Supporting Information File 3: Study questionnaires (end-of-project census)

[Questionnaires begin on next page]

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL	HH

HH1A. BDR+ Cluster number: ___ ___ ___ HH1B. Community name: _____	HH2. Household number: __ __ __ | __ __
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___
HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
HH6. Area: Urban ....1 Rural...2	HH7. District: ZabzuguTatali .... 1 Tolon Kumbungu.................................. 2 Karaga.. 3

Read the household consent form for the Household Questionnaire respondent before going further in the questionnaire.

Is permission given?

☐ *Yes, permission is given ⇨ Go to HH17 (on next page) to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete HH9. Discuss this result with your supervisor.*

After all questionnaires for the household have been completed, fill in the following information:

HH8. Name of head of household:	_____

HH9. Result of household interview:
 Completed 01
 No household member or no competent
     respondent at home at time of visit 02
 Entire household absent for extended
     period of time.. 03
 Refused 04
 Dwelling vacant / Address not a dwelling 05
 Dwelling destroyed 06
 Dwelling not found 07
 Other (*specify*) _____ 96
	HH10. Respondent to household questionnaire:
	
	 Name:_____
	
	 Line Number: ___ ___
	<hr> HH11. Total number of household
	     members: ___ ___

HH12. Number of women
     age 15-49 years: ___ ___
	HH13. Number of woman's
	     questionnaires completed: ___ ___

HH14. Number of under-5s : ....___ ___	HH15. Number of birth registration questionnaires completed: .... ___ ___

Interviewer notes   HH16. Field edited by (name and number): _____ ___ ___

HOUSEHOLD LISTING FORM — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

HH17.
Record the time.

Hours......... __ __

Minutes...... __ __

							For household members age **15 and above**	Women age **15-49**		For children **under 5 years** of age			For all household members		

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION-SHIP OF (name) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'s DATE OF BIRTH? 98 DK 9998 DK *Ensure that every person less than 6 years of age has a month and year of birth*	HL6. HOW OLD IS (name)? *Record in completed years. If age is 95 or above, record '95'*	HL7. WHAT IS (name)'s CURRENT MARITAL STATUS? 1 Married or living together 2 Divorced/separated 3 Widowed 4 Never married or lived together	HL8. *Circle line number if woman is age* **15-49**	HL9. *Circle line number if child is* **under 5 years** *of age*	HL10. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/caretaker*	HL11. WAS (name) BORN AT HOME, IN A HEALTH FACILITY OR OTHER PLACE? 1 Home 2 Health facility 3. Other 8. DK	HL12. WHAT IS (name)'s NATIONALITY? *Insert appropriate nationality code*	HL13. WHERE WAS (name) BORN? IN THIS VILLAGE OR TOWN?	ELSEWHERE? *Insert village or town name and appropriate birthplace code*	HL14. FOR HOW MANY YEARS HAS (name) LIVED IN THIS VILLAGE/TOWN? *Record zero if less than one year*
Line	Name	Relation	M F	MM Year	Age	Marital status	15-49	Under 5	Mother	Place	Nationality	Y N	Village/Town Code	Years
01		0 1	1 2	__ __ _____		1 2 3 4	01	01	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
02			1 2	__ __ _____		1 2 3 4	02	02	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
03		__ __	1 2	__ __ _____		1 2 3 4	03	03	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
04		__ __	1 2	__ __ _____		1 2 3 4	04	04	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
05		__ __	1 2	__ __ _____		1 2 3 4	05	05	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
06		__ __	1 2	__ __ _____		1 2 3 4	06	06	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
07		__ __	1 2	__ __ _____		1 2 3 4	07	07	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
08		__ __	1 2	__ __ _____		1 2 3 4	08	08	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
09		__ __	1 2	__ __ _____		1 2 3 4	09	09	__ __	1 2 3 8	__ __	1 2→	___|___	__ __
10		__ __	1 2	__ __ _____		1 2 3 4	10	10	__ __	1 2 3 8	__ __	1 2→	___|___	__ __

HL1. Line no.	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (*name*)'s DATE OF BIRTH? 98 DK 9998 DK *Ensure that every person less than 6 years of age has a month and year of birth*		HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	HL7. WHAT IS (*name*)'s CURRENT MARITAL STATUS? 1 Married or living together 2 Divorced/ separated 3 Widowed 4 Never married or lived together	HL8. *Circle line number if woman is age* **15-49**	HL9 *Circle line number if child is* **under 5 years** *of age*	HL10. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL11. WAS (*name*) BORN AT HOME, IN A HEALTH FACILITY OR OTHER PLACE? 1 Home 2 Health facility 3. Other 8. DK	HL12. WHAT IS (*name*)'s NATIONALITY? *Insert appropriate nationality code*	HL13. WHERE WAS (*name*) BORN?		HL14. FOR HOW MANY YEARS HAS (*name*) LIVED IN THIS VILLAGE/ TOWN? *Record zero if less than one year*
													IN THIS VILLAGE OR TOWN?	ELSEWHERE? *Insert village or town name and appropriate birthplace code*	
Line	Name	Relation	M F	MM	Year	Age	Marital status	15-49	Under 5	Mother	Place	Nationality	Y N	Village/Town Code	Years
11		_ _	1 2	_ _			1 2 3 4	11	11	_ _	1 2 3 8	_ _	1 2→		
12		_ _	1 2	_ _			1 2 3 4	12	12	_ _	1 2 3 8	_ _	1 2→		
13		_ _	1 2	_ _			1 2 3 4	13	13	_ _	1 2 3 8	_ _	1 2→		
14		_ _	1 2	_ _			1 2 3 4	14	14	_ _	1 2 3 8	_ _	1 2→		
15		_ _	1 2	_ _			1 2 3 4	15	15	_ _	1 2 3 8	_ _	1 2→		

Tick here if additional questionnaire used ☐

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Women's Questionnaire.
You should now have a separate questionnaire for each eligible woman in the household.

* Codes for HL3: Relationship to head of household: ....

