 540: FIRST PLACE SOUGHT TREATMENT FOR FEVER/COUGH

Q. 539 is a filter. If the respondents states more than one source in Q. 538, probe in Q. 540 for the first place where advice or treatment for fever or cough was sought.

Q. 541: HOW SOON WAS ADVICE OR TREATMENT SOUGHT FOR FEVER OR COUGH

Women are asked how long (how many days) they waited before seeking advice or treatment for the fever or cough, since prompt treatment is critical.

Q. 542: CURRENT STATUS OF FEVER OR COUGH

This question provides information on the length of prevalence of fever and/or cough.

Qs. 543 and 544: TREATMENT OF THE FEVER

Ask the respondent whether her child who had fever in the past two weeks took any drugs for the fever and, if so, what drugs have they taken. Note that more than one drug may be administered to the child. In Q. 544, mark all the drugs mentioned by the woman.

If the woman does not know the name of the drug, ask her to show the drugs. Record 'Don't Know' only if she cannot show the drug or you cannot determine the type of drug given to the child with fever/cough.

Q. 545: PRESENCE OF DRUG AT HOME

For each drug mentioned in Q. 544, ask if she had the drug (by name) in the house at the time the child became ill. Ask for each drug that was listed in Q. 544 and circle each drug that the respondent had at home.

Q. 546: INSTRUCTION TO ASK QUESTIONS 504-545 FOR NEXT CHILD

At this point, go back to Q. 503 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 547.

Q. 547: FILTER FOR NUMBER OF CHILDREN BORN SINCE 2000

Check Qs. 215 and 218 to find out how many children the respondent has who were born in 2000 or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 550. If she has one or more children of her own living with her, mark the box on the left and ask Q. 548.

Q. 548: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of getting diarrhea. Mothers are asked where they usually dispose of their children's stools if the child did not use the toilet facility. Circle the most appropriate code.

Q. 549: FILTER FOR HAVING RECEIVED ORS PACKETS

Check Q. 525a and 525b and record whether any child received Oralate to treat diarrhea.

Q. 550: KNOWLEDGE OF ORS PACKETS

This question will be asked to determine whether respondents have heard of Oralate to treat diarrhea. It is asked of two groups: (1) respondents who do not have a living child born since

January 2000 and (2) respondents who have a living child born in January 2000 or later but did not report that the child was given Oralyte to treat a recent case of diarrhea (See Q. 525a).

Q. 551: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Read the question slowly, emphasizing the response choices of a big problem or not a big problem. Make sure that the woman understands that this question refers to medical care for the respondent herself, since the previous questions have been asking about treatment for her children.

Read out each item and circle the answer given before asking about the next item. Do not leave any blank. The phrase “When you are sick” in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent’s present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

“Getting permission to go” means someone’s permission is necessary for her to go and get the care. It does not matter who this person is (father, husband, mother-in-law). Circle ‘2’ for NOT A BIG PROBLEM in the case where she does not need anyone’s permission, as well as the case where she says, for example, she needs her mother-in-law’s permission but that this is never a problem. “Getting money needed for treatment” includes money for actual treatment or for medicines. The word transport in the item “having to take transport” can be any transport that the woman would typically have to take if she could not walk to the place where she would get the care. “Not wanting to go alone” refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Q. 554: NUMBER OF INJECTIONS IN THE 12 MONTHS PRIOR TO THE DAY OF INTERVIEW

Ask the respondent if she had an injection for any reason during the twelve months prior to the day of your interview. If yes ask the question below to find out how many injections she had. If the number of injections is higher than “90” or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate.

Q. 555: NUMBER OF INJECTIONS GIVEN BY MEDICAL PERSONNEL

Find out from the respondent how many of the injections she had were given by medical personnel (doctor, nurse, pharmacist, dentist or any other medical personnel). If the number of injections is “90” or higher, or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate.

Q. 556: PLACE WHERE THE LAST INJECTION WAS GIVEN

Ask the respondent the place where she had the injection the last time. If the woman had the injection at a health facility, you must determine whether it belongs to the public sector (managed by the government) or private. If the respondent does not know whether the health facility is public or private, write the name of the facility and tell your supervisor. Your supervisor will get the information needed to determine whether the facility is public or private and will circle the appropriate code.

Q. 557: SYRINGE AND NEEDLE USED

Ask the woman if the last time she had the injection, the person used a syringe and needle from a new, unopened package.

Qs. 558-561: SMOKING CIGARETTES OR TOBACCO

Studies have shown that smoking can increase the risk for lung, larynx, pancreas, and bladder cancers, as well as chronic lung conditions and heart disease for both men and women. For women, there are additional risks such as osteoporosis, cervical cancer, and early menopause. Smoking during pregnancy can lead to complications that increase the risk of growth retardation and may cause late fetal deaths and possibly neonatal death. The risk level of these health hazards is directly associated with the amount of cigarettes and tobacco consumed.

In Q. 558, ask the respondent whether she currently smokes cigarettes. This does not include chewing tobacco. In Q. 559, record the number of cigarettes she smoked in the 24 hours prior to the interview.

Qs. 562 - 565: TUBERCULOSIS

These questions obtain information on women's knowledge of tuberculosis (TB) and whether persons who have the illness are stigmatized. Be sure to probe in Q. 563 to find out all the transmission routes a woman may know. Be careful not to suggest responses when probing.

Qs. 566 and 567: LIQUIDS AND FOOD THE WOMAN HAD

Q. 567 is only asked of women who have recently given birth (that is, in the three years preceding the survey). It is especially important that women who have recently given birth eat well in order to regain their strength following childbirth. For a description of the types of food being asked about, refer to the description and procedures to follow in asking and recording response described in Q. 470.

G. SECTION 5A: CAUSE OF DEATH OF CHILDREN BORN AND DYING IN PAST 3 YEARS

Q. 570A: FILTER FOR ASKING SECTION 5A QUESTIONS

Questions in this section of the questionnaire will only be asked in half the households in which teams will be interviewing. To verify whether you should ask these questions of the woman you are interviewing now, check the Cover page of the Woman Questionnaire. If the household you are in has been selected for asking questions in Section 5A, then all the women interviewed in that household will be asked the questions in this section.

Q. 570B: FILTER FOR BIRTHS SINCE YEAR 2002

Questions in this section apply only to births that were born since January 2002. Check Q. 215 for dates of birth; if the respondent has had any births since January 2002 you will record those births in this section.

Qs. 570C and 570D: RECORD ALL BIRTHS BORN SINCE JANUARY 2002

For each birth born since January 2002, enter the name and survival status (dead or alive) of each birth. You will list all births born since January 2002, that is, both children who are alive and children who have died.

Q. 571: INTRODUCTION TO THE TOPIC

Read the introductory statement to acknowledge to the respondent that you will be discussing an emotionally difficult topic.

Q. 572: DEATH DUE TO ACCIDENT OR ILLNESS

This question is to distinguish deaths due to accident from deaths due to illness.

Q. 573: SPECIFY TYPE OF ACCIDENT

This question will only be asked for children who died as a result of an accident. After recording the type of accident you will go back to 570D to check the survival status of the birth in the next column.

Q. 575: SPECIFY RESPONDENT IDEA OF CAUSE OF DEATH

Record the response that is the respondent's opinion.

Q. 576: WHERE SOUGHT TREATMENT

Record all places if respondent went to more than one place for advice or treatment.

Q. 576A: DIAGNOSIS FROM HEALTH WORKER

A diagnosis is an explanation of the cause of the death from a health professional.

Q. 577: WHERE DIED

Follow standard procedure.

Q. 578: AGE AT DEATH

If the child died at younger than one month of age, then Q. 220 should be recorded in DAYS. The series of questions will differ depending on whether the child died in the first month of life, or later.

Q. 579: DIFFICULT DELIVERY

By difficult we mean unusually difficult.

Q. 580: MALFORMATION

This refers to body abnormalities.

Qs. 581 and 582: SUCKLING

Follow standard procedures.

Qs. 583 and 583A: CONVULSIONS AND TETANUS

Convulsions and spasms are symptoms of tetanus. Follow standard procedures.

Qs. 584 and 585: COUGH

Follow standard procedures.

Qs. 586 and 587: DIFFICULT OR RAPID BREATHING

Follow standard procedures.

Q. 588: FILTER FOR SKIP INSTRUCTION

Questions 578 to 587 were only asked for babies who died within one month of birth. You will only reach this filter for those babies. If you have been directed to this filter, you will now return to Q. 570D to ask questions about the next child who died. If there are no other children who have died, skip to Q.601. You will not reach this filter if you have been asking about a child who died at some age older than one month.

Qs. 589 - 592: DIARRHEA

If a respondent is not sure what we mean by diarrhea, tell her it means more than three runny stools per day. Blood in the stools is a symptom of dysentery, an infection caused by bacteria.

Qs. 593 and 594: COUGH

Follow standard procedures.

Qs. 595 and 596: DIFFICULT BREATHING

Follow standard procedures.

Qs. 597 – 597C: FEVER

Follow standard procedures.

Qs. 598 and 598A: UNCONSCIOUS or CONVULSIONS

Follow standard procedures.

Qs. 598B and 598C RASH

Follow standard procedures.

Qs. 598D: BLEEDING

Follow standard procedures.

Q. 598E: BLACK VOMIT OR STOOLS

Follow standard procedures.

Q. 598F: DISCHARGE FROM EYES

Follow standard procedures.

Qs. 598G and 598H: THIN

Follow standard procedures.

Qs. 598J and 598K: SWELLING

Follow standard procedures.

Q. 599: FILTER FOR SKIP INSTRUCTION

Questions 589 to 598K were only asked for babies who died at some age older than one month of birth. If you have been directed to this filter, you will now return to Q. 570D to ask questions about the next child who died. If there are no other children who have died, you will skip to Q.601.

H. SECTION 6: MARRIAGE AND SEXUAL ACTIVITY

Q. 601: CURRENTLY MARRIED OR LIVING WITH A MAN

In the questionnaire, “marriage” always refers to both formal and informal unions, such as living together. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. Casual sexual encounters are not included here.

Example: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as “living together,” whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union.

There are two different categories of YES responses:

"YES" woman is married.

"YES" lives with a man.

Be sure to distinguish between these two categories. If a woman just responds YES, then ask her if she is currently *married* or currently just *living* with a man.

Q. 602: EVER BEEN MARRIED

If a woman is not currently married or living with a man, ask whether she has ever been married or lived with a man. Remember that “married” refers to both formal and informal unions. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

Q. 603: CURRENT MARITAL STATUS

This question is asked to a woman who was formerly in a union but is not married or living with a man at the time of the interview. Since she was in a union at one time, but is not in a union on the day you are interviewing her, she will be widowed, divorced, or separated.

Q. 604: WHERE PARTNER LIVES

This question is asked to a woman who is either currently married or living with a man. Ask whether her partner actually lives with her or whether he lives elsewhere. If the woman’s partner usually lives with her but is away only temporarily, record LIVING WITH HER. When asking this question and subsequent questions, choose the appropriate term for the woman’s relationship (husband or partner).

Q. 605: HUSBAND’S/PARTNER’S NAME AND LINE NUMBER

Write the name and Line Number of her husband/partner as it is recorded in Columns (1) and (2) of the Household Schedule. If the husband/partner is not listed as a household member, enter ‘00’ in the boxes.

Q. 606: MULTIPLE MARRIAGES

As with Q. 601, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married only once, circle '1.'

Q. 607: DATE FIRST LIVED WITH A PARTNER

You need to do two things in this question. First, check back to the answer to Q. 606 and mark the appropriate box above the question. Then read the question under the box marked and record the response as given by the woman.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, probe using the techniques discussed in Q. 105.

The dates recorded in the birth history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner. Note that we are interested in the starting date of her first union (marriage or living together), not the date of first sex or first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that she had her first birth before her first union. If she answers in terms of the number of years ago (for example, "two years ago"), probe to find the month and year.

Notice that in recording the date in Q. 607, you will record both the Gregorian month and Gregorian year and if one of these items is not known, you will circle the code DON'T KNOW for that item ('98' for don't know Gregorian MONTH and '9998' for don't know Gregorian YEAR). In this case, ask if she knows the Khmer date, and record her response on the line provided.

Q. 608: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 607), you were unable to record a Gregorian year, ask how old she was when she started living with him. As with other age questions, if she doesn't know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

If the respondent gave you a Khmer date in response to Q. 607, use the date conversion chart to calculate her age at the time she first started living with her first husband or partner.

Notice that circling '9998' for DON'T KNOW is allowed as a valid response for Q. 607. However, if you were unable to obtain a numerical response to YEAR in Q. 607, you will have to provide the AGE in Q. 608.

Qs. 609–613: INHERITANCE

The filters in 609 and 610 (and Q. 611) are to identify women who have ever been married to a man who has died. In Q. 612 you will ask who received most of the property that belonged to a husband who died. By property we are referring to most of whatever it is the man owned. This would include land, or a business, or any other possessions of value the man may have owned. If in response to Q. 612, the respondent mentions someone other than herself, you will ask in Q. 613 whether she received anything valuable that belonged to the man who died. Assets refer to anything that has

monetary value.

Q. 614: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 615-636: GENERAL INSTRUCTIONS

Questions about sexual intercourse are to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use is of interest because it can help reduce the risk of transmission of AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter-of-fact voice and do not make the respondent feel embarrassed by your own behavior. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, it will make the respondent think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 615: AGE AT FIRST INTERCOURSE

For all women, read the introductory sentence, "Now I need to ask you some questions. . ." before asking the question, "How old were you when. . .?"

If she has never had intercourse, record NEVER. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband/partner, record it as such by circling '95.'

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at intercourse (Q. 615) is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it.

Q. 616: INTENTION TO DELAY SEXUAL INTERCOURSE

This question is hypothetical so a respondent may have some trouble in answering. If she hesitates, explain that you are interested in what she thinks might occur in the future.

Q. 617: FILTER FOR WOMEN WHO ARE AGED 15 – 24

Check 105. If the respondent is between 15-24 years, mark the box on the left and proceed with the next question.

Qs. 618-621: QUESTIONS RELATING TO FIRST SEXUAL INTERCOURSE FOR YOUTH

These questions refer to the first time in her entire life that the respondent had sexual intercourse, regardless of who her partner was. Q. 618 is asked because if used correctly, condoms can reduce the risk of transmission of AIDS and other sexually transmitted infections.

Qs. 619-621 collect information on the extent of the age difference between young women and their partners. Q. 619 refers to the partner's age at the time the couple first had intercourse and not his age at the time of your interview. Record his age in completed years.

If the respondent does not know how old her partner was when they first had sex, then you will ask some questions to estimate it in Qs. 620-621.

Q. 622: LAST TIME HAD SEXUAL INTERCOURSE

Q. 622 refers to the respondent's last, or most recent, sexual intercourse. Fill in the respondent's answer in the space according to the units that she uses. For example, if she says "three weeks ago," circle '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," circle '1' and write '04' next to DAYS AGO.

In some cases, you will have to convert a respondent's answer. For example, if she says, "last night," circle '1' and write '00' for DAYS AGO. If she says one and a half years ago, record '01' YEARS. The YEARS AGO row should only be used if the last intercourse was one year ago or longer. For all responses of less than one year you will record the response in DAYS, WEEKS, or MONTHS; therefore, you will never record '00' YEARS. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 623 in the first column. If the last time she had sex was 12 months or longer ago, skip to Q. 636.

Qs. 623-634: GENERAL INSTRUCTIONS

These questions will be asked about the respondent's three most recent sexual partners in the 12 months before the interview. A sexual partner is **anyone** the respondent had sexual intercourse with. It does not matter how long the relationship lasted. If the respondent had sexual intercourse with someone in the 12 months prior to the date of interview, they should be asked about in this series of questions (up to three partners). Complete Qs. 623-634 for the most recent partner before asking the same questions for the second-to-last partner and third-to-last partner.

Qs. 623 and 624: CONDOM USED AT LAST INTERCOURSE AND MAIN REASON FOR USE

We ask about condom use because condoms can reduce the risk of transmission of AIDS and other sexually transmitted infections when used correctly. Q.623 refers only to the most recent time the respondent had sexual intercourse with that particular partner. If they did use a condom, you will ask the reason, or motivation, for having used it.

Q 625: CONDOM USED EACH TIME HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with that particular partner in the previous 12 months.

Qs. 626 and 627: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent to the person she had sex with, and for how long in time they have been having a sexual relationship.

Qs. 628-631: PARTNER'S AGE FOR RESPONDENTS 15-24 YEARS

Q. 628 is used to identify respondents 15-24 years who are to be asked questions relating to their partner's age. Sometimes young women have sexual partners who are significantly older than themselves, so in these questions we ask young women to tell us the age of their sexual partners. If they do not know, we will ask them to estimate.

Qs. 632 and 633: ALCOHOL TAKING AND GETTING DRUNK

Question 632 asks the respondent whether she or her partner had taken any alcohol the last time they had intercourse. Q. 633 is concerned with whether the respondent and/or her partner was drunk at that time.

Qs. 634: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question.

If the respondent indicates that she had sex with a person other than her most recent (last) partner, ask Q. 623-634 for her next most recent partner and record her responses in the second column in the table. After finishing the series of questions for that (second-to-last) partner, you will ask this question again to learn if she had sexual intercourse with anyone else in the previous 12 months. If she did, ask Qs. 623-633 for that partner.

Qs. 635: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

We are interested in finding out whether she had sex with anyone else in the past 12 months.

Question 635 asks about the number of different partners the respondent has had sex with in the last 12 months, including partners already mentioned. Since the respondent is asked this question only if she has had sexual intercourse with at least two partners in the last 12 months, the answer should never be '00' or '01'.

Q. 636: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 636 asks about total number of lifetime sexual partners, including partners in the last 12 months. This is the total number of people the respondent has ever had sexual intercourse with in her entire life. If the number of partners is greater than 95, record '95'.

Qs. 637 and 638: KNOWLEDGE OF SOURCE FOR CONDOMS

Q. 637 asks about the respondent's knowledge of a source for male condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go.

Record her response to Q. 638 in two ways: if it is a hospital, health center, or clinic, write the name of the place in the space provided on the questionnaire, and circle the code that indicates what type of place it is. It is not necessary to write the name of the source if it is a private doctor,

pharmacy, shop, or friend or relative. When choosing a code, you need to know whether the place is in the public (run by the government), non-governmental organization (NGO), or private sector. If the respondent does not know whether the place is governmental, NGO or private, inform your supervisor after you complete the interview. Since you have recorded the name of the place, your supervisor will be able to learn what type of place it is from other people in the area.

If the woman tells you that she could get condoms from a doctor, ask her where the doctor is located. If she replies that the doctor is located in a hospital, ask her for the name of the hospital, and write it down. Then ask her whether it is run by the government or is privately owned. Only record PRIVATE DOCTOR if the doctor has his own practice that is not located within a larger facility.

If she mentions more than one place where she can get condoms, record all her answers since this is a multiple-response question.

Q. 639: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. The ability of a woman to get a condom can be viewed as a measure of her independence.

Qs. 640-642: KNOWLEDGE OF SOURCE FOR FEMALE CONDOMS

These questions are similar to Qs. 637-639 except that you are asking the woman's knowledge of a source for the female condom and her ability to obtain a female condom if she wanted to use one.

I. SECTION 7: FERTILITY PREFERENCES

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 701: FILTER FOR STERILIZED

Follow standard filter procedures.

Q. 702: PREFERENCE FOR ADDITIONAL CHILDREN

This question is a combination of a filter and a question. First, check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant and has no living children, ask the question on the left as follows: Now I have some questions about the future. Would you like to have a child or would you prefer not to have any children? If she is not pregnant and has one or more children, you will have to word the question differently saying, Would you like to have another child or would you prefer not to have any more children?

If the respondent is currently pregnant, mark the box labeled PREGNANT and ask the question under that box: After the child you are expecting . . . Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now.

Q. 703: TIME TO WAIT

Question 703 is to be asked of all women who say that they want to have another child. Follow the same procedure as in Q. 702 for choosing the appropriate version of the question to ask. The answer can be given in months or years. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, circle >994.= If the woman tells you she would like to wait until after she is married to have a child, record AFTER MARRIAGE. If the woman gives a different answer, circle >996= and write her response in the OTHER category.

Q. 704: FILTER FOR PREGNANT

Follow standard filter procedures.

Q. 705: FILTER FOR USING A METHOD

Check Q. 310. If a YES is recorded in Q. 310, you will mark the box on the right in Q. 705 for CURRENTLY USING. If a NO is recorded, you will mark the box in the middle for NOT CURRENTLY USING. If when checking Q. 310 you see that it was not asked (she is either pregnant, sterilized, or has never used a method), you will mark the box on the left in Q. 705 for NOT ASKED.

Q. 706: FILTER FOR TIME TO WAIT

Follow standard filter procedures.

Q. 707: REASON FOR NOT USING A METHOD

Check the response in Q. 702. If she said that she wants to have another child (code >1= circled), mark the box on the left and ask the question under that box. If she wants no (more) children (code >2= circled), mark the box on the right and ask the question under that box.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which codes to mark:

INFREQUENT SEX: the respondent says she is not sexually active enough to be using a method.

NOT HAVING SEX: would be appropriate if she says she is not sexually active at all.

MENOPAUSAL: she is no longer menstruating and therefore cannot get pregnant.

HYSTERECTOMY: she had an operation to remove her uterus.

SUBFECUND/INFECUND: she thinks she cannot get pregnant (not including being menopausal).

POSTPARTUM AMENORRHEIC: the respondent says she is not using because she has not resumed menstruation since her last birth.

FATALISTIC: the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED: the respondent herself does not approve of family planning.

HUSBAND/PARTNER OPPOSED: her husband or partner is opposed to family planning.

OTHERS OPPOSED: she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning.

RELIGIOUS PROHIBITION: she feels her religion does not allow the use of family planning.

SIDE EFFECTS: undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill.

HEALTH CONCERNS: for example, she is concerned that the pill may be linked to breast cancer.

INCONVENIENT: she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method.

LACK OF ACCESS/TOO FAR: inconvenient to get the method.

If the woman's main reason is not listed as a response, write her response on the OTHER line and circle >X.= If the woman does not know at all why she is not using contraception, record DON= T KNOW.

Q. 708: FILTER FOR USING A METHOD

Follow standard filter procedures.

Q. 709: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 710: PREFERRED METHOD

This question is for women who think they will use a method of contraception in the future. If the respondent mentions more than one method, ask her which one she prefers most; if she cannot make a choice then circle the method that is higher on the list.

Q. 711: REASON FOR NOT INTENDING TO USE

This question is asked of women who are not currently using a method and do not intend to use a method in the future. There are many reasons that a person may not use contraception, so listen to your respondent carefully. Record what the respondent considers to be her main reason for not intending to use contraception.

Only record NOT MARRIED if the respondent offers this as her reason for not intending to use a method. If the woman's main reason is not listed as a response, write her response in the OTHER category and circle >96.= If the woman does not know at all why she will not use contraception, record DON= T KNOW.

Q. 712: INTEND TO USE IF MARRIED

This question is only asked of a woman if she told you in response to Q. 712 that she does not intend to use a method because she is not married. Now you are asking her whether she would use a method of family planning at any point in the future if she were married.

Q. 713: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box. If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 714. If she gives an answer that is not a number, for example, Alt=s up to God,@ probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 715.

Q. 714: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 713. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, circle >96= for OTHER and record her exact words in OTHER.

EXAMPLES: If in Q. 713, a respondent says she would like to have six children, and in Q. 714 she would like to have two boys, two girls, and two more of either sex, you would record 02, 02, 02.

If a respondent would like to have two children (02 in Q. 713) and she wants two boys, you

would record 02, 00, 00 in Q. 714.

If she would like to have three children and at least one of them should be a boy, record 01, 00, 02, since she would be satisfied with either sex for the other two children

Finally, note that, if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 713. You must probe further if the numbers do not match.

Q. 715: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line. There must be an answer coded for each line; do not leave any blank.

Qs. 716 AND 717: FILTER FOR MARITAL (UNION) STATUS AND METHOD USED

Q. 716 is designed to identify women who are currently married or living with a partner. Check Q. 601, mark the appropriate box and follow the instructions. For women who are in union, you will go on to complete Q. 717 by checking Q. 311/311A (METHOD USED). Women who are currently using a contraceptive method other than male sterilization or the male condom will be asked Q. 718. If a woman is using either of these 'male' methods or is not currently using contraception (i.e., no code is circled in Q311/311A), skip to Q. 720.

Qs. 718: HUSBAND/PARTNER KNOWS WOMAN IS USING

Some women may use contraception without the husband (partner)'s knowledge. A woman may be reluctant to admit this if there is anyone who might overhear her response. Consequently, it is very important that ensure privacy when you ask this question, either by moving away from any individuals who might be listening or by asking individuals who are nearby to move away.

Q. 719: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. Question 719 is asked only of women in union who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle >6= and write her answer in the space provided.

Q. 720: FILTER FOR STERILIZATION USE

Follow standard filter procedures.

Q. 721: HUSBAND=S AND WIFE=S PREFERENCE FOR CHILDREN

This question asks for the woman=s opinion of her husband=s preference compared with her own.

Q. 722: REASON FOR REFUSAL TO HAVE SEX WITH HUSBAND

This question is asked to all women regardless of their marital status. We are interested in the respondent=s opinion on whether a wife is justified in refusing to have sex with her husband under certain circumstances. We are not asking about the woman=s own situation, but whether in general a wife is justified in refusing to have sex with her husband under certain conditions. Read the introductory sentence and then each line, waiting for her response and coding it before moving on to the next line. Do not leave any line blank; there must be an answer coded for each line.

Q. 723: FILTER FOR MARITAL STATUS

Follow standard filter procedures.

Q. 724: REFUSE SEX

This is to determine whether the respondent can refuse to have sexual intercourse with her husband or partner if she does not want to have it.

Q. 725: ASK PARTNER TO USE CONDOM

A woman may want her partner to use a condom. This question is to determine whether the respondent believes her relationship to her partner is such that she can ask him to wear a condom if she asks him to. This question is to be asked regardless of whether or not the respondent has ever actually asked a partner to wear a condom. It is a hypothetical question and is still appropriate even if she never has asked a partner to wear a condom.

J. SECTION 8: HUSBAND=S BACKGROUND AND WOMAN=S WORK

Q. 801: FILTER FOR MARITAL (UNION) STATUS

This filter requires you to check Qs. 601 and 602 and mark the respondent's marital (union) status. For women who have ever married or lived together with a partner, you will need to word subsequent questions in the present or past tense according to the woman's current marital (union) status. For women who have had more than one husband (partner), you will ask about the current or most recent husband (partner).

Q. 802: HUSBAND=S AGE

If you have difficulty obtaining the husband=s age, use the same methods to probe for his age as described in Qs. 105-106 for obtaining the respondent's age.

Qs. 803-805: HUSBAND=S EDUCATION

These questions are identical to Qs. 107-109, which were asked of the respondent. In Q. 804, you record the highest level attended, and in Q. 805 you record the highest grade completed at that level.

Q. 806: HUSBAND=S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 801. If a woman is currently married or living with a man, mark the box on the left and ask the husband=s/partner=s occupation. If she is not currently married but was formerly married or lived with a man, mark the box on the right and ask about the most recent (last) husband=s/partner=s occupation.

We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is. Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc.

Write the answer in the respondent=s own words. Be specific. For example, if the respondent says, AHe works for the Ministry of Planning,@ ask what the man does there. If you are not sure how to write the occupation, it is better to give more detail than less.

ANot currently working@ is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write Astudent.@ Do not fill in the two code boxes for this question, since codes will be assigned later in the office.

Qs. 807-812: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 807-809 is the seven days before the survey interview.

Q. 808 is included because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 808 so the respondent understands what we mean by Awork.@

Q. 809 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 810 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey. If the respondent has not worked at all in the last 12 months, you will record in Q. 811 what she has been doing for most of that time.

For women who are working, in Q. 812 you will record the woman's occupation in the same way as in Q. 806, writing the respondent's occupation in her own words. It is better to give more detail than less.

Q. 813: FILTER FOR AGRICULTURAL OR OTHER WORK

Mark the appropriate box, depending on the type of work described in Q. 812. Agricultural work includes farming, raising animals (including livestock, poultry, and fish), fishing, hunting, driving a tractor on a farm, or other activities associated with growing or harvesting food. If her job is selling food that she did not produce, she is not considered an agricultural worker. If she grows just a few crops but has another regular job, mark the box for DOES NOT WORK IN AGRICULTURE.

Q. 814: WORK ON FAMILY OR OTHER LAND

This question is asked of women working in agriculture to determine the ownership of the land on which they work. If the respondent works mainly on land belonging to herself, her husband, or her children, record OWN LAND. If she works on land that belongs to other members of her family or her husband's family, record FAMILY LAND. If the land that she farms is rented, record RENTED LAND. If she is a laborer on someone else's land or on a plantation, record SOMEONE ELSE'S LAND.

Q. 815: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a non-family member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 816: WORKS AT HOME OR ELSEWHERE

Whether the woman works at home or away from home will usually be clear. HOME means within the area of her house or compound. A woman may work on family fields that are far from the compound; in this case, you would code AWAY. If she works on a plot of land just outside the house, you would code HOME.

Q. 817: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time throughout the year. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

Q. 818: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If a respondent works as a domestic servant and she is not paid a salary but instead gets lodging and food, she is paid only in kind (code 3). If she is a domestic servant and she gets food and some cash, then record CASH AND KIND. If she is a clerk and gets paid a regular salary, she earns only cash (code 1). If she is working on the farm for her family and receives no payment, then record NOT PAID.

Qs. 819-823: WOMAN'S CONTROL OVER AND USE OF CASH INCOME

Q. 821 is a single response question that asks who mainly decides how the money the respondent earns will be used. The word >jointly= refers to the respondent=s making the decisions jointly with her husband or partner (code 3). If the husband decides by himself, circle 2. If someone other than the respondent and her husband (e.g., another relative) makes the decision, circle 6 for OTHER.

Q. 822 asks the respondent to compare the amount of money she earns to the amount earned by her husband.

Q. 823 is similar to Q821 except that it is concerned with whether the respondent is involved in decisions about how her husband or partner's earnings will be used. Again the question allows for only a single response with regard to who mainly decides how the husband or partner's earnings will be used. The word >jointly= refers to the respondent=s making the decisions jointly with her husband or partner (code 3). If the husband or partner decides by himself, circle 2. If someone other than the respondent and her husband (e.g., another relative) makes the decision, circle >6= for OTHER. The question is concerned with the usual situation so if the respondent indicates that her husband or partner is unemployed, ask about the decision-making when he is working.

K. SECTION 9: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

AIDS is an illness caused by the HIV virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted sexually or through contact with contaminated blood. This section asks a group of questions on knowledge of and behavior related to AIDS, testing for the virus, and about other diseases that are transmitted through sexual contact.

Q. 901: HEARD OF AIDS

This question allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to the word 'AIDS'.

Qs. 902-909: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING THE AIDS VIRUS AND LOCAL MISCONCEPTIONS ABOUT AIDS

There are two types of questions in Qs. 902-909. One type of question is asked to determine whether people know about behaviors to reduce their chances of getting the virus that causes AIDS. Behaviors to reduce the chances of getting the AIDS virus are asked about in Qs. 902, 904, and 906. These are the actions that people can take to reduce their chances of getting AIDS that are often advocated in public health programs: being faithful to one partner, condom use, and abstinence (not having sexual intercourse).

The other type of question is asked to measure how many people hold incorrect beliefs about the way AIDS is transmitted. Qs. 903, 905, 907 ask about commonly held misconceptions about the way AIDS is transmitted.

After we've asked about specific ways of avoiding AIDS, we ask the respondent in Q. 908 if she knows any other ways of avoiding AIDS. In Q. 909 we ask respondents who indicate they know other ways to mention the ways they know about. You are to record all the ways mentioned. If the respondent answers "practice safe sex," ask what she means by safe sex, and record the answer appropriately.

Q. 910: HEALTHY-LOOKING PERSON WITH AIDS VIRUS

This question asks whether the respondent believes that a person who appears to be in good health can have the AIDS virus.

Q. 911: TRANSMISSION FROM MOTHER TO CHILD

This question asks whether a mother who has AIDS can pass on the disease to her baby. Does the respondent think that a mother with AIDS can transfer the disease to the baby while she is pregnant with the baby, or during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time, recording the response one at a time.

Qs. 912 and 913: REDUCTION OF RISK OF TRANSMISSION FROM MOTHER TO CHILD

This question is asked to respondents who say that the virus that causes AIDS can be passed on from a mother to her child. Ask the respondent if she knows of any Western or modern drugs that can reduce the risk of transmitting the AIDS virus from a mother who has AIDS to her baby.

Q. 914: MEDICINE FOR PEOPLE WITH AIDS

This question is asking only about Western or modern medicine that would be provided by a doctor or nurse, specifically for the treatment of AIDS. Home remedies the respondent may know about are not to be recorded here.

Qs. 915 and 916: FILTERS FOR LAST BIRTH SINCE JANUARY 2003 AND ANTENATAL CARE

Check Q. 215. If the respondent has given birth since January 2003, then continue to the next filter. If the respondent last gave birth before January 2003, or if the respondent has never given birth, skip to Q. 924. Filter 916 refers to any antenatal care given by a health provider during her last pregnancy. Antenatal care is a health visit specifically for the care of her pregnancy. Antenatal care is usually given at a health care facility, but is sometimes provided at the woman's home. Qs. 917-923 pertain to antenatal care and will be asked of women who gave birth some time since January 2003.

Q. 917: COMPONENTS OF ANTENATAL CARE

We want to know if someone spoke with the respondent about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once, or discussed in one visit or over two visits. Ask about each topic and record the response before asking about the next one. In the third component we are asking whether a health provider spoke with her about a test for the AIDS virus, we are not asking whether or not she actually got tested. We will ask that in a later question.

Qs. 918 and 919: AIDS TESTING DURING ANTENATAL CARE

First in Q. 918 we ask whether the respondent was ever offered an AIDS test during her antenatal care visits, in other words, whether someone asked her if she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 919 we ask her if she was tested for the AIDS virus during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask Q. 919 even if the response to Q. 918 is NO.

Q. 920: TOLD THE RESULTS OF AIDS VIRUS TEST

Ask the respondent if she was told the results of her AIDS test. Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 921: WHERE AIDS VIRUS TEST WAS DONE

Ask the respondent where she was tested for the AIDS virus. Determine whether the place is run by the government (in the public sector), or in the private sector, and circle the appropriate code. If the test was done at a hospital, health center, or clinic, write the name of the place in the space provided in addition to circling the proper code.

Q. 922: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an AIDS test during antenatal care, we ask whether they have received an AIDS test sometime after having been pregnant.

Q. 923: HOW LONG AGO THE LAST AIDS TEST WAS DONE

This question is for women whose last AIDS test was during an antenatal care visit, and we ask them how long ago that test was done.

Q. 924: EVER BEEN TESTED FOR THE AIDS VIRUS

All respondents are asked whether or not they have ever been tested for the AIDS virus. Women who recently had antenatal care were asked in Q.919, now we ask here for all other respondents. Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 925: TIMING OF LAST AIDS TEST

Ask when the last time the respondent was tested for the AIDS virus. If the respondent knows he/she was tested, but is not sure when it was, probe to obtain an estimate of how long ago it was.

Q. 926: REQUEST FOR AIDS VIRUS TEST

If the respondent has been tested for AIDS, we want to know whose idea it was to get the test. There are three options, so read the entire question before expecting an answer. Perhaps the respondent asked to be tested for the AIDS virus. Perhaps a health worker offered to test the respondent and the respondent accepted being tested. Perhaps someone required the respondent to be tested, in other words, she was told by someone else to be tested.

For example: if the respondent got tested because her partner asked her to do so, you would record ASKED FOR THE TEST, because she got the test of her own volition, in response to someone asking her to do so This would be the case if a girlfriend or boyfriend or spouse or other concerned person personally asked them to get tested. By required, we mean formally required. For example, an employer may require their employees to get tested for the AIDS virus; you would then record REQUIRED. Also, some countries require applicants applying for work permits or applicants applying for visas to show proof of an AIDS test.

Q. 927: RESULTS OF AIDS VIRUS TEST

Ask the respondent if she was told the results of the AIDS test. Sometimes people are tested for the AIDS virus but are not told whether or not they have the virus, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether she knows the result of her AIDS test. If the respondent has been tested more than once, we are asking whether she knows the result from the last time she was tested.

Q. 928: WHERE AIDS VIRUS TEST WAS DONE

Ask the respondent where the AIDS virus test was done. Determine whether the place is run by the government (in the public sector), or in the private sector, and circle the appropriate code. If the test was done at a hospital, health center, or clinic, write the name of the place in the space provided in addition to circling the proper code.

Qs. 929 and 930: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for the AIDS virus we ask if they know of a place they can go to get tested. Follow the same procedure as for Q. 928 in recording the place,

however in this question you will record all the places respondents know about for testing.

Qs. 931-934: ATTITUDES TOWARDS PEOPLE WITH AIDS

These four questions are to ascertain the respondents' own personal opinions and attitudes towards people with AIDS. To obtain this data, we present four hypothetical (imaginary) situations to respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with the AIDS virus.
- Concern about keeping the status of a family member infected with AIDS a secret or not.
- Willingness to care for a family member ill with AIDS in their own household.
- Attitude about a female teacher infected with the AIDS virus continuing to teach

If a school learns that a female teacher has the AIDS virus, but she is not sick, how should the school handle this information? Should the teacher be allowed to continue teaching at the school, or should she be removed from her teaching position? We are not asking about whether or not a teacher has actually been asked to leave a teaching position, but rather, what is the respondent's opinion about how such a case should be handled; should the teacher be allowed to continue teaching?

Qs. 935-937: PERSONALLY KNOW SOMEONE

These three questions pertain to actual situations that respondents may know about. Does the respondent personally know someone who has been treated in one of these fashions because he/she has AIDS? This would not include a story the respondent may have heard about someone she does not know. The questions have the following components: 1) does the respondent know someone who experienced the actions we are asking about; 2) does the respondent know that person personally; 3) was the person treated that way because he/she was suspected to have AIDS or has AIDS, and 4) did this occur sometime in the last 12 months?

So for example, if the respondent heard about someone who had been denied entrance to a health clinic because he/she has AIDS, but the respondent does not know that person with AIDS personally, Q. 935 could not be YES for this case. If the respondent knows someone who was socially excluded from a community event because he/she was suspected to have AIDS, but this occurred more than 12 months ago, Q. 936 could not be YES for this case. If the respondent knows someone who was teased last week but it was not because the person was suspected of having AIDS, Q. 937 could not be YES for this case.

Q. 939: PERSONALLY KNOW SOMEONE

If someone answered NO to all of Qs.935-937 then we ask Q. 939 to learn whether or not she personally knows someone who has the AIDS virus or is suspected to have the AIDS virus. This would not include someone the respondent has heard about, but has never met.

Qs. 940-955: OPINION QUESTIONS

This series of questions will be asked of all respondents. These are questions on which we would like the respondent to offer his or her own opinion. It is important not to lead the respondent into thinking there is a right or wrong answer.

Qs. 940 and 941: PEOPLE WITH AIDS

These two questions are strictly the respondent's own opinion about people who have the AIDS virus. It does not matter whether or not she personally knows someone with AIDS.

Qs. 942 and 943: TEACHING CHILDREN AGE 12-14

These two questions address society's responsibility towards educating young people. When are children old enough to be taught about ways to avoid AIDS? Some people believe that children age 12-14 are too young to be taught about ways to avoid AIDS. Other people think that children age 12-14 should be taught about ways to avoid AIDS. These two questions ask about teaching children two different ways to avoid AIDS: using condoms and waiting until marriage to have sexual intercourse.