01 Head	09 Brother-In-Law / Sister-In-Law
02 Wife / Husband	10 Uncle / Aunt
03 Son / Daughter	11 Niece / Nephew
04 Son-In-Law / Daughter-In-Law	12 Other relative
05 Grandchild	13 Adopted / Foster / Stepchild
06 Parent	14 Not related
07 Parent-In-Law	98 Don't know
08 Brother / Sister	

Codes for HL12: Nationality

01 Ghanaian by birth
02 Ghanaian by naturalisation
03 Dual nationality (Ghanaian & other)
04 African
05 European
06 American (North, South & Caribbean)
07 Asian & Oceanian (incl. Australia & New Zealand)
98 Don't know

Codes for HL13: Birthplace

01 Western region	09 Upper East
02 Central region	10 Upper West
03 Greater Accra	11 Africa
04 Volta region	12 Europe
05 Eastern region	13 Americas (North, South & Caribbean)
06 Ashanti region	14 Asia
07 Brong Ahafo region	15 Oceania
08 Northern region	98 Don't know

RESIDENCE AND EDUCATION											ED

			For all household members			For those **11 years of age and above**	For those **5 years of age and above**				

ED1. *Line no.*	ED2. *Name and age* *Copy from Household Listing Form, HL2 and HL6*		ED3. DID (*name*) STAY HERE LAST NIGHT? 1 Yes 2 No	ED4. DID (*name*) LIVE HERE MOST OF THE <u>LAST 6 MONTHS</u>? 1 Yes 2 No	ED5. DOES (*name*) EXPECT TO LIVE HERE FOR MOST OF THE <u>NEXT 6 MONTHS</u>? **1 Yes** **2 No** **8 DK**	ED6. IN WHAT LANGUAGE CAN (*name*) READ AND WRITE? Code: 1 None (not literate) 2 English only 3 Ghanian only 4 English & Ghanaian 5 English & French 6 Other language than Ghanaian, English or French 8 DK	ED7. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ *Next line*	ED8. DURING THE PRESENT SCHOOL YEAR, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes ⇨ED10 2 No	ED9. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? Level: 0 Preschool 1 Primary 2 Junior HS 3 Senior HS 4 Higher 8 DK *If level=0, skip to next line*	Grade: 98 DK *If less than 1 grade, enter 00.*	ED10. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (*name*) ATTENDING? Level: 0 Preschool 1 Primary 2 Junior HS 3 Senior HS 4 Higher 8 DK *If level=0, skip to next line*	Grade 98 DK
Line	Name	Age	Yes No	Yes No	Yes No DK	Literacy code	Yes No	Yes No	Level	Grade	Level	Grade
01		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
02		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
03		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
04		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
05		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
06		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
07		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
08		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
09		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
10		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
11		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
12		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
13		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
14		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*
15		__ __	1 2	1 2	1 2 8	1 2 3 4 5 6 8	1 2	1⇨ED10 2	0 1 2 3 4 8	__ __ *Next line*	0 1 2 3 4 8	__ __ *Next line*

MIGRATION									MI

THE FOLLOWING ARE QUESTIONS ABOUT ANY REGULAR MEMBERS OF THE HOUSEHOLD THAT MAY CURRENTLY BE AWAY FOR MIGRANT WORK PURPOSES

MI1. ARE THERE ANY OTHER MEMBERS OF THE HOUSEHOLD THAT USUALLY LIVE HERE DURING OTHER PERIODS OF THE YEAR THAT YOU DIDN'T MENTION BEFORE?	Yes..... ..1 No........ 2	2⇨BR1

MI2. PLEASE TELL ME A LITTLE ABOUT ALL MEMBERS WHO ARE AWAY.

MI3. Line no. Continue from last HL1 no	MI4. *Name*	MI5. HOW OLD IS (*name*)? *Insert '95' if aged 95 or older*	MI6. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD?	MI7. IS (*name*) MALE OR FEMALE? 1 Male 2 Female	MI8. WHEN DID (*name*) LEAVE THIS COMMUNITY? *Must put a month and year for all persons entered here*		MI9. WHERE DID (*name*) GO? 1 Accra 2 Kumasi 3 Tamale 6 Other (*specify*)	MI10. WHAT DID (*name*) GO TO DO? 1 Farm laborer 2 Kayayo 3 Collect scrap metals 6 Other (*specify*)	M11. WHEN DO YOU EXPECT (*name*) TO RETURN TO THIS COMMUNITY?	
Line	Name		Relation	M F	MM	Year	Location	Activity	MM	Year
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 → _____	1 2 3 6 → _____	__ __	__ __ __ __
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 → _____	1 2 3 6 → _____	__ __	__ __ __ __
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 → _____	1 2 3 6 → _____	__ __	__ __ __ __
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 → _____	1 2 3 6 → _____	__ __	__ __ __ __
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 _____	1 2 3 6 → _____	__ __	__ __ __ __
__ __		__ __	__ __	1 2	__ __	__ __ __ __	1 2 3 6 → _____	1 2 3 6 → _____	__ __	__ __ __ __

Tick here if additional questionnaire used ☐

Codes for MI6: Relationship to head of household:

01 Head	05 Grandchild	09 Brother-In-Law / Sister-In-Law	13 Adopted / Foster / Stepchild
02 Wife / Husband	06 Parent	10 Uncle / Aunt	14 Not related
03 Son / Daughter	07 Parent-In-Law	11 Niece / Nephew	98 Don't know
04 Son-In-Law / Daughter-In-Law	08 Brother / Sister	12 Other relative	

BIRTH REGISTRATION   BR

THE FOLLOWING ARE QUESTIONS ABOUT THE REGISTRATION OF A CHILD'S BIRTH.

BR1. DO YOU KNOW WHERE TO REGISTER A CHILD'S BIRTH?	Yes 1	
	No 2	2⇨BR3

BR2. CAN YOU TELL ME WHERE YOU CAN REGISTER A CHILD'S BIRTH? IS IT AT A BDR OFFICE, WITH A COMMUNITY BASED VOLUNTEER (CBV), AT A MASS REGISTRATION DURING HEALTH PROMOTION WEEK, OR SOMEWHERE ELSE? *Probe:* ANYWHERE OR ANYONE ELSE? *Probe for location or type of person and circle all answers given.*	BDR Office .... A CBV .... B Mass registration .... C Other (*Specify*) _____ X

BR3. I NOW HAVE A FEW QUESTIONS ABOUT EACH CHILD UNDER AGE 5 YEARS IN YOUR HOUSEHOLD.