Qs. 944-955: WHAT MEN AND WOMEN SHOULD DO AND WHAT THEY ACTUALLY DO

This series of questions are to ascertain the respondent's own opinion. There are two types of questions, one type asks the respondent what she thinks people should do, and the other is what the respondent thinks people she knows do in practice in their own lives. Each question pertains to a particular population, whether unmarried, unmarried sexually active, or married. First we ask six opinion questions pertaining to men, and then the same questions pertaining to women.

Q. 944: SHOULD YOUNG MEN WAIT UNTIL MARRIAGE

This and the next question pertain to abstinence behavior. We are only asking the respondent's own opinion as to whether or not she thinks young men should wait until being married to have sexual intercourse. We are not asking whether or not young men do wait until they are married to have sex, only whether the respondent thinks they should.

Q. 945: DO YOUNG MEN YOU KNOW WAIT UNTIL MARRIAGE

Now we ask the respondent's opinion regarding whether she thinks the young men she knows do wait until marriage to have sexual intercourse.

Qs. 946 and 947: SHOULD AND DO UNMARRIED MEN HAVE ONLY ONE PARTNER

Not all people will wait until marriage to have sexual intercourse, therefore we ask the respondent's opinion regarding men who are having sexual intercourse and are not married. Should they have sexual intercourse with only one partner? And then, do the sexually active, unmarried men the respondent knows have sex with only one partner?

Qs. 948 and 949: SHOULD AND DO MARRIED MEN LIMIT PARTNERS TO SPOUSE

The first question is the "should" opinion question and the second question is the "do" opinion question. Both questions are to ascertain the respondent's own opinion. Opinions about what other people should and actually do together contribute to forming norms, and shaping behavior.

Qs. 950-955: SHOULD AND DO FOR WOMEN

These questions on abstinence and being faithful are the same questions we just asked about men in Qs. 944-949, but now we will ask them about women. In Q. 950 we are not asking whether or not

the respondent is waiting until marriage (if she is single), and we are not asking whether or not the respondent waited until marriage (if she is married), only whether or not she thinks women should wait.

Q. 956: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other diseases that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections she knows about, but only that she has heard about any disease other than AIDS that is transmitted through sexual contact.

Q. 957: FILTER FOR EVER HAD SEXUAL INTERCOURSE

This filter requires you to check Q. 615 to determine if the respondent has ever had sexual intercourse.

Q. 958: FILTER FOR KNOWLEDGE OF STIs

This filter requires you to indicate whether the respondent has heard about sexually transmitted infections, after checking Q. 956.

Qs. 959-961: SEXUALLY TRANSMITTED INFECTION

We want to know if the respondent has had a sexually transmitted infection (Q. 959) or symptoms of a sexually transmitted infection in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 960) or sores or ulcers around the vagina (Q. 961).

Q. 962: FILTER FOR EVER HAD INFECTION

This filter requires you to check Qs. 959-961 to determine if the respondent has recently had a sexually transmitted infection or symptoms associated with such infections.

Qs. 924-925: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether the last time she had the infection or experienced one of the symptoms she sought advice or treatment (Q. 963). If the respondent had answered YES to all three 959, 960, and 961, word Q. 963 as “The last time you had a disease which you got through sexual contact, did you seek...” If Q. 959 is NO or DK, but Q. 960 or Q. 961 are YES, word Q. 963 as “The last time you had abnormal discharge (or a genital ulcer) did you seek...”

If the respondent sought treatment, ask about the place or places at which treatment or advice was sought. Write down the places mentioned by the respondent and circle the appropriate codes. Remember that if the respondent mentions a specific type of health facility, e.g., ‘the hospital’, you will need to probe to find out if the facility is public or private.

L. SECTION 10: MATERNAL MORTALITY

Q. 1001: INTRODUCTORY QUESTION

Read the question slowly so the respondent will understand that you are asking her questions on ALL her brothers and sisters, that is, all children born of her *biological* mother. This includes brothers and sisters of the respondent who may have died. The response recorded in Q. 1001 must include the respondent herself.

Q. 1002: FILTER FOR NO SIBLINGS

Follow standard filter procedures.

Q.1003: NUMBER OF PREVIOUS BIRTHS

Record how many brothers and sisters from her biological mother are older than the respondent herself. By comparing the age of the respondent with that of her brothers and sisters we can verify that the table for brothers and sisters is complete.

Q. 1004: NAME OF BROTHERS AND SISTERS

Ask and record at the top of the columns the name of each brother or sister of the respondent beginning with the eldest or first-born. Do not include the respondent in a column. When the list is complete, you will ask the questions in this section for one sibling before asking about the brother or sister in the next column.

Reference the brother or sister by mentioning his/her name.

If the respondent has more than 12 brothers or sisters born of the same mother, take a second Woman Questionnaire, fill in the information on the cover page, and write CONTINUATION on the top. In this second questionnaire, re-number the column numbers in Q. 1004 to (13), (14), etc. and record the additional information about the other siblings.

Questions 1008 to 1013 will only be asked about brothers and sisters who have died.

Q. 1005: SEX OF BROTHER OR SISTER

Follow standard procedure.

Q. 1006: SURVIVAL STATUS OF BROTHER OR SISTER

If a brother or sister died (Q. 1006 is NO) go to 1008. If the respondent does not know if the brother or sister is still alive, circle 8 and go to the next column (if there are other brothers and sisters).

Q. 1007: AGE OF BROTHER OR SISTER

If the brother or sister is alive, you must record their age at their last birthday. If the respondent doesn't know, persist by asking by how many years the brother or sister is younger or older than the respondent.

The ages of sisters who are still alive are used for calculating the years of exposure for estimating maternal mortality rates. After recording the response, go to the next column (if there are other brothers or sisters).

Q. 1008: NUMBER OF YEARS THAT HAVE PASSED SINCE THE DEATH

This question and others that follow refer only to brothers and sisters who have died. Ask how many years ago the brother / sister died. If the respondent does not know, ask her the year of death and calculate to determine the number of years. You must at least get an estimate.

Q. 1009: AGE AT DEATH

Age at the time of death is very important information. Make a maximum effort to obtain the response. This information is more important for sisters than for brothers, because the age will determine which skip instruction you follow; whether to ask questions 1010 to 1013, or whether to go to the next column.

Q. 1010-1012: PREGNANT OR GIVING BIRTH WHEN DIED

These questions are asked only for sisters who died at the age of 12 and older. The objective of these questions is to detect cases of maternal mortality. Maternal mortality may happen during pregnancy, during delivery, or during the end of a pregnancy (abortion or still birth) or even during the two months after the end of a pregnancy.

Q. 1013: NUMBER BIRTHS OF SISTERS.

Ask the total number of births the sister had in her lifetime. Include all children who were born alive. Then proceed to ask questions for the sibling in the next column.

Notes for the Maternal Mortality Section:

1. The number of columns filled must be equal to the number recorded in 1001 minus 1 (that is the total number of brothers and sisters born to the respondent's mother, minus the respondent herself).
2. Indicate the respondent's position in the table by making a cross in the right place. The number of columns preceding this position must be equal to the number recorded in Q. 1003.
3. If you add Q. 1008 (number of years passed since the death) and 1009 (age at death), this gives the age the brother or sister would have today if he/she were still alive. This calculation can be made to check that the brothers and sisters were recorded in the right order.
4. If in Q. 1009, «Age at death», the respondent tells you she doesn't know, persist to obtain an estimate. It is preferable to obtain an approximate age than no age at all. However, if the brother or sister died when he / she was still very young record 00 for age.
5. Compare the age of the brothers / sisters. Suppose a woman has a first child at the age of 15 and the last at the age of 47, which is an extreme case, the range between the age of the youngest brother or sister and the eldest brother/ sister cannot exceed $47-15 = 32$ years.

Cross check to see if the interval between brothers / sisters is not very long (5 years and above). If there is a long interval between births, be sure that the respondent has not forgotten to mention a brother or sister.

M. SECTION 11: WOMEN'S STATUS MODULE

The women's status module is designed to provide information on some critical elements of women's status and situation. When used with other data collected in the survey, data from the women's status module will contribute to our understanding of the background and current

circumstances of the women who are the major focus of investments in demographic and health programs.

Q. 1101: FILTER FOR SELECTION OF HOUSEHOLD FOR WOMEN'S STATUS MODULE

Questions in this section of the questionnaire will only be asked in one-quarter of the households in which teams will be interviewing. To verify whether the woman you are interviewing now should be asked the questions in this section, check the cover page of the Woman Questionnaire to verify that the household was selected for the Women=s Status questions. If the household was selected, then all women interviewed in this household will be asked the questions in this section. If the household was not selected, mark the box on the right and skip to the end of the questionnaire and record the time when the questionnaire was completed in Q. 1235.

Qs. 1102 and 1103: MARITAL STATUS AND NUMBER OF TIMES RESPONDENT HAS MARRIED

Follow standard filter procedures.

Q. 1104: HOW LONG SHE KNEW HUSBAND/PARTNER BEFORE UNION

The respondent should understand that you are asking how long she herself knew her husband/partner before their union, not how long her family knew him. For example, if the respondent says "My parents have always known the family very well" then ask her again how long she herself had known him before she married him or started living with him. For women who have been married more than once, make sure that the respondent knows that you are referring to her current husband if she is currently married, or her last husband if she is no longer married.

Q. 1105: WHO CHOSE HUSBAND/PARTNER

We are interested in who actually chose the respondent=s husband/partner for her. For example, if the respondent says "My parents asked me whether I would marry him" then she did not "choose" her husband even though she was consulted when her husband was being chosen. The correct answer code for this response would be "3". Code A1" if the respondent says that she herself decided that she would marry him. Code A2" if the respondent says that she and her husband together decided that they would like to marry.

Q. 1106: CONSENT SOUGHT WHEN HUSBAND/PARTNER CHOSEN

Follow standard procedure.

Q. 1107: MARRIAGE CONTRACT SIGNED

Follow standard procedure.

Q. 1108: REGISTRATION IN HUSBAND=S HOUSEHOLD BOOK OR FAMILY BOOK

Follow standard procedure.

Q. 1109: FILTER FOR CURRENT MARITAL STATUS

Follow standard filter procedures.

Q. 1110: HUSBAND AND WIFE DISCUSSIONS

We want to know how frequently the respondent and her husband talk together about different aspects of their life together. OFTEN here means at least once a week. Anything less than that is SOMETIMES. These are all topics relevant for all respondents; be sure to ask about each topic of discussion and code the answer. In each case, it does not matter what specific things they talk about related to the topic, what is important is that they talk to each other about each of these topics.

Qs. 1111 - 1116: FINAL SAY ON HOUSEHOLD DECISIONS

In each of these questions we want to know who takes different decisions in the respondent's household. First read the question, then get a response for each item before reading the next item. We need to know who has the final say. If, for example, the respondent says "My husband and I discuss everything" then probe and ask "Who finally takes the decision, that is who has the final say?" If the respondent says "Sometimes my husband decides, sometimes I decide" then ask "Who mostly decides?" If the respondent still says the same thing then both are deciding so circle "3". If the respondent says "It is a joint decision" then again both are deciding so also you should circle "3". If a person other than the respondent and her husband has the final say, then circle "4". If this is not a decision that anyone ever makes in the household then circle "6".

Q. 1117: FILTER FOR LIVING CHILDREN

Follow standard filter procedures.

Qs. 1118 - 1120: FINAL SAY ON DECISIONS ABOUT CHILDREN

Follow the same instruction as in Q. 1111. If in Q. 1118 the respondent says that her children are not of school going age, ask her who will have the final say in the decisions with regard to schooling when the time comes.

Q. 1121: RESPONDENT OPINIONS ON DIFFERENT ISSUES

All women are asked these questions. In this question we want to know if the respondent agrees or disagrees with each statement. Be sure to read each statement exactly as given in a neutral voice. If the respondent does not fully understand the statement the first time, read the statement again. Do NOT change the words of the statement to try and explain it to the respondent. If the respondent is undecided and does not know whether she agrees or disagrees, then circle "8".

Q. 1122: REFUSAL OF SEX

Follow standard procedure.

Q. 1123: SPOUSE ABUSE

Follow standard procedure.

Q. 1124: FILTER FOR CURRENT MARITAL STATUS

Follow standard filter procedures.

Q. 1125: HUSBAND=S RELATIVES ARE HOUSEHOLD MEMBERS

A person is said to be usually living in the household when he or she sleeps there most nights on a regular basis. Be sure to specify as OTHER any relatives whose relationship is not specifically listed. Record all of the husband=s relatives who are co-resident with the respondent.

Qs. 1126 and 1127: CURRENT SURVIVAL STATUS OF FATHER AND MOTHER

Follow standard procedure.

Qs. 1128 - 1131: EDUCATION AND LITERACY STATUS OF FATHER AND MOTHER

Follow standard procedure.

Q. 1132: DISTANCE FROM OWN FAMILY

We want to know whether the respondent has any member of her birth family living close by. So here we see whether she has any relative who is close enough for her to visit and come back on the same day. It does not matter what the relationship is, just that the relative is a member of her birth family such as her parents, brothers, sisters, aunts and uncles. We are not asking if she visits them, but just whether there is someone living close by.

Q. 1133: AVAILABILITY OF SUPPORT

We want to know if the respondent has someone she can depend on to give her a place to live and financial support if she ever needs it. These questions are not about whether she has ever asked for support of this kind, but whether she feels that she has people she can depend on. This is also not about regular support but about support only if there is a problem. It does not matter which family member or members it is that she mentions. For example, if the respondent says "My grandmother is always there. I can go to her and stay@ code "1" for YES. If a respondent says "My brother is the only family I have. I cannot say for sure if he will help me or not@ then code "8" for DON'T KNOW.

Q. 1134: OWNERSHIP OF ASSETS

First read the introductory statement "Now I would like to..." to all women. Then ask the questions. This statement is to assure women that we do not want financial information for any tax or other such purposes. We only want to understand women's financial position. Read the question and get a response for each type of asset before asking about the next type of asset. An asset is anything that is valuable and can be sold or bought. The respondent could be the sole owner (YES, ALONE) or could be a joint owner with one or more persons (YES, JOINTLY). For example, if the respondent says "My brother and I jointly own my parents' house now that they are gone" or if she says "This land is in my husband and my name" then circle "2" for the relevant asset.

Q. 1135: FILTER FOR THOSE WHO OWN AT LEAST ONE ITEM

Follow standard filter procedures.

Q. 1136: BEING ABLE TO SELL

This question is asked only for the assets that the respondent has told you she owns by herself. Circle "3" for all the assets that the respondent does not own or owns jointly with someone else. If the respondent cannot sell the asset without permission code "2". For example, if the respondent says "My husband put my name on this land, but I can never sell it without his permission" code "2"

against land.

Q. 1137: CONTROL OVER MONEY TO BUY GOODS

We want to know if the respondent controls the money for each item. If she says that she has to ask someone for the money or has to ask permission to use the money, then she is not controlling the money. For example, if a respondent says AIf I need to buy clothes for myself then I ask my husband for the money.@ then code A2" for NO. If she says A I just take money out of the household money to buy vegetables and fruit everyday@ then code "1". Code "3" for DOES NOT BUY only if the household never buys that item. For example, code "3" for 1137 if the respondent says AWe grow all of our fruits and vegetables so we never have to buy them.@ If the respondent says AIf I need medicine I am not the one who buys it. My husband has the money and he buys it for me@ the correct code is "2" not "3". This is because the item is being bought but the respondent is not the one controlling the money to buy it.

Q. 1138: CREDIT SOURCE

There are many different kinds of schemes which are set up to loan money to women to start their own business or do work to earn money. For example, micro-credit programs give loans to rural women to buy a cow to start getting and selling milk, or to women to buy a sewing machine so that they can start a tailoring shop. We want to know if the respondent knows of any such program that gives loans to women to start or expand their business.

Q. 1139: APPLIED FOR CREDIT

Whether a woman knows about special schemes that make loans to women or not, we want to know if she herself has ever taken a loan to start or expand a business. It does not matter where she took the loan from (a bank or a special program, or even the money-lender) but the loan must be for starting or expanding a business of any kind, urban or rural, in which she was involved.

Qs. 1140 -1141: ASSOCIATION/GROUP/CLUB MEMBERSHIP

In 1140, the association, group or club could be any kind. We just want to know if the respondent is a member. Different examples are social clubs, sports clubs, labor unions, cooking clubs, parent teacher association, etc. In 1141, circle all types of clubs/organizations/associations that the respondent says she is a member of. Code X for OTHER if the club/association/group mentioned is not listed.

Q. 1142: VOTING

Follow standard procedure.

Q. 1143: TRAFFICKING OF WOMEN

Follow standard procedure.

Qs. 1144- 1145: LAWS PROTECTING WOMEN'S RIGHTS

Follow standard procedure.

N. SECTION 12: HOUSEHOLD RELATIONS MODULE

Q. 1201: SELECTION OF WOMAN FOR HOUSEHOLD RELATIONS MODULE

Questions in this section of the questionnaire will only be asked in one-quarter of the households in which teams will be interviewing. And within that one-quarter of households, only one woman will be selected to be asked the questions in the Household Relations Module. How this woman was selected was already discussed in the Household Questionnaire.

To verify whether the woman you are interviewing now should be asked the questions in this section, check the cover page of the Woman Questionnaire. If the box labeled Household Relations Module contains a '2' for NO, then this woman will not be asked the questions in this section. If the box labeled Household Relations Module contains a '1' for YES, then this woman is selected for the Household Relations module and you will continue with the questions in this section.

Q. 1202: PRESENCE OF OTHERS

This is a very important instruction for you and not a question to be asked of the respondent. Check the area for the presence of others. Check both the area you are sitting in and areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized and you must do everything you can to obtain privacy so that the interview can continue. If, despite all your efforts, you are unable to isolate the respondent, then you will have to skip the section. But remember that you must do everything you can to obtain privacy so that you can fill out this section. If you are unable to obtain privacy, skip to Q. 1235 and give an explanation of what happened. If privacy has been obtained, proceed with the interview. Speak clearly, but be considerate of the feelings of the respondent by keeping your voice low throughout this section of the interview.

Q. 1204: FILTER FOR MARITAL STATUS

Follow standard filter procedures.

Q. 1205: RELATIONSHIP CONDITIONS

When asking these questions you should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Some of these topics will be difficult for the respondent to address, whether due to embarrassment, fear of her husband/partner, or only the suspicion of some reprisal by her husband/partner.

Phrase the questions according to the actual marital status of the respondent. For example, in the case of a woman who is not currently in union, you should refer to her ex-spouse/ex-partner in the past tense: in Q. 1205 say "He was jealous or angry..." or "He did not permit you. . . .?"

Q 1205 focuses on aspects of marital control, and answering these questions could be difficult for the respondent. After reading the introductory statement, read each question and pause, giving the respondent time to give her answer. Do not force her to respond if she is unwilling. Remember to keep your voice calm and low.

Qs. 1206 and 1207: VERBAL AND PHYSICAL BEHAVIOR IN THE RELATIONSHIP

The questions have several different parts. Each part should be read out slowly and clearly so that the respondent hears the entire question. After each question, pause and give the respondent sufficient time to answer.

In Q. 1206 we are interested in knowing whether the respondent has suffered any form of emotional abuse by her husband/partner. As in earlier questions first read the introductory statement then ask each question slowly and clearly. Record the respondent's answer before going on to the next question. For each item in the question, record the respondent's answer. If the answer is "Yes" circle code 1 and then ask question 1206B to determine the number of times each incident occurred in the preceding 12 months. If necessary, probe for a numeric response. For example, if the respondent says, "Many times" repeat "About how many times in the past 12 months?" If the respondent has a problem remembering then you could probe: "Approximately every month? Or more or less often?" If, however, the respondent says "No" to a question in 1206A, circle "2" and skip to the next item.

In 1206A part a) we are trying to determine whether or not the respondent has felt humiliated in front of others because of something her husband said or did. The focus is on her feeling humiliated, not on what the husband said or did. For example if a respondent says "He often scolds me in front of guests and I feel really bad" circle 1 and ask Q 1206B. In 1206B you must fill in the number of times each of the acts of humiliation occurred in the last 12 months. Fill "00" if no act of humiliation took place in the past 12 months. Assist the respondent in trying to remember the number of times with probes such as "Did it happen about every month?" "Less often? More often?" etc.

In Q. 1206A part b) we want to know whether or not the husband has done something that made the respondent feel afraid for either herself or someone she cares about. The type of harm threatened is not important here; rather the respondent's own perception that there was a threat is important. If the respondent says "Yes," circle code "1" and ask question 1206B part b).

Q. 1207 addresses physical and sexual violence perpetrated by the husband. These questions could be very painful, and some respondents may get emotional or upset. If a respondent does lose her composure be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that however painful, many respondents are willing to share this information if you are patient, non-judgmental and sympathetic. As in Q. 1206, circle code "1" for affirmative responses and ask Q. 1207B to determine frequency in the past 12 months before proceeding to the next line.

Q. 1208: FILTER FOR PHYSICAL BEHAVIOR

Follow standard filter procedures.

Q. 1209: PERIOD WHEN PHYSICAL BEHAVIOR BEGAN

This question allows us to determine when the physical and/or emotional violence first began in relation to the start of the relationship. Note that we want to know the timing of the first occurrence of abuse. If the first act of violence occurred before the couple got married/began living together, circle code 95.

Q. 1210: INJURY DUE TO PHYSICAL BEHAVIOR

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act of her husband/partner. Anything that was a clear accident is not being counted. Bruises and aches do not include injuries in which the skin has been broken. In response to question (b), if the respondent says “My husband attacked me with a knife and cut my arm” you will circle code “1” and determine the frequency in the last 12 months by asking Q.1210B before proceeding to the next line.

Q. 1211: WOMAN’S PHYSICAL BEHAVIOR

This question seeks to determine whether or not the respondent herself is an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question encompasses any act that would physically hurt the husband/partner, including throwing something or pushing him over to hurt him. If the respondent says that she has never hit her husband/partner circle code “2” for “NO”. Circle code 2 if the respondent says that she has physically hurt her husband/partner only after he had begun to beat her. If the respondent says “I hit him in self-defense,” probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, circle code 2; if she has hit him first whether in self defense or not, circle code 1.

Q. 1212: OCCURRENCE OF WOMAN’S PHYSICAL BEHAVIOR

This question is only for women who have said that they have hit their husbands when he was not hitting them. We are interested in knowing the frequency of such abuse of her husband/partner by the respondent during the last year. The response should NOT include the times that the wife struck the husband/partner when he was already beating or physically hurting her. Probe for a numeric response.

Qs. 1213 and 1214: HUSBAND’S CONSUMPTION OF ALCOHOL

In Q. 1213, we are interested in knowing whether or not the husband/partner drinks alcoholic beverages. The response should be YES regardless of the type of beverage or the frequency of consumption.

Q. 1214 is only asked of respondents whose husband/partner drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk--whatever it is that the respondent understands by being >drunk=. If she asks you what you mean by being >drunk= explain that a person is considered >drunk= if he has had so much alcohol that he is not in complete control of himself.

Q. 1215: OTHER PERSONS RESPONSIBLE FOR ABUSE OF WOMAN

This question is asked of all women, whether or not they have reported abuse by their current or last husband/partner. In this question, they are being asked about abuse by any other person than their husband since they were age 15. For example, an ever married woman could have been abused by a former husband or partner or by one of her in-laws. Read the question slowly, pausing briefly after each type of violent act mentioned.

Q. 1216: PERSONS RESPONSIBLE FOR ABUSE

This question seeks to find out who, other than the respondent’s current husband/partner, has

physically hurt the respondent. Circle all those persons who the respondent mentions. If she mentions someone who has not been listed circle AX@ and specify who it is. It is possible that a respondent might say that she has been beaten but will not tell who beat her. In this situation, you should assure the respondent of the confidentiality of her answers and repeat the question.

Q. 1217: FILTER FOR NUMBER OF PERSONS

Follow standard filter procedures.

Q. 1218: ABUSIVE RELATION

We want the respondent to identify the person who has beaten the respondent most frequently out of all of those mentioned in Q. 1216. If the respondent names two individuals, probe for the one person who has physically hurt the respondent the most.

Q. 1219: FREQUENCY OF ABUSIVE ACTIONS

We are interested in knowing the number of times during the last year the respondent was beaten by the individual identified in Q. 1218. Note that the time frame of this question is the last 12 months, whereas the preceding questions asked about physical abuse occurring at any time after the age of 15. Probe for a numeric response.

Q. 1220: FILTER FOR PREGNANCY STATUS

Follow standard filter procedures.

Qs. 1221 and 1222: ABUSIVE BEHAVIOR DURING PREGNANCY

These questions are asked only of women who are currently pregnant or have ever been pregnant. If the respondent is not currently pregnant, ask if she has been physically hurt during any pregnancy.@ If the respondent is currently pregnant, ask if she has been hurt during this or any other pregnancy@.

Q. 1223: FILTER FOR INTERCOURSE

Follow standard filter procedures.

Qs. 1224 and 1225: FORCED FIRST SEX

Q. 1224 is to determine whether the respondent's first sexual intercourse in her life was forced or not. No definition of force is being given here, force is whatever the respondent considers to be force. What is important is that the respondent thinks that she was being forced and had the sex against her will.

Q. 1225 refers to the same episode of her first sexual intercourse. If the woman said in response to Q. 1224 that she was forced, we will now ask whether she was physically forced.

Qs. 1226 and 1227: RECENT FORCED SEX

These questions are similar in intent as to Qs. 1224 and 1225, but now we will ask the respondent about whether or not she has been forced to have sexual intercourse at any time during the 12 months prior to the interview. Only if she says YES will we go on to ask if she was physically forced.

Q. 1228: FILTER FOR ANY ABUSE

Follow standard filter procedures.

Q. 1229: SELF HELP BEHAVIOR

In Q. 1229 we want to know if the respondent has sought any kind of help as a result of the abuse she has experienced.

Q. 1230: SOURCE OF HELP SEEKING BEHAVIOR

Note that multiple responses may be circled. Probe for additional responses.

Q. 1231: REASON FOR NOT SEEKING HELP

This question should be asked only of women who reported that they did not seek help for the abuse they experienced. You may circle only one response. Note that we seek only THE MOST IMPORTANT REASON.

Q. 1232: CYCLE OF VIOLENCE

This question asks whether the respondent's father ever hit the respondent's mother. If the respondent says "I'm not sure, but I think so" circle code "1" for YES.

Qs. 1233 and 1234: OBSERVATIONS

These questions provide information on the extent of privacy maintained during the interview. These are not questions to ask the respondent, but something you answer yourself. Circle a code in each line of Q. 1234 to indicate whether or not the interview was interrupted by the respondent's husband/partner, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, circle code "2" for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers.

COMMENTS

If the interview could not be completed use this space to give a complete explanation. You must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses.

Q. 1235: TIME INTERVIEW ENDED

Record the time you finished the interview using the 24-hour system. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Thank the respondent for her cooperation. At this point, check your questionnaire carefully.

O. INTERVIEWER'S OBSERVATIONS

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the editor or supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country or one with a different system for dividing grades into primary and secondary, note that here. You may wish to explain why a result code was other than >1. If answers that were not precoded require further explanation, use this space. All these comments are helpful to the editor, supervisor, and data processing staff in interpreting the information in the questionnaire.

APPENDIX A. HEIGHT AND WEIGHT MEASUREMENT OF WOMEN AND CHILDREN

All women age 15 to 49 as well as all children born in January [1999] or later, will be weighed and measured. The women are listed in Columns (36) and (37) of the Household Schedule while the children will be listed in Columns (44) and (45). The results of the measurements will be recorded in the last pages of the Household Questionnaire. The measurement of height and weight (anthropometric measurement) constitute a separate operation that will be conducted by the interviewer who completed the Woman's Questionnaire and one other person on the team (supervisor, editor or another interviewer) who will assist, after the individual interview is completed. The measurement procedures to be followed appear at the end of this section.

The height and weight measurement section of the Household Questionnaire has two parts. The top part is for recording the measurements of women age 15-49, and the bottom part is for young children. The interviewer will record information on the age of the women and the age and date of birth of children before the measurements are made.

INSTRUCTIONS FOR MEASURING HEIGHT AND WEIGHT OF BOTH RESPONDENTS AND CHILDREN

Acknowledgment: the instructions that follow have been taken (with some alterations) from the United Nations manual "How to Weigh and Measure Children: Assessing the Nutritional Status of Young Children in Household Surveys," Department of Technical Co-operation for Development and Statistical Office, New York, 1986.

I. PROCEDURES AND PRECAUTIONS BEFORE MEASURING

A. Layout of the Procedures

Each step of the measurement procedures is directed at specific participants, who are named in bold letters at the beginning of each step: e.g. "**Measurer**", "**Assistant**", etc.

B. Two Trained People Required

Two trained people are required to measure a child's height and length. The measurer holds the child and takes the measurements. The assistant helps hold the child and records the measurements on the questionnaire. If there is an untrained assistant such as the mother, then the trained measurer should also record the measurements on the questionnaire. One person alone can take the weight of a child and record the results if an assistant is not available.

C. Measuring Board and Scale Placement

Be selective about where you place the measuring board and scale. It is best to measure outdoors during daylight hours. If it is cold, raining or if too many people congregate and interfere with the measurements, it may be more comfortable to weigh and measure indoors. Make sure there is adequate light.

D. Age Assessment

Before you measure, determine the child's age. If the child is less than two years, measure length (that is, with the child is lying down). If the child is two years of age or older, measure height (that is, with the child is standing up). If accurate age is not possible to obtain, measure length if the child is less than 85 cm. Measure height if the child is equal to or greater than 85 cm.

E. When to Weigh and Measure

Weigh and measure after you have conducted the individual interview. This will allow you to become familiar with the members of the household. DO NOT weigh and measure at the beginning of the interview, i.e., as soon as you enter a household, which would be more of an upsetting intrusion.

F. Weigh and Measure One Child at a Time

If there is more than one eligible child in a household, complete the weighing and measuring of one child at a time. Then proceed with the next eligible child. DO NOT weigh and measure all the children together. If there is more than one eligible woman in a household, weigh and measure her and all her eligible children before proceeding with the next woman. Otherwise measurements may get recorded in the wrong columns of the questionnaire. Return measuring equipment to their storage bags immediately after you complete the measurements for each household.

G. Control the Child

When you weigh and measure, you must control the child. The strength and mobility of even very young children should not be underestimated. Be firm yet gentle with children. Your own sense of calm and self confidence will be felt by the mother and the child.

When a child has contact with any measuring equipment, i.e., on a measuring board you must hold and control the child so the child will not trip or fall. Never leave a child alone with a piece of equipment.

H. Coping with stress

Since weighing and measuring requires touching and handling children, normal stress levels for this type of survey work are higher than for surveys where only verbal information is collected.

Explain the weighing and measuring procedures to the mother, and to a limited extent, the child, to help minimize possible resistance, fears or discomfort they may feel. You must determine if the child or mother is under so much stress that the weighing and measuring must stop. Remember, young children are often uncooperative; they tend to cry, scream, kick and sometimes bite. If a child is under severe stress and is crying excessively, try to calm the child or return the child to the mother before proceeding with the measuring.

Do not weigh or measure a child if:

1. The mother refuses.
2. The child is too sick or distressed.
3. The child is physically deformed which will interfere with or give an incorrect measurement.
To be kind, you may want to measure such a child and make a note of the deformity on the questionnaire.

I. Recording Measurements and Being Careful

Keep objects out of your hands and pens out of your mouth, hair or breast pocket when you weigh and measure so that neither the child nor you will get hurt due to carelessness. When you are not using a pen, place it in your equipment pack or on the questionnaire. Make sure you do not have long fingernails. Remove interfering rings and watches before you weigh and measure.

J. Strive for Improvement

You can be an expert measurer if you strive for improvement and follow every step of every procedure the same way every time. The quality and speed of your measurements will improve with practice. You will be required to weigh and measure woman children. Do not take these procedures for granted even though they may seem simple and repetitious. It is easy to make errors when you are not careful. Do not omit any steps. Concentrate on what you are doing.

II. HEIGHT, SUMMARY OF PROCEDURES

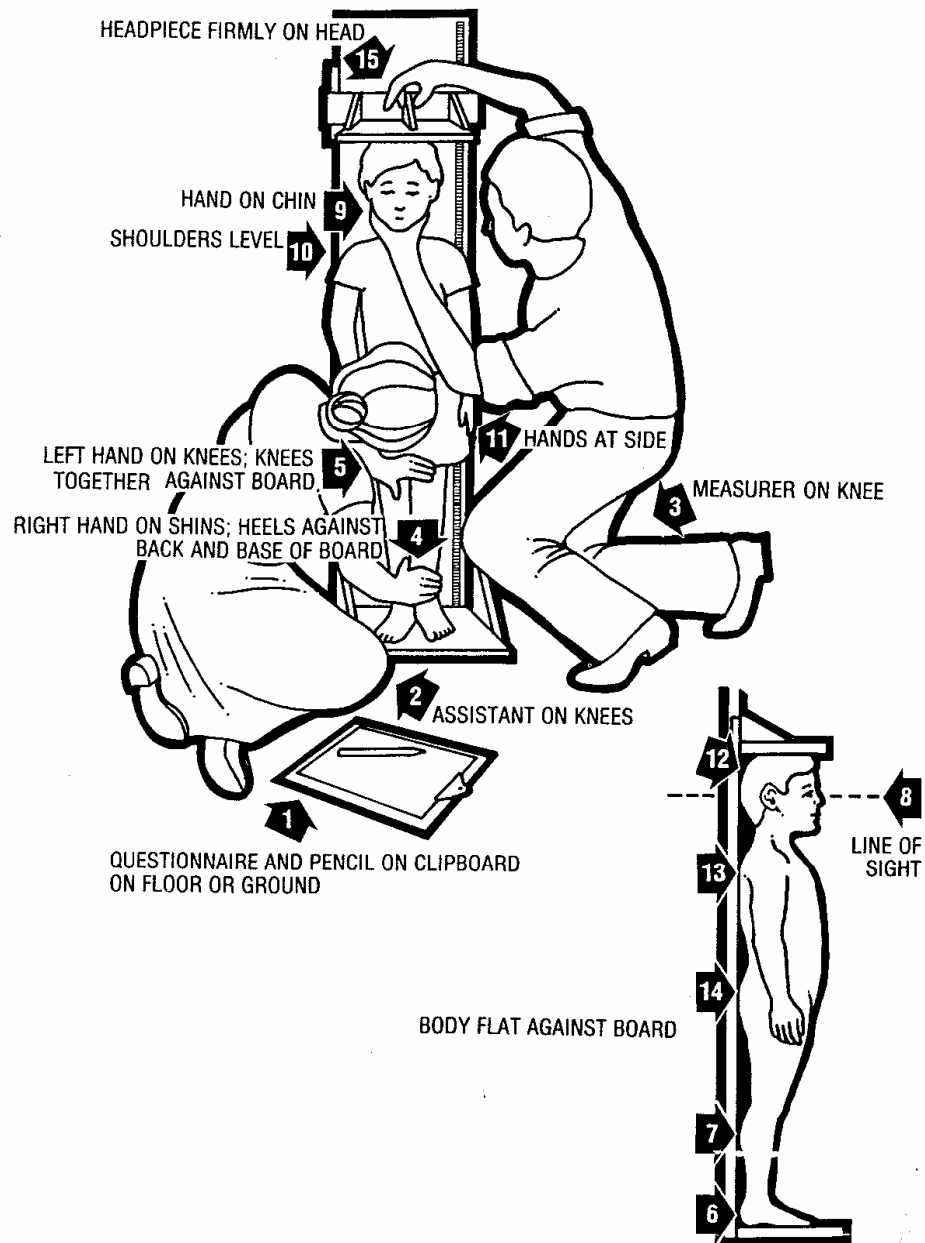
A. CHILD'S HEIGHT (Illustration 1)

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface against a wall, table, tree, staircase, etc. Make sure the board is stable.
2. **Measurer or Assistant:** Ask the mother to remove the child's shoes and unbraid any hair that would interfere with the height measurement. Ask her to walk the child to the board and to kneel in front of the child (if she is not the assistant).
3. **Assistant:** Place the questionnaire and pen on the ground (Arrow 1). Kneel with both knees on the right side of the child. (Arrow 2).
4. **Measurer:** For mobility, kneel on your right knee only, on the child's left side (Arrow 3).
5. **Assistant:** Place the child's feet flat and together in the center of and against the back and base of the board. Place your right hand just above the child's ankles on the shins (Arrow 4), your left hand on the child's knees (Arrow 5) and push against the board. Make sure the child's legs are straight and the heels and calves are against the board (Arrows 6 and 7). Tell the measurer when you have completed positioning the feet and legs.
6. **Measurer:** Tell the child to look straight ahead at the mother if she is in front of the child. Make sure the child's line of sight is level with the ground (Arrow 8). Place your open left hand on the child's chin. Gradually close your hand (Arrow 9). Do not cover the child's mouth or ears. Make sure the shoulders are level (Arrow 10), the hands are at the child's side (Arrow 11), and the head, shoulder blades and buttocks are against the board (Arrows 12, 13, 14). With your right hand, lower the headpiece on top of the child's head. Make sure you push through the child's hair (Arrow 15).
7. **Measurer and Assistant:** Check child's position (Arrows 1-15). Repeat any steps as necessary.
8. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 cm. Remove the headpiece from the child's head, your left hand from the child's chin and support the child during the recording.
9. **Assistant:** Immediately record the measurement and show it to the measurer. Note: If the assistant is untrained, the measurer records the height.
10. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to correct any errors.

B. WOMAN'S HEIGHT

Measure the height of the respondent in the same way you do for older children. Make sure that any scarves are removed and that her hairstyle does not interfere with the measurement. You must use all extension pieces for the measuring board. While measuring, you should be careful to respect her modesty when checking that she is standing straight against the board.