BR4. *Line no. from HL1*	BR5. *Name, sex and age* *Copy from Household Listing Form, HL2 HL4 and HL6* *List only those children who are less than 5 years of age*			BR6. WHAT IS YOUR RELATIONSHIP TO (*name*)? 1 Father 2 Mother 6 Other (*Specify*)	BR7. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE BIRTHS AND DEATHS REGISTRY? 1 Yes → BR8 2 NO → BR9 8 DK → WHO WOULD KNOW? *Ask for person line no.*	BR8. WHO REGISTERED (*name*)'S BIRTH? 1 Respondent 2 Other (*enter line no.*) 8 DK *Then go to next child*	BR9. WHY WAS (*name*)'S BIRTH NOT REGISTERED? 1 Costs too much 2 Must travel too far 3 Did not know the birth should be registered 4 Did not want to pay fine 5 Did not know where to register 6 Other (*specify*) 8 DK *Then go to next child*
Line	Name	Sex	Age	Relationship	Yes No DK → *line no.*	Resp. Other (line no) DK	Reason
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8
— —		1 2	— —	1 2 6 -> _____	1 2 8 → _ _	1 2 → _ _ 8	1 2 3 4 5 6 -> _____ 8

Tick here if additional questionnaire used ☐

REGISTRATION OF A DEATH		DR
AS WELL AS REGISTRATION OF BIRTH, REGISTRATION OF DEATH IS AN IMPORTANT COMMUNITY RESPONSIBILITY.		
DR1. IF A PERSON DIES IN THIS COMMUNITY, DOES AN AUTHORIZATION FOR BURIAL HAVE TO BE OBTAINED?	Yes ....1 No ....2 DK 8	2⇨DR3 8⇨DR3
DR2. FROM WHOM CAN THIS AUTHORIZATION BE OBTAINED? *Probe:* ANYONE ELSE? *Probe for the type of person and circle all answers given.*	Chief of community ....A Imam ....B Priest ....C CBV...D Nurse or Midwife ....E Other (*specify*) _____ X	
DR3. IN THE LAST FIVE YEARS, HAS A CHILD THAT WAS LESS THAN 5 YEARS OF AGE DIED IN THIS HOUSEHOLD?	Yes ....1 No 2	2⇨HH18
DR4. WAS AN AUTHORIZATION FOR BURIAL OBTAINED FOR THIS CHILD?	Yes ....1 No ....2 DK 8	2⇨DR7 8⇨DR7
DR5. FROM WHOM WAS THIS AUTHORIZATION OBTAINED?	Chief of community ....1 Imam ....2 Priest ....3 CBV...4 Nurse or Midwife ....5 Other (*specify*) _____ 6	
DR6. WAS THE DEATH OF THIS CHILD REPORTED TO ANYONE ELSE OF IMPORTANCE IN THE COMMUNITY, SUCH AS THE CHIEF OR THE IMAM?	Yes ....1 No ....2 DK 8	1⇨DR8 2⇨HH18 8⇨HH18
DR7. WAS THE DEATH REPORTED TO SOMEONE OF IMPORTANCE IN THE COMMUNITY, SUCH AS THE CHIEF, THE IMAM OR THE PRIEST?	Yes ....1 No ....2 DK 8	2⇨HH18 8⇨HH18
DR8. WHO WAS THIS PERSON? *Probe:* ANYONE ELSE? *Probe for the type of person and circle all answers given.*	Chief of community ....A Imam ....B Priest ....C CBV...D Nurse or Midwife ....E Other (*specify*) _____ X	

WATER AND SANITATION		WS

WS1. WHAT IS THE <u>MAIN </u>SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water
	    Piped into dwelling 11
	    Piped into compound, yard or plot 12
	    Piped to neighbour 13
	    Public tap / standpipe 14
	Tube Well, Borehole 21
	Dug well
	    Protected well 31
	    Unprotected well 32
	Water from spring
	    Protected spring 41
	    Unprotected spring 42
	Rainwater collection 51
	Tanker-truck 61
	Cart with small tank / drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Bottled water 91
	
	Other (*specify*)_____ 96	

WS2. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / Pour flush
	    Flush to piped sewer system 11
	    Flush to septic tank 12
	    Flush to pit (latrine) 13
	    Flush to somewhere else 14
	    Flush to unknown place / Not sure /
	       DK where 15
	Pit latrine
	    Ventilated Improved Pit latrine (VIP) 21
	    Pit latrine with slab 22
	    Pit latrine without slab / Open pit 23
	
	Composting toilet 31
	Bucket 41
	Hanging toilet, hanging latrine 51
	
	No facility, bush, field 95
	
	Other (*specify*) _____ 96
		95⇨Next Module

WS3. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes .... 1 No 2	2⇨Next Module
WS4. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) .. 0__ Ten or more households .... 10 DK 98	

HOUSEHOLD CHARACTERISTICS			HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic	11	
	Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.)	12	
	Pentecostal/Charismatic	13	
	Other Christian	14	
	Moslem	21	
	Traditional/Spiritualist	31	
	Other (*specify*) _____	96	
	No religion	41	
HC1B. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Basari	11	
	Ewe	12	
	Fulani	21	
	Gruma	31	
	Kokomba	32	
	Mole-Dagbani	41	
	Other (*specify*) _____	96	
HC1C. IN THE LAST 4 WEEKS DID THE HEAD OF THIS HOUSEHOLD DO ANY ACTIVITY OF AT LEAST ONE HOUR FOR PAY OR PROFIT OR FAMILY GAIN (IN CASH OR IN KIND)?	Yes.. 1 No 2		1⇨HC1E 2⇨HC1D
HC1D. WHAT WAS THE HEAD OF HOUSEHOLD DOING?	Did not work but had job to go back to (seasonal farmer, but currently no farming activities) 1		1⇨HC2
	Did not work, but had job to go back to (other than farming) 2		2⇨HC1E
	Unemployed, worked before and available to work now 3		3⇨HC1E
	Unemployed, never worked before 4		
	Did not work before and not seeking work now 5		
	Disabled 6		⇨HC2
	Retired 7		
	DK 8		
HC1E. WHAT KIND OF WORK DID THE HEAD OF HOUSEHOLD DO? *This refers to the type of work the head of household was doing. Use two or more words. For example, street trader, cattle farmer, primary schoolteacher, domestic worker, truck driver, filing clerk, etc.*	Description of work: ---. ---. ---.		
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .... __ __		