Illustration 1

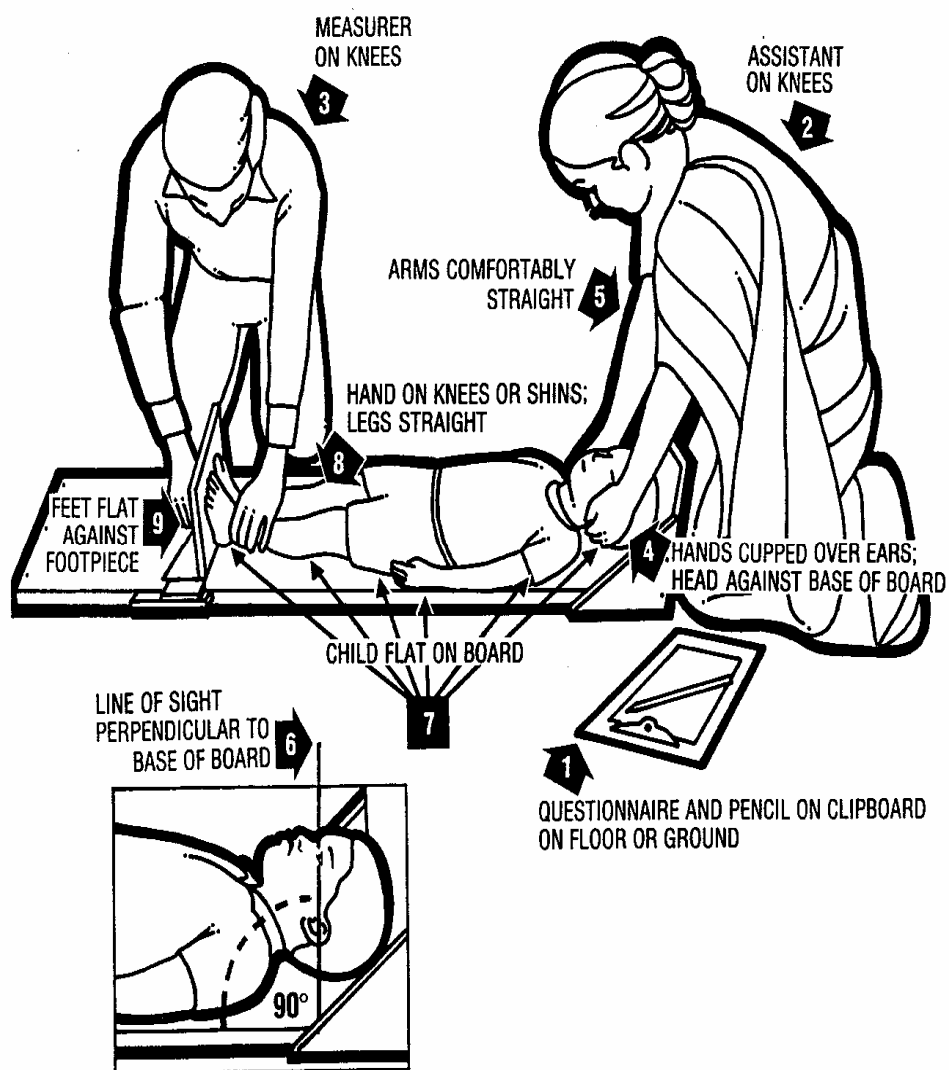


C. CHILD'S LENGTH (Illustration 2)¹

1. **Measurer or Assistant:** Place the measuring board on a hard flat surface, i.e. ground, floor or steady table.
2. **Assistant:** Place the questionnaire and pen on the ground, floor or table (Arrow 1). Kneel with both knees behind the base of the board, if it is on the ground or floor (Arrow 2).
3. **Measurer:** Kneel on the right side of the child so that you can hold the foot piece with your right hand (Arrow 3).
4. **Measurer and Assistant:** With the mother's help, lay the child on the board by doing the following:
Assistant: Support the back of the child's head with your hands and gradually lower the child onto the board.
Measurer: Support the child at the trunk of the body.
5. **Measurer or Assistant:** If she is not the assistant, ask the mother to kneel on the opposite side of the board facing the measurer to help keep the child calm.
6. **Assistant:** Cup your hands over the child's ears (Arrow 4). With your arms comfortably straight (Arrow 5), place the child's head against the base of the board so that the child is looking straight up. The child's line of sight should be perpendicular to the ground (Arrow 6). Your head should be straight over the child's head. Look directly into the child's eyes.
7. **Measurer:** Make sure the child is lying flat and in the center of the board (Arrow 7). Place your left hand on the child's shins (above the ankles) or on the knees (Arrow 8). Press them firmly against the board. With your right hand, place the foot piece firmly against the child's heels (Arrow 9).
8. **Measurer and Assistant:** Check the child's position (Arrows 1-9). Repeat any steps as necessary.
9. **Measurer:** When the child's position is correct, read and call out the measurement to the nearest 0.1 cm. Remove the foot piece, release your left hand from the child's shins or knees and support the child during the recording.
10. **Assistant:** Immediately release the child's head, record the measurement, and show it to the measurer. Note: If the assistant is untrained, the measurer records the length on the questionnaire.
11. **Measurer:** Check the recorded measurement on the questionnaire for accuracy and legibility. Instruct the assistant to correct any errors.

¹If the assistant is untrained, e.g. the mother, then the measurer should help the assistant with the length procedure.

Illustration 2



III. WEIGHT, SUMMARY OF PROCEDURES FOR WEIGHING WOMEN AND CHILDREN

A. Equipment:

1. **Digital scale** (UNICEF Electronic Scale or Uniscale²) for weighing both children and adults. (The scale looks like a bathroom scale, with a digital display. The scale is accurate to 0.1 kg (0.2 lbs), and allows the measurer to directly read the weight of the child when held by the mother without requiring any calculations).

The Uniscale has solar cells; there are no batteries that can be changed.

(The following incorporates part of the instructions in the booklet that accompanies the Uniscale. Please also see **Additional Notes on the Uniscale** following the instructions on how to weigh women and children).

2. **Wooden support board** to place under the scale (to be carried with the scale). If you do not have a wooden board, you may have to use the top section from the height measuring board unless you can place the scale on a completely flat and horizontal floor.

B. **Measurer: Explaining the weighing procedure to the respondent/mother.**

1. Explain to the mother that you have a scale to weigh the child(ren), and that the child(ren) will be weighed while being held by the mother. Also explain that you will record the respondent's/mother's weight as well. Older children may be weighed by standing by themselves on the scale.
2. Ask the mother to wear just light indoor clothing (e.g. a dress or a blouse and skirt) when she is weighed. She should not wear thick clothing or anything heavy.
3. Ask the mother to undress the child(ren) completely. The only exception is that the children may wear a small pair of underpants if desired by the mother. Children should not wear diapers. If she is concerned that it is cold, tell her that she may cover the child(ren) with a cloth or a blanket until the scale is ready.
4. Ask the mother to let someone else hold the baby so she can be ready to step onto the scale (or hold the baby yourself if no one else is there).
5. Tell the mother that after weighing her, you will first weigh the youngest child, then the second youngest, etc.

C. **Measurer: Preparing the scale**

1. It is important to remember that the scale will not function correctly if it becomes too warm. It is best to use the scale in the shade, or indoors, as long as there is enough light for the solar cells.
Place the wooden support board flat on the ground, making sure that it is on a smooth surface, and that it will not move at all even if someone stands on it.

² The UNICEF emblem of the mother and child is on the Uniscale which is manufactured by SECA. The scale carries the inscription "This scale was manufactured for UNICEF using technology developed in Australia and donated to UNICEF by the people of Australia".

2. Then place the scale on the board and make sure that it is flat (horizontal).
3. If the scale is not flat (horizontal) or if the scale and board are not steady, move the board into a different position, or place something under the board, until the problem is corrected.
4. Check again to make sure that the board is flat (horizontal) and stable and that it cannot move at all. It is important that the scale is placed on a hard, level surface; soft or uneven surfaces may cause errors in weighing.
5. Have the questionnaire and pen ready in your hand.

D. Measurer: Weighing women and older children who can stand on the scale by themselves

1. Turn the scale 'ON' by covering the solar cells for less than one second (the scale will not turn on if the solar cells are covered too long). The display should show '188.8' first, and then '0.0'. The '0.0' reading indicates that the scale is ready.
2. Ask the woman to step onto the center of the scale and stand quietly. Wait until the numbers on the display no longer change. Make sure that the solar cells are not covered by a skirt or by the woman's feet.
3. The woman's weight will appear in the display within two seconds. Record the woman's weight to the nearest 0.1 kg in the questionnaire in the RESPONDENT column (this is the weight of the respondent). (Make sure that you are able to see the whole display area so that you can read all the numbers correctly).
4. Tell the mother to please keep standing still on the scale, since you are getting ready to weigh the child now.

E. Measurer: Weighing the child(ren)

NOTE: If it is cold and the mother wants the child to be covered during the weighing, give her a blanket or cloth for covering the baby **after** you have recorded her own weight in the questionnaire (that is, after Step D.3), but **before** you go to the next step (E.1).

1. If you are NOT giving the mother a blanket or cloth: While the mother is standing still on the scale, make sure that the numbers are not changing, then (while the woman is standing quietly on the scale) cover the solar cells for less than one second. The scale will read '0.0'. There will be a small picture of a mother holding a baby which means that the scale has adjusted itself to ignore the woman's weight (this is called taring) and prepared itself to show you only the baby's weight. The scale is ready to weigh the baby in the mother's arms.

If you ARE giving the mother a blanket or cloth for covering the baby: Ask the mother to step off the scale after you have recorded her weight. Then give her the blanket or cloth and ask her to step back onto the scale. (It is necessary for the woman to step off the scale because blankets and cloths usually weigh less than 2 kilograms; see H.2 below). While the woman is standing still on the scale, make sure that the numbers are not changing, then (while the woman is standing quietly on the scale and holding the blanket) cover the solar cells for less than one second. The scale will read '0.0'. There will be a small picture of a mother holding a baby which means that the scale has adjusted itself to ignore the woman's

weight (this is called taring) and prepared itself to show you only the baby's weight. The scale is ready to weigh the baby in the mother's arms.

2. Give the mother the youngest child to hold. Wait until the numbers on the display no longer change.
3. Record the weight of the child to the nearest 0.1 kg in the questionnaire in the column with the child's name. (The scale has now shown you the weight of the child alone even though sthey was held by the mother).

F. Measurer: Weighing more than one child per respondent

Repeat the steps above (under E.) for each child, giving the mother the second to the youngest child to hold, then the third youngest, etc.

1. Make sure that you cover the solar cells for less than one second while the mother stands quietly alone on the scale **before each** child is weighed. The scale will read '0.0' and the small picture of a mother holding a baby will appear, telling you that the scale is ready to weigh the child in the mother's arms. (For the best results, it is best to follow this procedure of taring the scale before each child).
2. Give the child to the mother to hold. Wait for a few seconds until the numbers on the display no longer change.
3. Record the weight to the nearest 0.1 kg in the questionnaire in the column with the child's name.

G. Measurer: Thank the respondent

Thank the respondent, and tell her something nice about her child(ren).
(The scale will turn itself off after a short while).

H. Additional Notes on the Uniscale:

1. The Uniscale **switches itself off automatically two minutes after the last weighing**. If this happens, follow the instructions from the beginning to turn it on again.
2. There are **special instructions for weighing very small babies** (those who weigh less than about 2 kg.). If you are not able to get a weight reading when trying to weigh a small baby, follow these instructions. To get a reading for such a small child, the scale should be tared by covering the solar cells for less than one second while the woman stands on the scale (as described above under E.1). The woman must then step off the scale (the display will then show '--.-'), take the small baby, and then step right back on the scale again. The display will show the weight of the small baby.
3. If there is **too much movement** on the scale during measurement, the display will switch between '1.' and '.1' until the load becomes stable.
4. Do not weigh loads with a **total weight** of more than 150 kg.

5. Possible **reasons for the scale not taring** (returning to '0.0' after covering the cells when the mother is standing on the scale):
- a. there was no weight on the scale to tare
 - b. the solar cell was not covered completely
 - c. the solar cell was covered for more than one second; try covering it for less than one second
 - d. it is too dark; put the scale in a brighter place
 - e. the load weighs more than 120 kg.; use a lighter load

6. **What to do if the scale display shows:**

E01:

The scale has to readjust itself. Get off the scale and wait until E01 no longer appears.

E02 and switches off automatically:

Be sure there is no load on the scale and try to start the scale.

E03 and switches off automatically:

The scale is either too cold or too hot. Move it to a different place with the temperature between 0 degrees C and 45 degrees C. Wait 15 minutes for it to adjust to the temperature, then start the scale.

E04 after measuring:

The load is too heavy (more than 150 kg.). Get off the scale and reduce the load.

E05 for a few seconds after trying to start the tare function:

The load is too heavy for taring (more than 120 kg.). Get off the scale and reduce the load.

7. **Notes on using, cleaning and storing the Uniscale:**

- a. The scale will not function correctly if it becomes too warm. It is best to use the scale in the shade, or indoors, as long as there is enough light for the solar cells. If the scale becomes too hot and does not work correctly, place it in a cooler area and wait 15 minutes before using it again.
- b. The scale must adjust to changes in temperature. If the scale is moved to a new site with a different temperature, wait for 15 minutes before using the scale again.
- c. Do not drop or bump the scale.
- d. Do not store the scale in direct sunlight or other hot places. For example, do not leave the scale in a parked vehicle on a sunny day.
- e. Protect the scale against excess humidity and wetness.
- f. Do not use the scales at temperatures below 0 degrees C or above 45 degrees C.
- g. To clean the scale, wipe surfaces with a damp cloth. Never put the scale into water.

Cambodia Demographic and Health Survey 2005

Team Leader and Field Editor Manual

June 2005

MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE *DHS* is funded by the U.S. Agency for International Development (USAID). The project is implemented by ORC Macro in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Program for Appropriate Technology in Health (PATH), Jorge Scientific Corporation (JSC), and Casals & Associates, Inc. (C&A) .

The main objectives of the MEASURE DHS program are 1) to provide improved information through appropriate data collection, analysis, and evaluation; 2) to improve coordination and partnerships in data collection at the international and country levels; 3) to increase host-country institutionalization of data collection capacity; 4) to improve data collection and analysis tools and methodologies; and 5) to improve the dissemination and utilization of data.

For information about the Demographic and Health Surveys (DHS) program, write to DHS, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 301-572-0200; fax: 301-572-0999; e-mail: reports@macroint.com).

The Cambodia DHS 2005 Manual is adapted from:

ORC Macro. 2005. *Supervisor=s and Editor=s Manual for Use With Model Woman's Questionnaires*. MEASURE *DHS* Basic Documentation No. 5. Calverton, Maryland, U.S.A.: ORC Macro.

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I. INTRODUCTION TO THE CDHS SURVEY

The Cambodia Demographic and Health Survey (CDHS) is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, AIDS and sexually transmitted diseases, reproductive health, and nutrition. The CDHS will involve interviewing a randomly selected group of women and men who are between 15 and 49 years of age.

Team leaders and field editors for the CDHS have an important position. They are the primary links between NIS and NIPH and the interviewers. As such, they are responsible for ensuring both the quality and progress of fieldwork.

This manual provides information needed by team leaders and field editors to carry out their duties. Candidates for the positions of team leader and field editor for the survey should study this manual carefully during their training. They should also study the Interviewer Manual since it is necessary for them to thoroughly understand the questionnaire and the procedures for completing it. Individuals selected to serve as team leaders and field editors should continue to refer to these manuals throughout the fieldwork period.

A. SURVEY OBJECTIVES

The CDHS is part of a worldwide survey program. The international MEASURE DHS program is designed to

- Collect information on population, health, and nutrition
- Measure differences across the country in fertility and family planning use
- Assist countries in conducting surveys periodically to monitor changes in population, health, and nutrition
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS program, surveys are being carried out in countries in Africa, South America, Central America, the Caribbean, Asia, Europe, and the Near East.

Data from the survey will be used by policymakers to evaluate the demographic and health status of the population. For example, information on the immunization coverage among young children can be used to assess the success of the government's vaccination campaign and might point to areas of the country that should be targeted for special programs in order to improve coverage in the future. Data on the types of contraceptive methods used by couples may be utilized to determine the numbers of supplies that need to be ordered in future years. Because the survey covers many interrelated topics, it will be possible to investigate questions like whether children who are too closely spaced together are more likely to die in early childhood and which variables related to childhood malnutrition are important. The information collected in this survey will be used for many years.

B. TRAINING

Team leaders and field editors can not skip any of the training sessions, even if they participated in the pretest. Active involvement of team leaders and field editors in interviewer training is necessary for an understanding

of the role of the interviewer and the problems teams may encounter during fieldwork. Team leaders will supervise the practice interviewing in the field prior to the start of fieldwork, and field editors will edit questionnaires, giving all team members experience in working together as a team.

In addition to interviewer training, additional training will be provided on the specific duties of team leaders and field editors. This is to ensure that all teams follow a uniform set of procedures and to teach team leaders and editors how to check the fieldwork and edit completed questionnaires.

C. RESPONSIBILITIES OF THE TEAM LEADER

Each team leader will be responsible for one team consisting of one field editor, three female interviewers, and one male interviewer. He will be assisted by the field editor, who will be in charge in the absence of the team leader. As the workload of the team leader and the field editor will vary from day to day, it is expected that they will assist each other in completing their duties.

The team leader is the senior member of the field team. He is responsible for the well-being and safety of team members, the completion of the assigned workload, and maintenance of data quality. The team leader receives his assignments from and reports to the CDHS survey coordinators. The team leader is to make the necessary preparations for fieldwork, and organize and direct fieldwork.

To prepare for fieldwork, the team leader must

- 1) Obtain sample household listings and sketch maps for each area in which his team will be working.
- 2) Become familiar with the area where the team will be working and determine the best arrangements for travel and accommodations.
- 3) Contact local authorities to inform them about the survey and gain their support and cooperation.
- 4) Obtain all monetary advances, supplies, and equipment necessary for the team to complete its assigned interviews. Careful preparation by the team leader is important for facilitating the work of the team in the field, for maintaining interviewer morale, and for ensuring contact with the central office throughout the fieldwork.

During fieldwork, the team leader will

- 1) Assign work to interviewers, and ensure that there is an equitable distribution of the workload.
- 2) Maintain fieldwork control sheets and make sure that assignments are carried out.
- 3) Regularly send completed questionnaires and progress reports to the central office and keep headquarters informed of the team's location.
- 4) Communicate any problems to the survey coordinators.
- 5) Be responsible for team transportation and use project transport only for project work.
- 6) Arrange for lodging and food for the team.
- 7) Make an effort to develop a positive team spirit. A congenial work atmosphere, along with careful planning of field activities, contributes to the overall quality of the survey.

D. RESPONSIBILITIES OF THE FIELD EDITOR

The specific duties of the field editor are to monitor interviewer performance with the aim of improving and maintaining the quality of the data collected. Close supervision of interviewers and editing of completed interviews are essential to ensure that accurate and complete data are collected. Because the collection of high-quality data is crucial to the success of the survey, it is important that field editors are mature, responsible women who execute their duties with care and precision. With careful attention to questionnaire content, it is possible to eliminate interviewer error patterns before they become habits.

Monitoring interviewer performance requires that the field editorC

- 1) Observe at least one interview every day.
- 2) Edit all completed questionnaires in the field; editing must be completed prior to leaving the sample area. As far as possible, the team leader should assist the editor in performing this task so that all interviews are edited while still in the sample area.
- 3) Conduct regular review sessions with each interviewer and advise of any problems found in questionnaires.
- 4) Put completed questionnaires from a sample area in order and pack them up to be sent to the central office.

II. PREPARING FOR FIELDWORK

A. COLLECTING MATERIALS FOR FIELDWORK

Before leaving for the field, the team leader is responsible for collecting adequate supplies of the materials the team will need in the field. These items are listed below:

Fieldwork documents:

- Team Leader and Editor Manual
- Interviewer Manual
- Maps and household listing forms for all clusters in the assigned area
- Letters of introduction to local authorities
- Household and Woman and Man Questionnaires
- Team Leader/Field Editor Assignment Sheets
- Interviewer Assignment Sheets
- Interviewer Progress Sheets

Supplies:

- Blue pens for interviewers
- Red pens for field editor and team leader
- Clipboards, briefcases, and backpacks
- Paper clips, scissors, string, staplers and staples, cello tape, etc.
- Envelopes to store completed questionnaires
- First aid kit

Funds for Field Expenses:

- Sufficient funds to cover expenses for the team
- Procedures relating to funding will be arranged during the training session. We will discuss payment to teams, payments for transportation, and payment for communicating with survey coordinators and the central office.

B. ARRANGING TRANSPORTATION AND ACCOMMODATIONS

It is the team leader's responsibility to make all necessary travel arrangements for his or her team, whenever possible, in consultation with the central office. The team leader is responsible for the maintenance and security of team transportation. Transportation should be used exclusively for survey-related travel, and when not in use, it should be kept in a safe place. Drivers take instructions from the team leader.

In addition to arranging transportation, the team leader is in charge of arranging for food and lodging for the team. If they wish, interviewers may make their own arrangements, as long as these do not interfere with fieldwork activities or break the team spirit. Lodging should be reasonably comfortable, located as close as possible to the interview area, and provide secure space to store survey materials. Since travel to rural clusters is often long and difficult, the team leader may have to arrange for the team to stay in a central place.

C. CONTACTING LOCAL AUTHORITIES

It is the team leader's responsibility to contact the village officials before starting work in an area. Letters of introduction will be provided, but tact and sensitivity in explaining the purpose of the survey will help win the cooperation needed to carry out the interviews.

D. CONTACTING THE CENTRAL OFFICE

Each team leader should provide survey coordinators with handy phone contact numbers of team members to maintain regular contact with survey coordinators and the central office. Regular contact is needed for supervision of the team by central office staff, payment of team members, and the return of completed questionnaires and blood samples for timely data processing.

E. USING MAPS TO LOCATE CLUSTERS

The team leader is responsible for identifying and locating households selected in the sample for interview. NIS will provide the team leader with maps and a copy of the household listing for each of the clusters in which his team will be working. These documents enable the team to identify the cluster boundaries and to locate the households selected for the sample. The representativeness of the whole survey depends on finding and visiting every sampled household.

Regional or provincial maps help the team leader to determine the location of sample areas and the distance between them, while general cluster maps and sketch maps of the sampled clusters will help identify how to reach selected households or dwellings.

Each team will be given general cluster maps, household listing forms, and sketch maps and/or written descriptions of the boundaries of selected areas. A cluster is the smallest working unit in any census or survey operation that can easily be covered by one enumerator. It has identifiable boundaries and lies wholly within an administrative or statistical area. The general cluster maps may show more than one cluster (see Figure 1). Each cluster is identified by a number (e.g., EA-05, enumeration area 05). Symbols are used to indicate certain features on the map such as roads, footpaths, rivers, and railroads (see Figure 1). Sketch maps show more details of the selected cluster (see Figure 2).

In most clusters, the boundaries follow easily recognizable land features (such as rivers, roads, railroads, swamps, etc.). However, at times, boundaries are invisible lines. The location and determination of invisible boundaries will require some ingenuity. The following guidelines are suggested to locate the selected clusters:

- 1) Identify on the map the road used to reach the cluster. When you reach what appears to be the cluster boundary, verify this by checking the location of actual terrain features and landmarks against their location on the map. Do not depend on one single feature; use as many as possible.
- 2) It is usually possible to locate unnamed roads or imaginary lines by asking local authorities or people living in the area. In most cases, these people will know where the villages or other landmarks are, and by locating these, you can usually determine where the boundary runs.
- 3) Although there are cases in which boundaries shown on the map no longer exist or have changed location (for example, a road has been relocated or a river has changed course), do not jump to conclusions. If you cannot locate a cluster, go on to the next one and discuss the matter later with the survey coordinators.

Figure 1. Example of a General EA Map

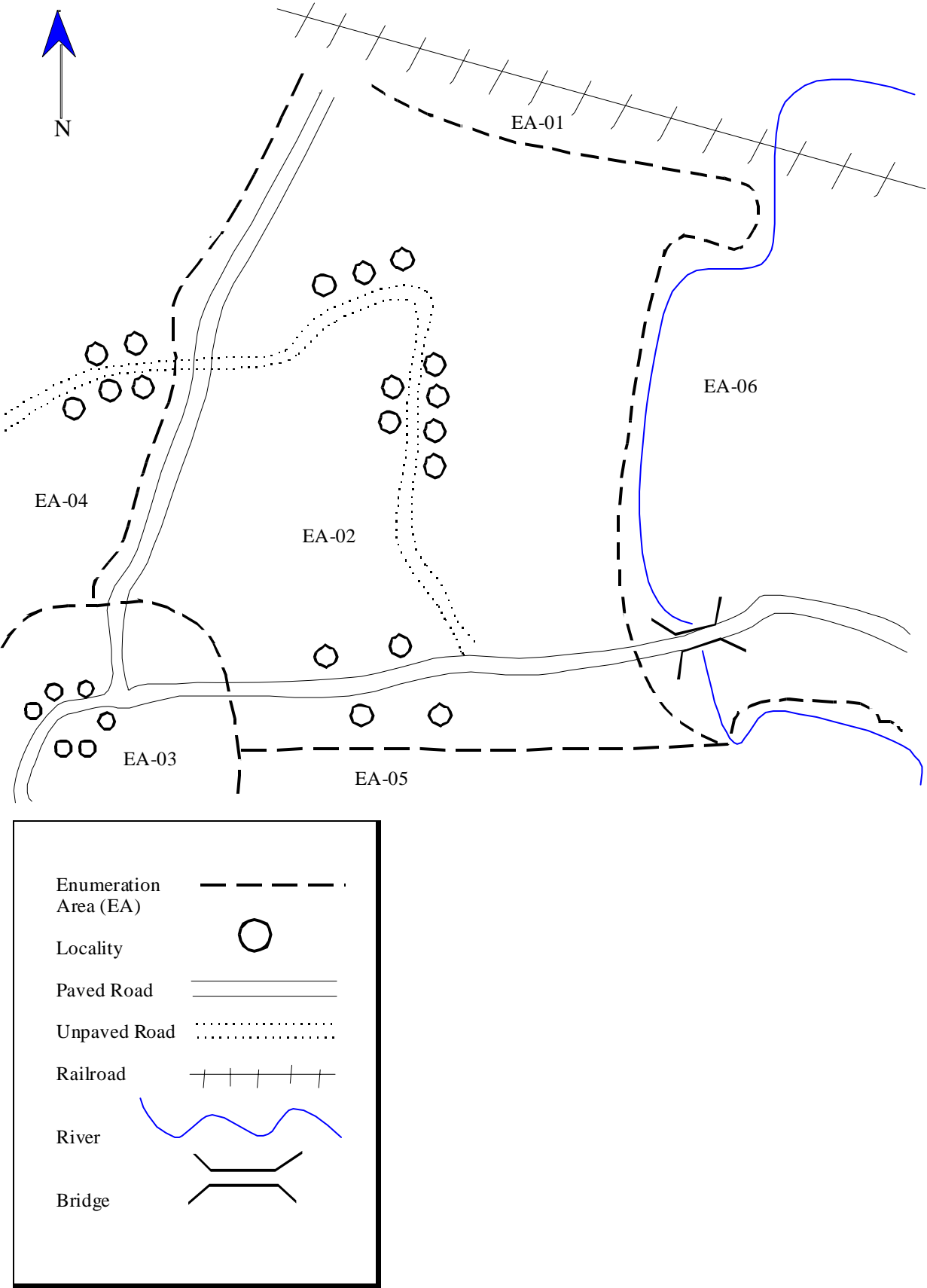
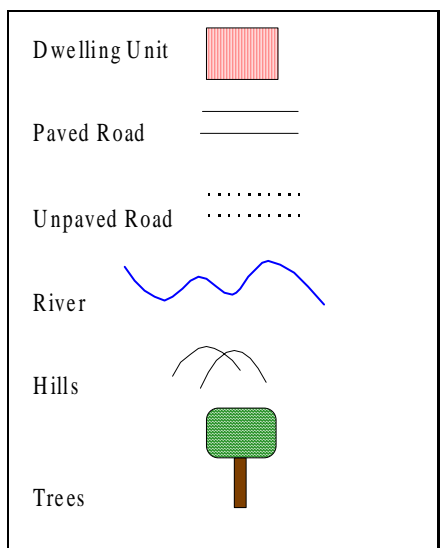
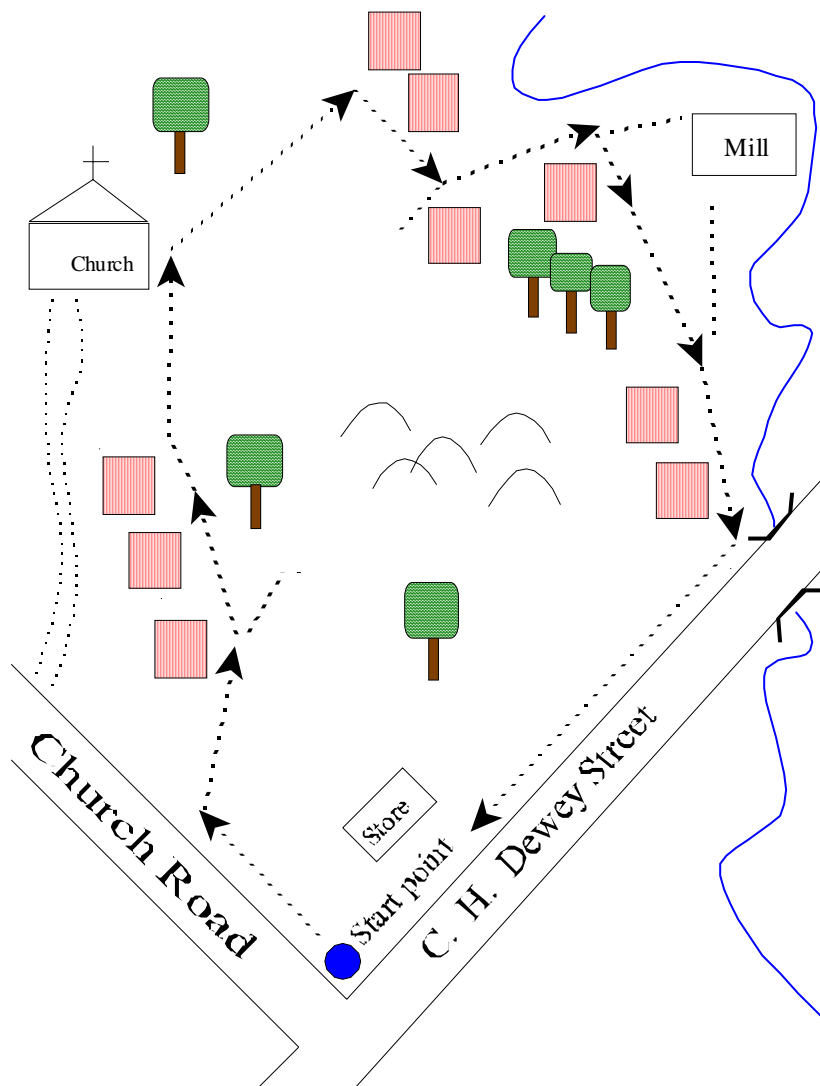
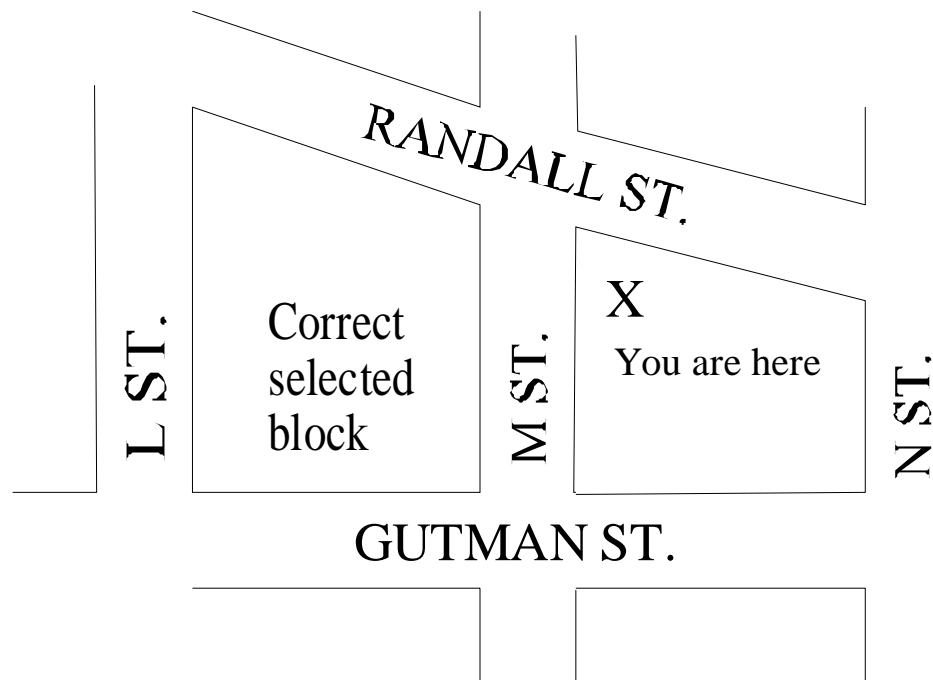


Figure 2. Example of a Sketch Map



- 4) In urban areas, street names will often help you locate the general area of clusters. Boundaries can be streets, alleys, streams, city limits, power cables, walls, rows of trees, etc.
- 5) Check the general shape of the cluster. This will help you determine whether you are in the right place.
- 6) Read the written description.
- 7) Locate all the cluster boundaries before you begin interviewing. For example, if the cluster is a rectangular block, the names of three boundary streets is not enough to unequivocally identify the cluster; check all four boundary streets (see Figure 3).

Figure 3. Importance of Identifying All Cluster Boundaries



F. FINDING SELECTED HOUSEHOLDS

In most cases, the selected households can be located by referring to the household listing form or to the detailed maps of the selected clusters. Because people move around, and sometimes the listing teams may have made errors, you may have difficulty locating the residents of dwellings that were selected. Here are examples of some problems you may encounter and how to deal with them:

- 1) The household in the selected dwelling has moved away and the structure is vacant. If a household has moved out of the structure where it was listed and no one is living in the structure, you should consider the structure vacant and enter code >6= (DWELLING VACANT OR ADDRESS NOT A DWELLING) on your Team Leader/Field Editor Assignment Sheet. (This sheet is described in Section IV.A.)
- 2) The household in the selected dwelling has moved away and a new one is now living in the same structure. In this case, the new household should be interviewed.
- 3) The dwelling number and name of household head do not match what is found in the field. For example, Jerry Jenkins is listed as the household head for dwelling DHS-003, but when the interviewer goes to DHS-003, she finds that the household living there is headed by Susan Smith. Consider whichever household is living in DHS-003 as the selected household, i.e., the household headed by Susan Smith should be interviewed. Check carefully, however, that you are in the right cluster and have identified the selected dwelling.
- 4) The household listed in a selected dwelling is actually living in a dwelling that was not selected. For example, Jerry Jenkins is listed as the household head for dwelling DHS-003, but Jerry Jenkins actually lives in DHS-028. The household living in DHS-003 should be interviewed. If there is a discrepancy between the dwelling number and the name of the household head, interview whoever is living in the selected dwelling. Make absolutely sure that you are in the right cluster and have identified the selected dwelling.
- 5) The listing shows only one household in the dwelling, but two households are living there now. In this case, both households should be interviewed. Make a note on your Team Leader/Field Editor Assignment Sheet next to the household that was not on the listing. Assign the new household a household number, enter the number on your Team Leader/Field Editor Assignment Sheet, and instruct the interviewer to enter the new household number on the Interviewer Assignment Sheet and on the questionnaire. However, if the listing shows two households in the dwelling unit, only one of which was selected, and you find three or more households there now, only interview the one that had been selected and ignore the others.
- 6) The head of the household has changed. In some cases, the person who is listed as the household head may have moved away or died since the listing. Interview the household that is living there now.
- 7) The house is all closed up and the neighbors say the people are away and will be back in several days or weeks. Code as a >3= (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME) on the Team Leader/Field Editor Assignment Sheet.
- 8) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter code >6= (DWELLING VACANT OR ADDRESS NOT A DWELLING) on the Team Leader/Field Editor Assignment Sheet.
- 9) A selected dwelling is actually a shop and no one lives there. Check very carefully to see whether

anyone is living there. If not, enter code >6= (DWELLING VACANT OR ADDRESS NOT A DWELLING) on the Team Leader/Field Editor Assignment Sheet.

- 10) A selected structure is not found in the cluster, and residents say that the dwelling was destroyed in a recent fire. Enter a code >7= (DWELLING DESTROYED) on the Team Leader/Field Editor Assignment Sheet.

III. ORGANIZING AND SUPERVISING FIELDWORK

A. ASSIGNING WORK TO INTERVIEWERS

Tips for assigning work to interviewers:

- 1) Make daily work assignments. Be sure each interviewer has enough work to do for the day, taking into account the duration of an interview and the working conditions in the area. Survey coordinators will advise you about how many interviews each interviewer should be able to complete in a day.
- 2) Assign more interviews than an interviewer can actually do in one day. This will be necessary because some households, women, or men may not be available for interview at the time of the interviewer's visit. Sometimes there may be as many as three or four of these cases a day for a particular interviewer. Assign fewer households at the beginning of the survey to allow time for discussion of problems and for close supervision.
- 3) Distribute work fairly among the interviewers. Work should be assigned taking into account the capabilities and strengths of each interviewer but never consistently assigning more difficult workloads to certain interviewers. Drawing numbers out of a hat is a good system to ensure that team and interviewer assignments are distributed on a random basis and that interviewers are aware of this. Bad feelings among the interviewers can be avoided by using this system. If an interviewer is unlucky and consistently draws difficult assignments, the team leader can purposely provide her some easier assignments.
- 4) Ensure that each interviewer has all the required information and materials for completing the work assignment.
- 5) Maintain complete records each day using the control sheets (see Section IV). All assignments and work completed by each interviewer and for each work area should be carefully monitored for completeness and accuracy.
- 6) Make sure that all selected households and eligible women and men for that cluster have been interviewed before leaving an area. See Section C for details on how to handle pending interviews.
- 7) Finally, it is the responsibility of the team leader to make sure that the interviewers fully understand the instructions given to them and that they adhere to the work schedule. The work schedule is prepared in advance, and adherence to it is crucial to avoid overruns in the total amount of time and money allocated for fieldwork. Team leaders should also monitor the work of each interviewer to assess whether he/she is performing according to the standards set by NIS and NIPH.

B. REDUCING NONRESPONSE

One of the most serious problems in a sample survey is nonresponse, that is, failure to obtain information for selected households or failure to interview eligible women and men. A serious bias could result if the level of nonresponse is high. One of the most important duties of the team leader and editor is to try to minimize this problem and to obtain the most complete information possible. In many cases, interviewers will need to make return visits to households in the evening or on the weekends to reduce nonresponse. It is a time-consuming task and requires strict monitoring by means of the control sheets.

There are three basic types of nonresponse:

Type 1: the interviewer is unable to locate the selected household

Type 2: the interviewer is unable to locate the woman or man eligible for the individual interview

Type 3: the respondent refuses to be interviewed.

Various ways of dealing with these types of nonresponse are discussed below.

Type 1 - The interviewer is unable to locate the selected household

- a) *Occupied structure inaccessible.* There may be some occupied structures for which no interviews can be made because of impassable roads, etc. The interviewer should be instructed to hold the questionnaire until later. She should make another attempt to reach the dwelling at a later date when the situation may have changed. The team leader should immediately inform the survey coordinators of any difficulty in gaining access to a whole cluster or a sizable number of structures within the same cluster.
- b) *Structure not found.* The team leader should make sure the interviewer has tried several times to locate the structure using the household listing form, maps, etc. If she is still unsuccessful, the team leader or field editor should attempt to locate the structure and ask neighbors whether they know anything about the structure or the household members. Again, if this problem occurs frequently, it should be reported to the survey coordinators. Although no interview has taken place, the cover sheet of a Household Questionnaire should be filled out and code >8= (DWELLING NOT FOUND) filled in for the result code.
- c) *Structure nonresidential, vacant, or demolished.* If the interviewer indicates that a structure is not a dwelling unit or that it is vacant or demolished, the team leader or editor should verify that this is the case. If the interviewer is correct, there is no need for further callbacks (return visits). Although no interview has taken place, the cover sheet of a Household Questionnaire should be filled out.

Type 2 - The interviewer is unable to locate the woman or man eligible for the individual interview

- a) *No one home at time of call.* The interviewer should make every effort to contact neighbors to find out when the members of the household will be at home or where they might be contacted. At least three visits should be made to locate the household members. Sometimes it may be necessary to call at mealtime, in the early morning, in the evening, or on the weekend. However, the interviewer should not make Ahit or miss@ calls just to fill the quota of three visits. Under no circumstances is it acceptable to make all three visits on the same day.
- b) *Respondent temporarily absent.* The respondent may not be at home or may be unable to complete the interview at the time of the first call. The interviewer should find out from other household members or neighbors when the respondent can best be contacted, and a return visit should be made then. If the respondent is still not at home at the time of the second visit, another time should be set for a return visit. At least three attempts should be made to locate the respondent. If the interviewer is not able to complete the entire interview during the initial visit, the procedure for callbacks should be followed.

Type 3 - The respondent refuses to be interviewed

The number of refusals reported by each interviewer should be closely monitored. If an interviewer reports an unusually high number of refusals, it may indicate that she gives up too easily or explains the survey inadequately. If this appears to be the case, the team leader or editor should observe the interviewer promptly. Suggestions for handling potential refusals include the following:

- a) *Approach respondent from his or her point of view.* Refusals may stem from misconceptions about the survey or other prejudices. The interviewer must consider the respondent's point of view, adapt to it, and reassure him/her.
- b) *Postpone interview to another day.* If the interviewer senses that she has arrived at an inconvenient or awkward time, she should try to leave before the respondent gives a final "No"; she can then return another day when circumstances are more likely to result in a successful interview.
- c) *Have field editor carry out the interview.* The field editor's knowledge, skill, and maturity may enable her to complete a difficult interview when the assigned interviewer has been unable to do so.