HC3. *Main material of the dwelling floor.*
 	
Record observation.
	Natural floor
	    Earth / Sand 11
	    Dung 12
	Rudimentary floor
	    Wood planks 21
	    Palm / Bamboo 22
	Finished floor
	    Parquet or polished wood 31
	    Vinyl or asphalt strips........................... 32
	    Ceramic tiles 33
	    Cement 34
	    Carpet 35
	
	Other (*specify*) _____ 96		

HC4. *Main material of the roof.* *Record observation.*	Natural roofing 　　No Roof................................... 11 　　Thatch / Palm leaf................... 12 　　Sod....................................... 13 Rudimentary Roofing 　　Rustic mat.............................. 21 　　Palm / Bamboo .... 22 　　Wood planks .... 23 　　Cardboard............................... 24 Finished roofing 　　Metal .... 31 　　Wood..................................... 32 　　Calamine / Cement fibre .... 33 　　Ceramic tiles .... 34 　　Cement .... 35 　　Roofing shingles .... 36 Other (*specify*) _____ 96	
HC5. *Main material of the exterior walls.* *Record observation.*	Natural walls 　　No walls .... 11 　　Cane / Palm / Trunks .... 12 　　Dirt/gravel.............................. 13 Rudimentary walls 　　Bamboo with mud .... 21 　　Stone with mud .... 22 　　Uncovered adobe .... 23 　　Plywood .... 24 　　Cardboard............................... 25 　　Reused wood .... 26 Finished walls 　　Cement .... 31 　　Stone with lime / cement........... 32 　　Bricks .... 33 　　Cement blocks .... 34 　　Covered adobe .... 35 　　Covered dirt/gravel .... 36 　　Wood planks / shingles............. 37 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity .... 01 Liquefied Petroleum Gas (LPG) .... 02 Natural gas .... 03 Biogas .... 04 Kerosene .... 05 Coal / Lignite.............................. 06 Charcoal .... 07 Wood... 08 Straw / Shrubs / Grass.................. 09 Animal dung................................. 10 Agricultural crop residue .... 11 No food cooked in household .... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 95⇨HC8

| HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?

If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN? | In the house
    In a separate room used as kitchen 1
    Elsewhere in the house 2
In a separate building 3
Outdoors
    Within the compound 4
    Outside the compound........................... 5

Other (*specify*) _____6 | |

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
[A] ELECTRICITY?	Electricity 1		2
[B] A RADIO?	Radio.. 1		2
[C] A TELEVISION?	Television.. 1		2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone....................... 1		2
[E] A REFRIGERATOR?	Refrigerator 1		2
[F] A GENERATOR	Generator.. 1		2
[G] A COMPUTER	Computer 1		2
[H] A SEWING MACHINE	Sewing machine 1		2
[I] A BED	Bed.. 1		2
[J] A TABLE	Table... 1		2
[K] A CUPBOARD/CABINET	Cupboard/Cabinet............................. 1		2

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
[A] A WATCH?	Watch...1		2
[B] A MOBILE TELEPHONE?	Mobile telephone 1		2
[C] A BICYCLE?	Bicycle...1		2
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1		2
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart..............................1		2
[F] A MOTOR-KING?	Motor-King 1		2
[G] A CAR OR TRUCK?	Car / Truck 1		2
[H] TRACTOR?	Tractor...1		2
[I] A BOAT WITHOUT A MOTOR?	Boat without motor.............................1		2
[J] A BOAT WITH A MOTOR	Boat with motor..................................1		2

| HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?

If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?

If "Rented from someone else", circle "2". For other responses, circle "6". | Own... 1
Rent 2

Other (Not owned/rented) *(Specify)*

_____. 6 | |

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.. 1 No 2	2⇨HC13
HC12. HOW MANY HECTARES, ACRES OR POLES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Hectares.................................. ___ ___ Acres....................................... ___ ___ Poles....................................... ___ ___ DK 98	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.. 1 No 2	2⇨HC15

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?
 	
  [A] CATTLE, MILK COWS, OR BULLS?
 	
  [B] HORSES, DONKEYS, OR MULES?
 	
  [C] GOATS?
 	
  [D] SHEEP?
 	
  [E] PIGS?
 	
  [F] CHICKENS?
 	
  [G] GUINEA FOWL?
 	
  [H] DUCKS?
 	
  [I] OTHER POULTRY?
 	
  [J] OTHER-1?
 	
  [K] OTHER-2?
 	
If none, record '00'.
If 95 or more, record '95'.
If unknown, record '98'.
	How many?
	
	Cattle, milk cows, or bulls .... ___ ___
	
	Horses, donkeys, or mules .... ___ ___
	
	Goats .... ___ ___
	
	Sheep...................................... ___ ___
	
	Pigs .... ___ ___
	
	Chickens .... ___ ___
	
	Guinea fowl............................... ___ ___
	
	Ducks...................................... ___ ___
	
	Other poultry *(Specify)*
	
	  _____.. ___ ___
	
	Other-1 *(Specify)*
	
	  _____.. ___ ___
	
	Other-2 *(Specify)*
	
	  _____.. ___ ___	

HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes.. 1 No 2	
HC16. HOW MANY HOUSEHOLD MEMBERS ARE REGISTERED WITH THE NATIONAL HEALTH INSURANCE SCHEME?	Number of persons .... __ __ DK 98	

HH18. *Record the time.*	Hours and minutes __ __ : __ __	

HH19. *Go back to the Birth Registration module and fill in key identification information in a new* INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRE *for every under-5 that has either a line no. entered in BR7 or in BR8.*

For each questionnaire enter the person's line number in BP4, their name (from HL2) in BP3 and the information for the related under-5, from BR4 and BR5, into BH1.