C. HANDLING PENDING INTERVIEWS

When information has not been collected from a selected household or from an eligible respondent and the return visits have not been completed, the interview is considered "pending." All materials pertaining to this interview should remain with the interviewer until he/she has completed the pending interview. Team leaders and field editors should keep track of all assignments on the Team leader/Field Editor Assignment Sheet (see Section IV.A).

Completing callbacks for pending interviews is time consuming and should be carefully planned. If a few interviews remain pending as interviewing in a cluster nears completion, one or two interviewers should be assigned to remain in the area and complete the interviews while the rest of the team proceeds to the next assignment area. In this way, the whole team is not kept waiting for one or two interviewers to finish. Clear instructions should be left with the interviewers as to where and when to rejoin the team and what method of transportation should be used.

D. MAINTAINING MOTIVATION AND MORALE

The team leader and editor play a vital role in creating and maintaining motivation and morale among the interviewers—two elements that are essential to good-quality work. To achieve this, it is necessary to make sure that interviewers

- Understand clearly what is expected of them
- Are properly guided and supervised in their work
- Receive recognition for good work
- Are stimulated to improve their work
- Work in tranquil and secure conditions.

In working with the interviewers it may be useful to adhere to the following principles:

- 1) Rather than giving direct orders, try to gain voluntary compliance before demanding it.
- 2) Without losing a sense of authority, try to involve interviewers in decision-making, and at the same time, see to it that the decision remains firm.
- 3) When pointing out an error, do it with tact, in a friendly manner, and in private. Listen to the interviewer's explanation, show him/her that you are trying to help, and examine the causes of the problem together.
- 4) When interviewers voice complaints, listen with patience and try to resolve them.
- 5) Try to foster team spirit and group work.
- 6) Under no circumstances show preference for one or another of the interviewers.
- 7) Try to develop a friendly and informal atmosphere.

Finally, remember that encouraging words, instructions, and constructive criticism are not worth anything unless the team leader and editor set good examples. It is important to *demonstrate* punctuality, enthusiasm, and dedication in order to demand the same of other team members. Never give the impression that you are working less than other members of the team, or that you are enjoying special privileges; this may produce a lack of faith in the project and cause general discontent. An ill-prepared team leader or editor will not be able to demand high-quality work from interviewers and will lose credibility and authority. Interviewer morale and motivation depend on your morale and motivation.

IV. MAINTAINING FIELDWORK CONTROL SHEETS

Control of fieldwork within sample clusters is maintained by keeping control sheets for interviewer assignments. Three forms are used to maintain control of questionnaires and measure progress:

- 1) Team Leader/Field Editor Assignment Sheet
- 2) Interviewer Assignment Sheet
- 3) Interviewer Progress Sheet

A. TEAM LEADER/EDITOR ASSIGNMENT SHEET

One Team leader/Field Editor Assignment Sheet should be completed for each cluster by the team leader and editor and returned to the head office with the questionnaires from that cluster. The Team Leader/Field Editor Assignment Sheet is shown in Annex 1.

The first step in completing the Team leader/Field Editor Assignment Sheet is to copy the cluster number from the household listing form or the map. The cluster number is a three-digit number and is at the top of each page of the household listing.

The next step is to record the information for all selected households from the household listing forms or the maps. They should be written on the Team Leader/Field Editor Assignment Sheet **in the same order** in which they are written on the household listing forms. When the households are written in a different order, it causes unnecessary confusion during the data processing operation, especially since the questionnaires will be put in order by household number.

Several pages of the Team leader/Field Editor Assignment Sheet will usually be needed to list all of the selected households in a cluster. The cluster number should be filled in on all of the pages, and they should be numbered sequentially in the space provided at the top of the sheet (page 1 of 5, p. 2 of 5, etc.). If an additional sheet is needed, either because additional households were found during the interviewing or because a household has more than three eligible women, the team leader should staple that sheet to the others for that cluster and correct the total number of sheets reported for the cluster.

Using the guidelines in Section III, the team leader should assign each interviewer a number of households to interview. When making household interview assignments, Columns (1) through (6) of the Team leader/Field Editor Assignment Sheet should be completed.

The interviewer is then responsible for 1) interviewing the assigned households, 2) determining who in the household is eligible for interview with the Woman Questionnaire and Man Questionnaire, and 3) interviewing all the eligible women in the household (female interviewers), interviewing all eligible men in the household (male interviewers).

At the end of each day, the interviewers will return the completed questionnaires to the field editor or team leader for checking.

First, review the Household, Woman, and Man Questionnaires to check thatC

- 1) Eligible women and men have been correctly identified on the Household Questionnaire

- 2) Each eligible woman and man has a Woman or Man Questionnaire, even if the interview was not completed
- 3) The identification information on the cover pages of the Household, Woman, and Man Questionnaires is correct.

Second, copy the information from the questionnaires about the results of the interview into Columns (7) through (15) of the Team Leader/Field Editor Assignment Sheet. Record the final result of the household interview in Column (7), and the number of eligible women and men in Columns (8) and (9). The line number of each eligible woman and man is listed in Columns (10) and (13), the final result of the Woman interview in Column (11), final result of the Man interview in Column (14). Columns (12) and (15) will record whether or not dried blood spots were collected on a filter paper card.

If there are more eligible women or men in a household than there is space on the Assignment Sheet, the results for that household should be entered on the final page of the Team Leader/Field Editor Assignment Sheet. For example if there are five pages for a cluster, put a line through the information for that household where it was originally listed and put a note ASEE p. 5. On page 5, use the space for two households so that there is room to list up to six eligible women or men.

Remarks and comments about the interview assignment, results, or interviews may be recorded in Column (16). For example, reassignment of a pending interview or a change in the name of a household head may be recorded here.

Check to be sure that you have listed all the households on the Team leader/Field Editor Assignment Sheet that were selected on the household listing form for that cluster. You are required to fill in the two boxes at the bottom of the Team leader/Field Editor Assignment Sheet marked ANumber of households selected and ANumber of Household Questionnaires. There can never be fewer Household Questionnaires than selected households or dwellings, but there can be more.

Always start a new cluster on a separate Team leader/Field Editor Assignment Sheet. Be sure to write neatly since these forms will be used for control purposes in the central office.

B. INTERVIEWER ASSIGNMENT SHEET

Each interviewer will fill out an Interviewer Assignment Sheet for each cluster (it may be necessary to use more than one sheet per cluster). The Interviewer Assignment Sheet is similar to the Team leader/Field Editor Assignment Sheet and helps each interviewer keep track of the households assigned to him/her. The team leader and editor should review the Interviewer Assignment Sheets each evening and discuss the results of the interviews. The Interviewer Assignment Sheet is described in detail in the Interviewer Manual.

C. INTERVIEWER PROGRESS SHEET

The team leader will keep an Interviewer Progress Sheet (see end of Manual) for each interviewer. The team leader will update the Progress Sheet at the end of work in each cluster. The team leader will keep these sheets until the end of fieldwork (they will not be included in the package of questionnaires going back to the central office).

The Interviewer Progress Sheet is designed to give the team leader and editor an objective and continuous measure of the interviewer's performance. Serious discord within a team can occur when one interviewer does much less work than the others. These cases must be identified and examined in order to assess whether there is good reason for lower performance or whether the interviewer is just taking it easy and leaving her colleagues to do most of the work. Similarly, this sheet will allow you to identify whether an interviewer is

getting more nonresponses or refusals than others on the team. In such a case, spotchecking should be carried out to determine whether the nonresponses or refusals are due to poor interviewer performance. If the interviewer is at fault, the team leader should have a serious talk with her/him, pointing out the problems, suggesting ways she/he can improve, and indicating that she/he must perform better. If her/his performance does not improve, the survey coordinators must be informed. They will decide what further action to take.

Assign one Interviewer Progress Sheet for each interviewer. The team leader will make entries on the sheet each time a cluster is completed. The procedure for filling in the Interviewer Progress Sheet is as follows:

Column (1): Enter each cluster number on a separate line in Column (1).

Columns (2) and (4): For each cluster, enter the number of completed Household Questionnaires (i.e., with result code >1=) in Column (2) and the number of Household Questionnaires not completed (with result codes >2= through >9=) in Column (4).

Columns (6) and (8): Enter the number of Woman Questionnaires completed in Column (6) and the number not completed in Column (8).

Columns (10) and (12): Enter the number of Man Questionnaires completed in Column (10) and the number not completed in Column (12).

Columns (3) and (5), (7) and (9), (11) and (13): The figures recorded in these columns are cumulative for all clusters. In Column (3), you will keep a cumulative count of the numbers recorded in Column (2), and in Column (5), you will keep a cumulative count of the numbers recorded in Column (4), etc..

The cumulative figures make it possible to check at any time the number of interviews assigned to an interviewer and the results of her/his work. The team leader and field editor can also check to see whether the workloads and the completion rates are approximately the same for all interviewers.

V. MONITORING INTERVIEWER PERFORMANCE

Controlling the quality of the data collection is the most important function of the field editor. Throughout the fieldwork, she will be responsible for observing female interviews and carrying out field editing. By checking the interviewers' work regularly the field editor can ensure that the quality of the data collection remains high throughout the survey. It may be necessary to observe the interviewers more frequently at the beginning of the survey and again toward the end. In the beginning, the interviewers may make errors due to lack of experience or lack of familiarity with the questionnaire; these can be corrected with additional training as the survey progresses. Toward the end of the survey interviewers may become bored or lazy in anticipation of the end of fieldwork; lack of attention to detail may result in carelessness with the data. To maintain the quality of data, the field editor should check the performance of interviewers thoroughly at these times.

A. OBSERVING INTERVIEWS

The purpose of the observation is to evaluate and improve interviewer performance and to look for errors and misconceptions that cannot be detected through editing. It is common for a completed questionnaire to be technically free of errors but for the interviewer to have asked a number of questions inaccurately. The field editor should observe each interviewer many times throughout the course of fieldwork. The first observation should take place during interviewer training and may also be used as a screening device in the selection of interviewer candidates. Each interviewer should also be observed during the first two days of fieldwork so that any errors made consistently are caught immediately. Additional observations of each interviewer's performance should be made during the rest of the fieldwork. The field editor should observe at least one interview per day during the course of the fieldwork, with the heaviest observation at the beginning and end.

During the interview, the field editor should sit close enough to see what the interviewer is writing. This way, she can see whether the interviewer interprets the respondent correctly and follows the proper skip patterns. It is important to write notes of problem areas and points to be discussed later with the interviewer. The editor should not intervene during the course of the interview and should try to conduct herself in such a manner as not to make the interviewer or respondent nervous or uneasy. Only in cases where serious mistakes are being made by the interviewer should the editor intervene.

After each observation, the field editor and interviewer should discuss the interviewer's performance. The questionnaire should be reviewed, and the field editor should mention things that the interviewer did correctly as well as any problems or mistakes.

B. EVALUATING INTERVIEWER PERFORMANCE

The field editor should meet daily with the interviewers to discuss the quality of their work. In most cases, mistakes can be corrected and interviewing style improved by pointing out and discussing errors at regular meetings. At team meetings, the field editor should point out mistakes discovered during observation of interviews or noticed during questionnaire editing (see Chapter VI). She should discuss examples of actual mistakes, being careful not to embarrass individual interviewers. Re-reading relevant sections from the Interviewer Manual together with the team can help resolve problems. The field editor can also encourage the interviewers to talk about any situations they encountered in the field that were not covered in training. The group should discuss whether or not the situation was handled properly and how similar situations should be handled in the future. Team members can learn a lot from one another in these meetings and should feel free to discuss their own mistakes without fear of embarrassment. The editor and team leader should expect to spend considerable time evaluating and instructing interviewers at the start of fieldwork. If they feel that the quality of work is not adequate, the interviewing should stop until errors and problems have been fully resolved. In some cases, an interviewer may fail to improve and will have to be replaced. This applies

particularly in the case of interviewers who have been dishonest in the recording of ages of women and/or children.

C. SPOT CHECKS

The most important function of the team leader is to ensure that the information collected by the interviewers is accurate. A powerful tool in checking the quality of the data is to systematically spotcheck the information for particular households.

First, spot checks are used to check that the interviewer actually interviewed the selected household. Sometimes interviewers either inadvertently locate the wrong household or they may deliberately interview a household that is smaller or a household in which someone is home at the time they are in that area, thus making it easier to finish their work quickly. Occasionally, an interviewer may not interview any household and just fill in a questionnaire on her own. Team leaders should check for these problems.

Another problem that arises frequently is that some interviewers may deliberately subtract years from the age of women who are 15-19 or add years to women who are over 40 in order to place them outside the age range of eligibility for the Woman Questionnaire. Sometimes interviewers may simply omit eligible women from the household listing, especially if they are visitors in the household. In these ways, they reduce their workload. If this happens frequently, it can have a substantial impact on the quality of the data.

Similarly, interviewers may deliberately subtract a year or two from the date of birth of a child in order to avoid having to ask all of the questions in Section 4 and 5 for that child. A shrewd interviewer may also change the age of the child on the Household Questionnaire to avoid suspicion. Or interviewers may omit listing a child altogether.

To reduce the occurrence of such problems, team leaders should check the work of interviewers in each cluster.

VI. EDITING QUESTIONNAIRES

Ensuring that questionnaires are edited for completeness, legibility, and consistency is the most important task of the field editor. *Every* questionnaire must be completely checked in the field. This is necessary because even a small error can create much bigger problems after the information has been entered into the computer and tabulations have been run. Often, small errors can be corrected just by asking the interviewer. For example, if an answer of >02 MONTHS= is inconsistent with another response, the interviewer may recall that the respondent said >2 years,= and the error can easily be corrected. In other cases, the interviewer will have to go back to the respondent to get the correct information. Timely editing permits correction of questionnaires in the field.

Since errors make the analysis of the data much more difficult, the data processing staff has prepared a computer program that will check each questionnaire and print out a list of all errors. If the errors are major ones, an entire questionnaire may be omitted from the analysis. As you are editing questionnaires in the field, it may help to try imagining how the questionnaire would look to a clerk in the office. Would he or she be able to read the responses? Are the answers consistent? Since editing is such an important task, we have prepared a set of instructions that describe the procedures for editing questionnaires.

A. GENERAL INSTRUCTIONS

- 1) As you go through the questionnaires, if a response is missing (that is, there is no answer recorded because the question was not asked) or the response is inconsistent with other information in the questionnaire and you cannot determine the correct response, put a question mark (>?=) next to the item **with a red pen**. Write the page number or the question number on the front or back of the questionnaire; this way, you can quickly remember later what problems you found. When you have completed the editing, discuss with each interviewer, individually, the observations you found. Any errors that you find frequently should be discussed with the whole team.
- 2) If the problems are major, such as discrepancies in the birth history or the health sections, it will be necessary to go back to interview the respondent again. If a return visit is not possible, try to establish, with the interviewer=s assistance, the correct response from other information in the questionnaire. For example, if there is no code circled to indicate a person=s sex, you might be able, with the interviewer=s help, to determine from the name which sex the person is.

NOTE: UNDER NO CIRCUMSTANCES SHOULD YOU MAKE UP AN ANSWER.

If it is not possible to return to the household to resolve inconsistencies or missing information, then leave the items as they are. Do not try to fill in every question or to make the questionnaire consistent.

- 3) In checking through each questionnaire, be sure that the numbers entered in boxes are readable and that the circles used by the interviewer to select the precoded numbers clearly mark only one of the choices (except in cases where more than one code is allowed).
- 4) In checking each questionnaire, make certain that the respondent was asked all questions appropriate for her (check that the interviewer followed the skip instructions). You will need to look forC
 - a) Questions for which a response is recorded when it appears there should be *no* response (in this case, cross out the response by drawing two lines through the code with your red pen)

b) Questions for which *no* response is recorded when it appears there *should* be a response (in this case, try to find the correct response as described in paragraph (2) above or leave blank). Correct errors following the system described in the Interviewer Manual, e.g., drawing two lines through the existing code and circling or writing the new code.

ALWAYS USE A RED PEN TO MAKE CORRECTIONS.

- 5) Check the ranges for all variables that are not pre-coded (e.g., a woman cannot have 24 sons living with her) and carry out the other consistency checks that are listed. Mark any inconsistencies with a red pen.
- 6) The field editor should advise the team leader about questionnaires that have been returned to interviewers for further work. All questionnaires for a given cluster that have been edited and corrected should be arranged in numerical order according to the household number (see Section E: Checking the Entire Cluster).

B. EDITING THE HOUSEHOLD QUESTIONNAIRE

To edit the Household Questionnaire, check the following:

Pink means I've checked it. Blue means I need a proper qst number.

- 1) Household identification information is correct.
- 2) Final result code is recorded. If the final result code is not >1,= check to see that the remaining pages are blank. If the final result code is >1,= continue to check the rest of the Household Questionnaire.
- 3) Columns (3) through (7) are completed for each person listed. There should be no blanks in these columns.
- 4) Line numbers of all women age 15-49 have been circled in Column (9). If you find errors regarding eligible women in the household, check with the interviewer to make certain the correct number of interviews have been conducted in that household.
- 5) Line numbers of all men age 15-49 have been circled in Column (10). If you find errors regarding eligible men in the household, check with the interviewer to make certain the correct number of interviews have been conducted in that household.
- 6) Line numbers of all children under age six (ages 00 through 05 years) have been circled in Column (11).
- 7) Information is recorded in Columns (16) through (22) for each person age 0-17 years. Check that the line numbers recorded in Column (17) refer to women who are old enough to be the child=s mother and that the line numbers in Column (20) refer to men who are old enough to be the child=s father. If the answer in Column (16) is >NO= or >DON=T KNOW,= Column (17) and (18) should be blank. If the answer in Column (16) is >YES,= Column (17) must contain a valid line number or the code >00= indicating that the mother does not live in the household. The same rules hold for Columns (19) through (21).
- 8) Columns (27) through (32) should be blank for children under five years of age. Column (27) must not be blank for persons five years or older.

- 9) If the answer in Column (27) is >NO,= then Columns (28) through (32) should be blank. If the answer in Column (27) is >YES,= then there must be information in Column (28) and if the person is under 25 years of age, also in Columns (29) through (32).
- 10) Column 33 must contain information for children under age five.
- 11) Skip patterns in Columns 16, 19, 22, 23 and 25 have been correctly followed.
- 12) Level of education is appropriate for the age of the child. Keep in mind that some children may be very advanced or far behind in school for their age. However, we would not expect a seven-year-old child to have attended secondary school. If the level of education appears to be inconsistent with the child=s age, make a note on the back of the questionnaire and check with the interviewer.
- 13) Check the boxes to the right of the three questions at the bottom of the listing of persons to make sure the interviewer asked these questions.
- 14) TOTAL PERSONS IN HOUSEHOLD on the cover sheet is equal to the number of people listed in the Household Schedule.
- 15) TOTAL ELIGIBLE WOMEN on the cover page is equal to the number of women whose line numbers are circled in Column (9).
- 16) TOTAL ELIGIBLE MEN on the cover page is equal to the number of men whose line numbers are circled in Column (10).
- 17) Answers to Qs. 101A-127 on household facilities have been recorded. Note that there should be a >1= or >2= circled for each of the items listed in Qs. 111, 119, and 121.
Check the malaria edits in the module on the P drive.
- 18) The number of mosquito nets listed in Q. 127 matches the number recorded in Qs.128-136.
- 18) Check Column (150) to see that all women 15-49 and all children under age six are listed and that the line numbers, names, and ages correspond to the information in Columns (1), (2), and (7). Check that the information in Columns (153) through (157) is filled in as appropriate for all women and children who were measured.
- 19) For all children measured, check that the weight and height in Columns (154) and (155) lie within the ranges specified in the Annex of this manual. If a measure falls outside the acceptable range, the measurer should revisit the household, remeasure the child, and check that the child=s age has been correctly recorded.
- 20) Check that the number of Women=s Questionnaires returned with each Household Questionnaire is the same as the number of eligible women reported on the cover page. Speak with the interviewer when there is any inconsistency.

C. EDITING THE WOMAN QUESTIONNAIRE

Check to see that *skip* instructions have been followed, that answers are readable, and that answers to related questions are consistent.

Cover Sheet

- 1) Check that the identification information has been completed correctly. This information must be the same as that on the cover sheet of the Household Questionnaire. Check that the line number of the woman is the same as it is in the Household Questionnaire.
- 2) Code the information on the cover sheet if the interviewer has not done so. If the final result is not >1= or >5,= check to see that the remaining pages are blank. If the final result is either >1= or >5,= continue to check the remaining pages of the Woman Questionnaire.

Section 1. Respondent=s Background

- 1) Check that the informed consent statement has been signed by the interviewer.
- 2) TIME STARTED INTERVIEW (Q. 101). Check that the hour in Q. 101 is less than 24 and the minutes less than 60.
- 3) DATE OF BIRTH (Q.105-106). Check that the answer to Q. 105 (month of birth) is either between >01= and >12= or >98,= that year of birth is not less than >1955= and not greater than >1990= or is >9998= and that Q. 106 is between >15= and >49.= Question 106 must have an answer even if it is only the interviewer=s best estimate. It can never be left blank. Also check that the date of birth and age are consistent. If these responses are inconsistent, discuss this with the interviewer.

If at all possible, an effort should be made to revisit the respondent to resolve inconsistencies with age since it is one of the most important pieces of information collected in the questionnaire. If a revisit cannot be scheduled, it may be necessary to look at other information in the Household and Woman Questionnaires in an effort to resolve the inconsistency. Items that should be considered include the following:

- Age recorded for respondent in Household Questionnaire
 - Number of live births
 - Date of birth of respondent=s first child
 - Date or age at first marriage.
- 4) AGE. If the respondent=s age is either less than >15= or more than >49,= write ANOT ELIGIBLE@ on the cover of the Woman Questionnaire. This questionnaire should not be processed. Also check, and correct if necessary, the age of this woman in the Household Questionnaire.
 - 5) EDUCATION (Q. 108-109). Make sure that the response given to Q. 109 is consistent with the level of education given in Q. 108.

Section 2. Reproduction

- 1) CHILDREN EVER BORN (Qs. 203, 205, 207, 208, 210). Check that Q. 208 is equal to the sum of the six values in Qs. 203, 205, and 207. Q. 208 must have a code filled in. If the respondent has never had any births, the interviewer should have recorded >00= in Q. 208. Make sure the interviewer has marked the appropriate box in Q. 210.
- 2) TOTAL NUMBER OF BIRTHS (Qs. 201-208). Check that the total number of births listed in the birth history is equal to the number in Q. 208. If fewer births are recorded in the birth history than in Qs. 201-208, you will have to send the interviewer back to the respondent to complete the information. If more births are listed in the history, correct Qs. 201-208 to be consistent with the number of births recorded in the history.

- 3) **LIVING AND DEAD SONS AND DAUGHTERS** (Qs. 203, 205, 207). Check that the numbers of living sons, living daughters, dead sons, and dead daughters recorded in Qs. 203, 205, and 207 are equal to the respective numbers recorded in the birth history.
- 4) **AGE AT DEATH** (Qs. 215, 220). Check the consistency of Qs. 215 and 220. A child cannot die at an age older than he would be if he had lived. For example, a child born two years ago could not have died at age three. Also, make sure that the age at death is completed in **DAYS or MONTHS or YEARS** and not, for example, in **DAYS and MONTHS**. **A response of >01 YEAR= in Q. 220 is unacceptable.** If you find such a case, the interviewer should be sent back to the respondent to determine at what age in MONTHS the child died. We need to know whether the baby died before or after his or her first birthday.
- 5) **AGE OF LIVING CHILDREN** (Qs. 215, 217). Check the consistency of Qs. 215 and 217 for each living child listed on the birth history. Either the Arithmetic or Chart Method described in the Interviewer=s Manual may be used to perform this check.
- 6) **BIRTH ORDER** (Q. 215). Using the information in Q. 215, check that births are listed in order. If you find a birth out of order, correct it by drawing arrows and changing the order numbers printed on the left of Q. 212.
- 7) **BIRTH INTERVALS**. After checking the birth order, check that the interval between births is at least nine months unless the two births being checked are twins. If the interval between two single births is less than nine months, the interviewer (or field editor) should return to check the information in the birth history with the respondent.
- 8) **CHECKING LINE NUMBER** (Q. 219). For all women who are usual members of the household (Column (5) in the Household Questionnaire for that woman is >1=) and who report in the birth history that they have children who live with them (Q. 218 is >1=), check that the line number in Q. 219 refers to the same person in the Household Schedule by comparing the name, age, and sex. For children under age six, check that they are listed in Columns (150) through (153) of the Household Questionnaire. Check that the line number in Column (150) is the same as in Q. 219 and that the name and age of the child are the same in both questionnaires.

If you find that a child is listed in the Woman Questionnaire as being under age six and living with the mother who is a usual member of the household and the child is not listed in Columns (150) through (153), check Columns (1) through (11) of the Household Schedule to try to resolve the discrepancy. It might be that in the Household Schedule, the child is listed as being age six or older, while in the Women=s Questionnaire, the child is under age six. In this case, you will need to find out which age is correct, probably by returning to the household. If the child is under age six, you will need to change the child=s age in Column (7) of the Household Schedule to make the child eligible for the height and weight and hemoglobin testing; circle that child=s line number in Column (11) and fill in the information on height and weight and anemia testing in Columns (150) through (157) for that child.

- 9) **AGE AT FIRST BIRTH**. After checking the birth order, use the respondent=s age (Q. 106) and the age of her first-born child to check that she was at least 12 years of age at her first birth. Inconsistencies between the age of the respondent and the date of the first birth generally arise becauseC
 - a) The child is not the respondent=s own (biological) child

- b) The respondent's birth date or age (Qs. 105 and 106) is incorrect
- c) The birth date and/or age of the first child (Qs. 215 and 217) is incorrect.

A callback to the respondent should be made, if at all possible, to determine the source of error.

- 10) **LAST MENSTRUAL PERIOD (Q. 237).** Check that Q. 237 has been filled in correctly. If a length of time is given, only one set of boxes (DAYS or WEEKS or MONTHS or YEARS) should be filled in.

Section 3. Contraception

- 1) **HEARD OF OR USED METHODS (Qs. 301-302).** Wherever a code >1= in Q. 301 has been circled for a specific method, Q. 302 should always be completed for that method.
- 2) **CURRENTLY USING (Q. 311).** Check that if the respondent is currently using a family planning method (Q. 311 has a code circled), Q. 302 for that method has been coded >1.=
- 3) **SKIPS AND FILTERS.** Check through the remaining pages of Section 3 to ensure that all skip instructions were followed correctly, that the filters have been correctly marked, and that the appropriate questions have been answered.
- 4) Date started using a method of birth spacing in Q. 316 cannot be before the date of her last birth.

Section 4. Pregnancy, Postnatal Care and Children's Nutrition

- 1) **IDENTIFICATION (Qs. 401-404).** Check the information in the birth history to make certain that **each birth since January 2000 has been entered in Qs. 403 and 404 with the most recent birth in the "Last Birth" column.** Check that the line number, name, and survival status are identical to those in the birth history. The line number should be the same as in Q. 212, not the line number from the Household Schedule. Questions in Section 4 should be asked for living children and for children who have died. If the respondent has had no births since January 2000, Section 4 will not be asked, but check that the interviewer properly skipped to Q. 550.
- 2) **SKIPS AND FILTERS.** Check the skip pattern throughout the section; make sure that all filters have been correctly marked and that the proper questions were asked.
- 3) **Q. 411.** Check to make sure that a code was circled for each item.
- 4) **IDENTIFICATION (Q. 468).** Check the information in the birth history to make sure that, where the respondent has children born in [2002] or later who are living with her, the name of the youngest child has been correctly entered in Q. 468. If the respondent has had no births in [2002] or later, check that the interviewer properly skipped to Q. 501.
- 5) **Q. 469 and 470.** Check that a code has been circled for each item.

Section 5. Immunization, Health, and Women's Nutrition

- 1) IDENTIFICATION (Q. 502-503). Check that the line numbers and names recorded in Qs. 502 and 503 are the same as in Qs. 403 and 404. If a child has died, Qs. 502 and 503 should be filled in for that child, but Qs. 504-546 should not be asked for that child.
- 2) VACCINATION DATES. For each child with an immunization record that was seen by the interviewer (>YES, SEEN= in Q. 507), check that the date of each vaccination is consistent with the child=s date of birth. For example, a vaccination cannot be prior to the date of birth. Check also that the dates for the four polio and the three DPT vaccinations are in chronological order.
- 3) Q. 525, 551, 567. Check that one code is circled for each item.
- 4) SKIPS AND FILTERS. Check that filters were correctly marked and skip instructions followed.

Section 6. Marriage and Sexual Activity

- 1) HUSBAND=S LINE NUMBER (Q. 605). If the husband lives with the respondent and the woman usually lives in that household, check that the name and line number in Q. 605 are consistent with what is listed in the Household Schedule and that the person is a male age 15 or older.
- 2) YEAR OR AGE AT MARRIAGE. Check that the year in Q. 607 is in the range of [>1965=] through [>2005=] or >9998.= If a year is reported in Q. 607, then no age should be reported in Q. 608. If Q. 607 is >9998,= then there must be an age at marriage reported in Q. 608. Check that the age in Q. 608 is in the range of >10= through >49.=
- 3) AGE OF RESPONDENT (Q. 617, 628). Look at Q. 106 to make sure that the filter box in Q. 617 has been correctly checked.
- 4) LAST INTERCOURSE (Q. 622). Make sure that only one set of boxes is filled in for Q. 622, DAYS or WEEKS or MONTHS or YEARS. If more than one category has been coded, recalculate the answer and enter it at the appropriate unit of measurement.
- 5) LENGTH OF RELATIONSHIP (Q. 627). Make sure that only one set of boxes is filled in Q. 627, i.e., DAYS or MONTHS or YEARS. If more than one category has been coded, recalculate the answer and enter it at the appropriate unit of measurement.

Section 7. Fertility Preferences

- 1) DESIRED SPACING (Q. 703). Check that only one set of boxes is filled in for Q. 703, either MONTHS or YEARS.
- 2) PREFERENCE FOR BOYS OR GIRLS (Qs. 713, 714). Check that the sum of the number of BOYS, GIRLS, and EITHER given in Q. 714 is equal to the number in Q. 713.
- 3) Q. 715. Check to be sure there is a code circled for each item.
- 4) Filters 716 and 717. Check 601 to verify partner relationship. Check 311/311A for methods to delay or avoid pregnancy.

Section 8. Husband=s Background and Woman=s Work

- 1) EDUCATION (Q. 805). Make sure that the response given to Q. 805 is consistent with the level of education given in Q. 804.
- 2) OCCUPATION (Q. 812). Make sure that the occupation written in Q. 812 is legible and specific (e.g., >Business= or >Sales= is not specific enough).
- 3) SKIPS AND FILTERS. Check that filters were marked correctly and skip instructions were followed.

Section 9. HIV/AIDS and Other Sexually Transmitted Infections

- 1) SKIPS AND FILTERS. Check that filters were marked correctly and skip instructions were followed.

Section 10. Maternal Mortality

- 1) Number of births to natural mother. Check numbers in 1001, 1003, and 1004. Q. 1001 is the total number of births, Q. 1003 is the total born before the respondent, and Q. 1004 is the total minus one (minus the respondent).

Section 12. Household Relations

- 1) TIME ENDED INTERVIEW. Check the ranges for hour and minutes in Q. 1235. This information should be reasonably consistent with Q. 101.

Summary of Editing Checks for the Woman Questionnaire

1. Range and consistency of Qs. 105 and 106
2. Consistency of Qs. 108 and 109
3. Numerical consistency of Qs. 203, 205, 207, and 208
4. Consistency of birth history with Qs. 203, 205, 207, and 208
5. Numerical consistency of Qs. 215 and 217
6. Consistency of line number in Q. 219 with Household Schedule
7. Q. 220 reported in days if less than one month and in months if less than two years
8. Consistency of birth order with Q. 215
9. Q. 215 birth intervals are nine months or longer.
10. Respondent's age at her first birth is 12 years or older.
11. Response to Q. 237 (last menstrual period) recorded correctly
12. Consistency of Qs. 301 and 302
13. Consistency of Qs. 311 and 302
14. Q. 316 Month and year cannot be before month and year of last birth in Q. 215.
15. All births since January 2000 listed in Q. 403 and 404 with last birth on left
16. Consistency of line number, name, and survival in Qs. 403 and 404 with the birth history
17. Consistency of entries in Qs. 502-503 with Qs. 403-404

18. Consistency of dates in vaccination record in Q. 509.
19. Range of values for Qs. 607 and 608 (year and age at marriage)
20. Response to Q. 622 (last intercourse) recorded correctly
21. Response to Q. 703 (desired spacing of next birth) recorded correctly
22. Consistency of Qs. 713 and 714
23. Consistency of Filters 716 and 717 with Qs. 601, 311, 311A
24. Consistency of Qs. 804 and 805
25. Occupation (Qs. 806 and 812) legible and specific.
26. Births to natural mother in Q. 1001, 1002, and 1004 logical.

D. ORGANIZING QUESTIONNAIRES FOR RETURN TO THE OFFICE

- 1) Put all the Woman Questionnaires and Man Questionnaires inside their respective Household Questionnaires. If there is more than one Woman or Man Questionnaire in a household, organize them sequentially in ascending order of the line numbers of the respondents. Put the Man Questionnaires after the Woman Questionnaires.
- 2) Organize the Household Questionnaires in numerical order by household number within the cluster. Also, any continuation questionnaires (e.g., if there are more than 12 children in a birth history) should be inside the primary questionnaire and should have "CONTINUATION" written across the top of the cover sheet. The primary questionnaire for that set should say "SEE CONTINUATION" across the top of the cover sheet.
- 3) Check the questionnaires against the Team Leader/Field Editor Assignment Sheet to be sure thatC
 - a) Correct number of Household Questionnaires are present
 - b) Household final result codes are correct
 - c) Correct number of Woman Questionnaires are present
 - d) Final result codes are correct for Woman Questionnaires
 - e) Correct number of Man Questionnaires are present
 - f) Final result codes are correct for Man Questionnaires

There must be a Woman Questionnaire assigned for each eligible woman, even if the interview was not conducted. Those questionnaires will be blank except for the identification information and the result codes. For households selected to include the Man interview, there must be a Man Questionnaire for each eligible man, even if the interview was not conducted.

E. FORWARDING QUESTIONNAIRES TO THE HEAD OFFICE

After all the checking described above has been completed, the field editor should put all the questionnaires along with the Team leader/Field Editor Assignment Sheet and the sketch maps for the cluster in the order described above. Bundle the questionnaires together for one cluster. Do not bundle questionnaires together from different clusters.

2005 CAMBODIA DHS TEAM LEADER/EDITOR ASSIGNMENT SHEET

CDHS CLUSTER NUMBER			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			SUPERVISOR NAME				SUPERVISOR NUMBER							<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
HOUSEHOLDS									WOMEN			MEN							
CDHS HOUSEHOLD NUMBER (1)	STRUCTURE NUMBER OR ADDRESS (2)	NAME OF HOUSEHOLD HEAD (3)	HOUSEHOLD SELECTED FOR MAN QNNAIRE (4)	HOUSEHOLD SELECT FOR WOMEN STATUS (5)	INTERVIEWER AND DATE ASSIGNED (6)	INTERVIEW FINAL RESULT (7)	TOTAL ELIGIBLE WOMEN (8)	TOTAL ELIGIBLE MEN (9)	LINE NUMBER OF ELIG. WOMAN (10)	INTERVIEW FINAL RESULT (11)	FILTER PAPER CARD BLOOD SAMPLE TAKEN? (12)	LINE NUMBER OF ELIG. MAN (13)	INTERVIEW FINAL RESULT (14)	FILTER PAPER CARD BLOOD SAMPLE TAKEN? (15)	NOTES (16)				
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					
			Y N	Y N							Y N			Y N					

CODES FOR COLUMN (7)

CODES FOR COLUMN (11) AND (14)

1 COMPLETED
 2 NO HH MEMBER AT HOME/NO COMPETENT RESPONDENT
 3 ENTIRE HH ABSENT FOR EXTENDED PERIOD
 4 POSTPONED
 5 REFUSED

6 DWELLING VACANT/ADDRESS NOT A DWELLING
 7 DWELLING DESTROYED
 8 DWELLING NOT FOUND
 9 OTHER

1 COMPLETED
 2 NOT AT HOME
 3 POSTPONED
 4 REFUSED

5 PARTLY COMPLETED
 6 INCAPACITATED
 7 OTHER

NUMBER OF HOUSEHOLDS SELECTED <div> <div></div> <div></div> </div>	NUMBER OF HOUSEHOLD QUESTIONNAIRES <div> <div></div> <div></div> </div>	NUMBER OF WOMAN QUESTIONNAIRES <div> <div></div> <div></div> </div>	NUMBER OF MAN QUESTIONNAIRES <div> <div></div> <div></div> </div>	NUMBER OF RESPONDENTS ELIGIBLE FOR BLOOD SAMPLES <div> <div></div> <div></div> </div>	NUMBER OF BLOOD SAMPLES <div> <div></div> <div></div> </div>
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2005 CAMBODIA DHS TEAM LEADER'S RECORD OF INTERVIEWER PROGRESS

(USE A SEPARATE SHEET FOR EACH INTERVIEWEE)

INTERVIEWER NAME _____

[illegible]

HEIGHT AND WEIGHT CHARTS

LENGTH (cm)

MALES		Age in months	FEMALES	
Minimum	Maximum		Minimum	Maximum
36.0	74.0	00 - 02	36.0	72.0
45.0	83.0	03 - 05	44.0	80.0
51.0	87.0	06 - 08	50.0	86.0
56.0	91.0	09 - 11	54.0	90.0
59.0	96.0	12 - 14	57.0	95.0
62.0	100.0	15 - 17	60.0	99.0
64.0	104.0	18 - 20	62.0	102.0
65.0	107.0	21 - 23	64.0	106.0
67.0	108.0	24 - 26	66.0	107.0
68.0	112.0	27 - 29	68.0	111.0
70.0	115.0	30 - 32	69.0	114.0
71.0	118.0	33 - 35	71.0	117.0
73.0	121.0	36 - 38	72.0	120.0
74.0	124.0	39 - 41	74.0	122.0
75.0	127.0	42 - 44	75.0	124.0
77.0	129.0	45 - 47	77.0	126.0
78.0	132.0	48 - 50	78.0	129.0
79.0	134.0	51 - 53	79.0	131.0
80.0	136.0	54 - 56	81.0	133.0
82.0	139.0	57 - 60	81.0	136.0

HEIGHT AND WEIGHT CHARTS

WEIGHT (kg)

MALES			FEMALES	
Minimum	Maximum	Age in months	Minimum	Maximum
0.5	10.0	00 - 02	0.5	9.0
1.0	13.0	03 - 05	1.0	12.0
2.0	15.0	06 - 08	2.0	14.0
3.0	16.5	09 - 11	2.5	15.5
4.0	17.5	12 - 14	3.0	16.5
4.0	18.5	15 - 17	3.5	17.5
4.0	19.5	18 - 20	3.5	18.5
4.5	20.5	21 - 23	4.0	19.5
4.5	23.0	24 - 26	4.5	21.5
5.0	24.0	27 - 29	5.0	23.0
5.0	24.5	30 - 32	5.0	24.5
5.0	25.5	33 - 35	5.0	25.5
5.0	26.0	36 - 38	5.0	27.0
5.0	27.0	39 - 41	5.0	28.0
5.0	28.0	42 - 44	5.5	29.0
5.0	29.0	45 - 47	5.5	30.0
5.0	30.0	48 - 50	5.5	31.0
5.0	31.0	51 - 53	5.5	32.0
5.5	32.0	54 - 56	6.0	33.0
5.5	33.0	57 - 60	6.0	34.5

End of Manual.