HH20. *You now should have both the* INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRES *and the* WOMEN'S QUESTIONNAIRES, *each of which should identify the person who is to be interviewed.*

(If you have not yet filled in key identification information for the eligible persons for the WOMEN'S QUESTIONNAIRE, *do so now.)*

Do you have any such questionnaires?

☐ *Yes ⇨ Go to HH21.*

☐ *No ⇨ Complete the front panel of the* HOUSEHOLD QUESTIONNAIRE *to ensure that all interviews for the household have been completed. Thank respondents for their cooperation.*

HH21. *In the table below, fill in the line nos. and names of persons who have to be interviewed with the* WOMEN'S QUESTIONNAIRE *and/or the* INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRE.

Use this table to ensure that all such questionnaires are completed.

If one of the persons in the table is the current respondent for the Household Questionnaire, you should consider interviewing them first.

Line no.	Person name	WQ Check box if Q exists	IBRQ Insert number of Qs that exist	Are the Qs for this person complete?
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No
__ __				Yes No

Key: WQ – Women's Questionnaire

IBRQ – Individual Birth Registration Questionnaire

Q - Questionnaire

WHEN YOU HAVE COMPLETED ALL QUESTIONNAIRES FOR THE HOUSEHOLD, ENSURE YOU HAVE ALSO COMPLETED THE FRONT PANEL OF THE HOUSEHOLD QUESTIONNAIRE.

THANK ALL RESPONDENTS FOR THEIR COOPERATION.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

WOMEN'S QUESTIONNAIRE

WOMAN'S INFORMATION PANEL	WM

This questionnaire is to be administered to all women 15 through 49 years of age (see Household Listing Form, column HL8). A separate questionnaire should be used for each eligible woman.

WM1A. BDR+ Cluster number: ___ ___ ___ WM1B. Community name: _____	WM2. Household number: __ __ __ | __ __
WM3. Woman's name: Name_____	WM4. Woman's line number: ....___ ___
WM5. Interviewer name and number: Name_____ ___ ___	WM6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

Read the women's consent form for the Women's Questionnaire respondent before going further in the questionnaire.

Is permission given?

☐ *Yes, permission is given ⇨ Go to WM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨ Complete WM7. Discuss this result with your supervisor.*

WM7. Result of woman's interview	Completed 01
	Not at home 02
	Refused 03
	Partly completed..04
	Incapacitated 05
	Other (*specify*) _____ 96

Interviewer notes

WM8. Field edited by (name and number): _____   ___ ___

WM10. *Record the time.*	Hours and minutes ....__ __ : __ __	

WOMAN'S BACKGROUND		**WB**

WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?
 	
Insert '98' (for month), only if unable, after probing, to obtain specific month
	Date of birth
	  Month..__ __
	
	  Year ....__ __ __ __	

WB2. HOW OLD ARE YOU?
  Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?
 	
  Compare and correct WB1 and/or WB2 if inconsistent
	Age (in completed years) ....__ __	

WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ....1 No...2	2⇨WB6
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ....0 Primary ....1 Junior High School ....2 Senior High School.....................................3 Higher..4	0⇨WB6
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? *If less than 1 grade, enter '00'*	Grade ....__ __	
WB6. WHAT IS YOUR RELIGION?	Catholic 11 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc.) 12 Pentecostal/Charismatic 13 Other Christian 14 Moslem 21 Traditional/Spiritualist 31 Other (*specify*) _____ 96 No religion 41	
WB7. TO WHAT ETHNIC GROUP DO YOU BELONG?	Basari 11 Ewe 12 Fulani 21 Gruma 31 Kokomba 32 Mole-Dagbani 41 Other (*specify*) _____ 96	

CHILD MORTALITY   CM

NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGNANCIES YOU HAVE HAD DURING YOUR LIFE. BY THIS I MEAN ALL THE CHILDREN BORN TO YOU, WHETHER THEY WERE BORN ALIVE OR DEAD, WHETHER STILL LIVING OR NOT, AND PREGNANCIES WHICH YOU HAVE HAD THAT DID NOT RESULT IN A LIVE BIRTH.

CM1. HAVE YOU <u>EVER</u> GIVEN BIRTH?	Yes ....1 No..2	2⇨CM8
CM2. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ....1 No..2	2⇨CM4
CM3. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home __ __ Daughters at home __ __	
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ....1 No..2	2⇨CM6
CM5. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere................................__ __ Daughters elsewhere ....__ __	
CM6. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE − EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES?	Yes ....1 No..2	2⇨CM8
CM7. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead ....__ __ Girls dead...__ __	
CM8. PREGNANCIES CAN RESULT IN A CHILD THAT IS BORN DEAD, OFTEN CALLED A STILLBIRTH. HAVE YOU EVER HAD A STILLBIRTH?	Yes 1 ⇨ *Ask* HOW MANY STILLBIRTHS? |__|__| No..........2	

CM9. WOMEN SOMETIMES HAVE PREGNANCIES THAT DO NOT RESULT IN A LIVE BIRTH AND END BEFORE FULL-TERM, SUCH AS A MISCARRIAGE OR ABORTION. EXCLUDING STILLBIRTHS, HAVE YOU EVER HAD A MISCARRIAGE OR ABORTION?	Yes 1 ⇨ *Ask*
	        IN TOTAL, HOW MANY ABORTIONS
	          AND MISCARRIAGES? |__|__|
	 No.........2	

CM10. *Sum answers to CM3, CM5 and CM7* *If none, record '00'.*	Sum (live births) ....__ __	
CM11. *Sum answers to CM8 and CM9* *If none, record '00'.*	Sum (other pregnancies)...................__ __	
CM12. JUST TO MAKE SURE I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? ☐ Yes ☐ No ⇨ *Probe and correct CM3 toCM7and CM10 as necessary*		
CM13. AND YOU HAVE HAD IN TOTAL (*total number in CM11*) STILLBIRTHS, MISCARRIAGES AND ABORTIONS DURING YOUR LIFE. IS THIS CORRECT? ☐ Yes ☐ No ⇨ *Probe and correct CM8, CM9 and CM11 as necessary*		
CM14. *Check total of CM10 and CM11* ☐ One or more pregnancies ⇨ *Go to PH1 (in next module)* ☐ No pregnancies ⇨ *Go to PH18*		

PREGNANCY HISTORY   PH

NOW I WOULD LIKE TO RECORD ALL YOUR PREGNANCIES, WHETHER BORN ALIVE, BORN DEAD, OR LOST BEFORE FULL TERM. PLEASE START WITH THE FIRST PREGNANCY YOU HAD.

Record all pregnancies. Record twins and triplets on separate lines.

PH1	PH2	PH3	PH4	PH5	PH6	PH7	PH8
Row No	THINK BACK TO THE TIME OF YOUR (*first/next*) PREGNANCY. WAS THAT A SINGLE OR MULTIPLE PREGNANCY?	WAS THE BABY BORN ALIVE, BORN DEAD OR LOST BEFORE FULL TERM?	DID THAT BABY CRY, MOVE OR BREATHE WHEN IT WAS BORN?	WHAT NAME WAS GIVEN TO THE CHILD?	IS (*name*) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Insert '98' (for month), only if unable, after probing, to obtain specific month*	IS (*name*) STILL ALIVE?
01	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
02	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
03	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
04	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
05	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
06	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
07	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
08	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No............2 ⇨*PH 13*	._____ (Name)	Boy ....1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*

	If born alive and still living		If born alive, but now dead	If born dead or lost before birth			
PH9	PH10	PH11	PH12	PH13	PH14	PH15	PH16
HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *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 OLD WAS (*name*) WHEN SHE/HE DIED? If '1 year' probe: HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month, months if less than 2 years, or years.*	IN WHAT MONTH AND YEAR DID THIS PREGNANCY END? *Insert '98' (for month), only if unable, after probing, to obtain specific month*	HOW MANY MONTHS DID THE PREGNANCY LAST? *Record in completed months.*	DID YOU OR SOMEONE ELSE DO SOMETHING TO END THAT PREGNANCY? *Ask only if PH3 has code '3' circled*	WERE THERE ANY OTHER PREGNANCIES BETWEEN THE PREVIOUS PREGNANCY AND THIS ONE?
01 Age in years ☐☐	Yes..........1 No ....2 ⇨ (*Next pregnancy*)	Line number ☐☐ ⇨ (*Next pregnancy*)	Days .... 1 Months ..... 2 Years .... 3 ⇨ (*Next pregnancy*)	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	
02 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
03 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
04 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
05 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
06 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
07 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2
08 Age in years ☐☐	Yes..........1 No ....2 ⇨ PH16	Line number ☐☐ ⇨ PH16	Days .... 1 Months ..... 2 Years .... 3 ⇨ PH16	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes ....1 No...........2

PREGNANCY HISTORY (continued)   PH

This is a continuation from row no. 8 on the last page.

Record all pregnancies. Record twins and triplets on separate lines.

PH1	PH2	PH3	PH4	PH5	PH6	PH7	PH8
Row No	THINK BACK TO THE TIME OF YOUR (*first/next*) PREGNANCY. WAS THAT A SINGLE OR MULTIPLE PREGNANCY?	WAS THE BABY BORN ALIVE, BORN DEAD OR LOST BEFORE FULL TERM?	DID THAT BABY CRY, MOVE OR BREATHE WHEN IT WAS BORN?	WHAT NAME WAS GIVEN TO THE CHILD?	IS (*name*) A BOY OR A GIRL?	IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Insert '98' (for month), only if unable, after probing, to obtain specific month*	IS (*name*) STILL ALIVE?
09	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
10	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
11	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
12	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
13	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
14	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
15	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*
16	Sing ....1 Mult..........2	Born alive. ....1 ⇨*PH5* Born dead ....2 Lost before full term .....3 ⇨*PH 13*	Yes..........1 No...........2 ⇨*PH 13*	._____ _____ (Name)	Boy........1 Girl.........2	Month ☐☐ Year ☐☐☐☐	Yes..........1 No ....2 ⇨*PH 12*

	If born alive and still living			*If born alive, but now dead*	*If born dead or lost before birth*			
	PH9	PH10	PH11	PH12	PH13	PH14	PH15	PH16
	HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *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 OLD WAS (*name*) WHEN SHE/HE DIED? *If '1 year' probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month, months if less than 2 years, or years.*	IN WHAT MONTH AND YEAR DID THIS PREGNANCY END? *Insert '98' (for month), only if unable, after probing, to obtain specific month*	HOW MANY MONTHS DID THE PREGNANCY LAST? *Record in completed months.*	DID YOU OR SOMEONE ELSE DO SOMETHING TO END THAT PREGNANCY? *Ask only if PH3 has code '3' circled*	WERE THERE ANY OTHER PREGNANCIES BETWEEN THE PREVIOUS PREGNANCY AND THIS ONE?
09	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
10	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
11	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
12	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
13	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
14	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
15	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2
16	Age in years ☐☐	Yes..........1 No ....2 ⇨ *PH16*	Line number ☐☐ ⇨ *PH16*	Days .... 1 Months ..... 2 Years .... 3 ⇨ *PH16*	Month ☐☐ Year ☐☐☐☐	Months ☐☐	Yes..........1 No 2	Yes .... 1 No 2

PH17. HAVE YOU HAD ANY PREGNANCY SINCE THE LAST PREGNANCY MENTIONED? *Exclude current pregnancy*	Yes .... 1 No.. 2	1⇨PH1
PH18. ARE YOU PREGNANT NOW?	Yes .... 1 No.. 2 DK 8	 2⇨PH20 8⇨PH20
PH19. HOW MANY MONTHS PREGNANT ARE YOU?	☐☐ Months	

PH20. *Count number of live births by counting rows <u>with PH6 code circled for boy or girl.</u>*

      Enter total ➜ |__|__|

   Is this number the same as for CM10

     ☐ Yes   ☐ No ⇨ *Probe and reconcile as necessary*

PH21. *Count number of other pregnancies by counting rows <u>without PH6 code circled for boy or girl.</u>*

      Enter total ➜ |__|__|

   Is this number the same as for CM11

     ☐ Yes   ☐ No ⇨ *Probe and reconcile as necessary*

PH22. *Review the following items in the Pregnancy History module and check each box when completed*

        * For each pregnancy, year is recorded in PH7 or PH13   ☐

        * For each living child: current age is recorded in PH9   ☐

        * For each dead child: Age of death is recorded in PH12   ☐

        * For age at death 12 months or 1 year, probe for exact number of months   ☐

PH23. *Check Pregnancy History module. Did last live birth occur within the last two years, that is, since (day and month of interview) in **2011?***

  ☐ No live birth in last 2 years. ⇨ *Go to PH24 (immediately after end of Maternal Health module).*

  ☐ One or more live births in last 2 years. ⇨ *Ask for the name of the child*

                  Name of child_____

                  If child has died, take special care when referring to this child by name in the next module.

                  Continue with the next module.

MATERNAL HEALTH		MH

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

Check PH21 and record name of last-born child here: _____ *Use this name below*

MH1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ....1 No 2	2⇨MH4

MH2. WHOM DID YOU SEE?
 	
Probe:
ANYONE ELSE?
 	
Probe for the type of person seen and circle all answers given.
	Health professional:
	   Doctor .... A
	   Nurse / Midwife....................................... B
	Other person
	   Traditional birth attendant........................F
	   Community health worker.......................G
	
	Other (*specify*) _____ X	

MH3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	Number of times ....__ __ DK...98	

MH4. WHO ASSISTED WITH THE DELIVERY OF (*name*)?
 	
  Probe:
    ANYONE ELSE?
 	
Probe for the type of person assisting and circle all answers given.
 	
If respondent says no one assisted, probe to determine whether any adults were present at the delivery.
	Health professional:
	   Doctor .... A
	   Nurse / Midwife....................................... B
	Other person
	   Traditional birth attendant........................F
	   Community health worker.......................G
	   Relative / Friend .... H
	
	Other (*specify*) _____ X
	No one .... Y	

MH5. WHERE DID YOU GIVE BIRTH TO (*name*)?
 	
Probe to identify the type of source.
 	
If unable to determine whether public or private, write the name of the place.
 	
    _____
       (Name of place)
	Home
	   Your home...11
	   Other home...12
	Public sector
	   Govt. hospital 21
	   Govt. clinic / health centre 22
	   Govt. health post 23
	   Other public (*specify*) _____ 26
	
	Private Medical Sector
	   Private hospital...................................31
	   Private clinic 32
	   Private maternity home 33
	   Other private
	     medical (*specify*) _____ 36
	
	Other (*specify*) _____ 96	

PH24. *Check Pregnancy History module to identify if there has been a death of a child under 5 years of age in the last five years*

       ☐ Yes ⇨ *Go to next module.*

       ☐ No ⇨ *Go to WM11*

REGISTRATION OF A DEATH   RD

WHEN I ASKED YOU EARLIER ABOUT YOUR PREVIOUS BIRTHS, YOU TOLD ME THAT ONE OF YOUR CHILDREN, WHO WAS UNDER 5 YEARS OF AGE, DIED IN THE LAST FIVE YEARS.

RD1. WHERE DID THIS CHILD'S DEATH OCCUR: AT HOME, IN A HEALTH FACILITY, OR SOMEWHERE ELSE?	Home .... 1 Health facility .... 2 Other *(specify)* _____ 6	
RD2. WHERE WAS THE CHILD BURIED: IN A CEMETERY, JUST OUTSIDE YOUR COMPOUND, WITHIN YOUR COMPOUND, OR ELSEWHERE?	Cemetery .... 1 Just outside your compound .... 2 Within your compound .... 3 Other *(specify)* _____ 6	
RD3. WAS AN AUTHORIZATION FOR BURIAL OBTAINED FOR THIS CHILD?	Yes.. 1 No .... 2 DK 8	2⇨RD6 8⇨RD6
RD4. FROM WHOM WAS THIS AUTHORIZATION OBTAINED?	Chief of community .... 1 Imam .... 2 Priest .... 3 CBV.. 4 Nurse or Midwife....................................... 5 Other *(specify)* _____ 6	
RD5. WAS THE DEATH OF THIS CHILD REPORTED TO ANYONE ELSE OF IMPORTANCE IN THE COMMUNITY, SUCH AS THE CHIEF OR THE IMAM?	Yes.. 1 No .... 2 DK 8	1⇨RD7 2⇨WM11 8⇨WM11
RD6. WAS THE DEATH REPORTED TO SOMEONE OF IMPORTANCE IN THE COMMUNITY, SUCH AS THE CHIEF, THE IMAM OR THE PRIEST?	Yes.. 1 No 2	2⇨WM11
RD7. WHO WAS THIS PERSON? *Probe:* ANYONE ELSE? *Probe for the type of person and circle all answers given.*	Chief of community .... A Imam .... B Priest .... C CBV.. D Nurse or Midwife....................................... E Other *(specify)* _____ X	

WM11. *Record the time*.	Hours and minutes ....__ __ : __ __	

WM12. *Go to HH21 at the end of the Household Questionnaire and check if there are INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRES that the present respondent should be interviewed for.*

  Are there any such questionnaires?

  ☐ Yes ⇨ *Start the interview using the appropriate INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRE.*

  ☐ No ⇨ *Thank the respondent for her cooperation. Go to HH21 to determine if there are any other interviews to be completed for this household.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

INDIVIDUAL BIRTH REGISTRATION QUESTIONNAIRE

BIRTH REGISTRATION INFORMATION PANEL	**BP**

This questionnaire is to be administered to each person who is identified in the Household Questionnaire as eligible. See HH21 in the Household Questionnaire for the eligible persons in the present household. The information for BP3, BP4 and BH1 should have already been entered.

BP1A. BDR+ Cluster number: ___ ___ ___ BP1B. Community name: _____	BP2. Household number: __ __ __	__ __
BP3. Person's name: Name_____	BP4. Person's line number: .... ___ ___
BP5. Interviewer name and number: Name_____ ___ ___	BP6. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___

BP7. Result of person's interview	Completed ....01 Not at home ....02 Refused ....03 Partly completed...................................04 Incapacitated ....05 Other (*specify*) _____ 96

Interviewer notes

BP8. Field edited by (name and number): _____ ___ ___

BP9. *Record the time.*	Hours and minutes __ __ : __ __	

BIRTH REGISTRATION HISTORY OF UNDER-5   BH

BH1. Child's name _____ Line no __ __ Age __ __ Sex _____		
BH2. I understand that you registered the birth of (*name*). Is this correct?	Yes .... 1 No... 2	1 ⇨ BH5 2 ⇨ BH3
BH3. Who did register the birth of (*name*)? *If line no. of another person given on right. Correct the BR module and HH21 in the Household Questionnaire. Interview this new person with a new MLS4 form..*	Line no. of person .... __ __ Was never registered 97	⇨ BP10 97 ⇨ BH4
BH4. Why was (*name*)'s birth not registered?	Costs too much .... 1 Must travel too far .... 2 Did not know the birth should be registered .... 3 Did not know where to register .... 4 Did not want to pay fine .... 5 Other (*specify*) _____ 6 DK 8	➤ BP10
BH5. What is your relationship to (*name*)?	Mother .... 1 Father .... 2 Other (*Specify*): _____ 6	
BH6. Does (*name*) have a birth certificate? May I see it? *Check birth certificate to see if it is the one issued by the Births and Deaths Registry*	Yes, seen .... 1 Yes, not seen .... 2 No... 3 DK 8	1 ⇨BH7 2 ⇨BH8 3⇨BH10 8⇨BH10
BH7. What was the date of birth on the birth certificate? .	☐☐ ☐☐ ☐☐☐☐ Day Month Year	⇨BH9
BH8. What was the date of birth on the birth certificate? *Insert '98' for month only if unable, after probing, to obtain the specific month.*	☐☐ ☐☐☐☐ Calendar → Month Year	
BH9. How much time did it take from when you reported the birth to when you received the certificate? *Weeks if less than 1 month, months otherwise.*	Weeks (01, 02, 03, 04) ☐☐ Months (From 01 to 12) ☐☐	⇨BH11
BH10. What was the date when you reported the birth of (*name*)?	☐☐ ☐☐☐☐ Calendar → Month Year	
BH11. What was (*name*)'s age at the time of reporting the birth? *Enter age in months; insert '00' if less than 1 month*	☐☐ Age → In months	

BH12. HOW MUCH DID IT COST TO REGISTER (*name*)'S BIRTH?	1 Cedi ....1 2 Cedis ....2 3 Cedis ....3 4 Cedis ....4 5 Cedis ....5 More than 5 Cedis ....6 Free ....7 DK...8	

BH13. WHY DID YOU WANT TO REGISTER (*name*)'S BIRTH? WAS IT …
   [A] FOR SCHOOL?
   [B] FOR AN OFFICIAL GOVERNMENT DOCUMENT?
   [C] FOR NATIONAL HEALTH INSURANCE?
   [D] FOR ANOTHER REASON?
	Yes No
	School 1 2
	Govt. document 1 2
	NHI 1 2
	Other (*specify*)_____	

BH14. WHERE DID YOU REGISTER (*name*)'S BIRTH?	BDR Office ....1 In this Community...2 Other (*specify*)_____ 6	
BH15. WHO DID YOU REGISTER (*name*)'S BIRTH WITH: THE BDR OFFICER, THE BDR OFFICER'S ASSISTANT, THE COMMUNITY BASED VOLUNTEER (CBV), OR SOMEONE ELSE?	BDR Officer ....1 BDR Officer's Assistant ....2 CBV ....3 Other (*specify*)_____ 6	
BH16. HOW SATISFIED WERE YOU WITH THE BIRTH REGISTRATION PROCESS? WERE YOU SATISFIED, PARTLY SATISFIED OR NOT SATISFIED AT ALL?	Satisfied..1 Partly satisfied ....2 Not satisfied..3	
BH17. IF YOU WERE TO REGISTER ANOTHER BIRTH, WOULD YOU WANT TO GO TO THE SAME PERSON OR SOMEONE DIFFERENT?	Same ....1 Different..2	2⇨BH19

BH18. WHY WOULD YOU WANT TO GO TO THE SAME PERSON AGAIN? WAS IT BECAUSE …
   [A]. PERSON IS NEARBY/NOT FAR?
   [B]. PERSON WAS NICE / FRIENDLY?
   [C]. SHORT TIME TO WAIT FOR CERTIFICATE?
   [D]. OF ANOTHER REASON?
	Yes No
	Near 1 2
	Nice 1 2
	Short time 1 2
	Other (*specify*)_____
		▶ BH20

BH19. WHY WOULD YOU WANT TO GO TO A DIFFERENT PERSON? WAS IT BECAUSE …
   [A]. PERSON TOO FAR AWAY ?
   [B]. PERSON WAS NOT NICE / NOT FRIENDLY?
   [C]. LONG WAIT BEFORE GETTING CERTIFICATE?
   [D]. OF ANOTHER REASON
	Yes No
	Too far 1 2
	Not nice 1 2
	Long wait 1 2
	Other (*specify*)_____	

BH20. DO YOU KNOW BIRTH REGISTRATION IS FREE IF YOU REGISTER A CHILD BEFORE THEY ARE A CERTAIN AGE?	Yes ....1 No ....2 DK 8	2⇨BP10 8⇨BP10
BH21. UP TO WHAT AGE, IN MONTHS, IS BIRTH REGISTRATION FREE?	Age → In months ☐☐	

BP10. *Record the time.*	Hours and minutes __ __ : __ __	
BP11. *Thank the respondent and go back toHH21 in the Household Questionnaire to determine what other interviews need to be completed for the present household*		

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations