**HOUSEHOLD SURVEY AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE (18-19 YEARS)**

**MNCH PROJECT MYANMAR**

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| IDENTIFICATION INFORMATION | | |
| Household ID |\_\_|\_\_|\_\_| | | |
| **Q001**  **Q002**  **Q003**  **Q004**  **Q005**  **Q006**  **Q007**  **Q008** | Unique Questionnaire ID …………………………………  State/Region ID …………………………………..  Township ID ….………………………………  Ward ID ………………………….………  Village Tract ID ………………………….........  Village ID ………………………………….  Respondent ID ……………………………………  Stratum (Circle one) ………………………………….  1 = Urban  2 = Rural | [\_\_\_|\_\_\_|\_\_\_|\_\_\_]  [\_\_\_|\_\_\_]  [\_\_\_|\_\_\_]  [\_\_\_|\_\_\_]  [\_\_\_|\_\_\_]  [\_\_\_|\_\_\_|\_\_\_]  [\_\_\_]  [\_\_\_|\_\_\_|\_\_\_|\_\_\_]  [\_\_\_] |

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|  | INTERVIEWER VISITS | | |
|  |  | 1 | 2 |
| **Q009**  **Q010**  **Q011**  **Q012**  **Q013**  **Q014** | Date (DD-MM-YYYY)  Interviewer’s Name /Code  Supervisor’s Name /Code  ***Result***  Time Started  (Use 24 hour format)  Time Completed  (Use 24 hour format) | [\_\_|\_\_]-[\_\_|\_\_]-[\_\_|\_\_|\_\_|\_\_]  \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_/[\_\_|\_\_]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/[\_\_|\_\_]  [\_\_]  [\_\_|\_\_:\_\_|\_\_]  [\_\_|\_\_:\_\_|\_\_] | [\_\_|\_\_]-[\_\_|\_\_]-[\_\_|\_\_|\_\_|\_\_]  \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_/[\_\_|\_\_]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/[\_\_|\_\_]  [\_­­\_]  [\_\_|\_\_:\_\_|\_\_]  [\_\_|\_\_:\_\_|\_\_] |

**Result**

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| 1 = Completed interview with eligible respondent  (i.e. currently married female household member 18-49 yrs)  2 = Eligible respondent not available (Go to work/Traveling/Busy/Hospitalized, etc)  ***Call back*** *(1 = Yes, 2 = No)…………………………………..* [\_\_\_]  *If No, Reason [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]*  3 = Refused ………………………………………………………[\_\_\_] 🡪**End interview**  *Reasons for refusal*  *(1=Busy****,*** *2 =Not interested, 3=Refuses to give reason, 4= Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]*  4= Other (*specify*): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |

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| **Tasks** | **By** | **Date** | **Remark** |
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| **2nd KP** |  |  |  |

**CONSENT FORM**

Hello, I am from \_\_\_\_\_\_\_\_\_\_Research Agency and we have been asked by PSI/Myanmar to carry out a study in the areas of reproductive health and under five year old child health. PSI/Myanmar is a non-profit non-governmental organization that is dedicated to improving health and saving lives in Myanmar.

We are conducting a research study about Knowledge, Health Care Seeking Behaviors and Uptakes of Reproductive and Child Health Products and Services among Women of Reproductive Age and Caretakers of Children Under-5 in 3MDG project townships in Myanmar. The information gathered will be used to know current contraception and family planning practices, maternal and child health care as well as use rates of products delivered by 3 MDG projects and PSI. You have been selected to participate in this study because you are one of our potential participants – currently married women of reproductive age from 18 to 49 years of age. If you decide to participate, you will be one of 2250 study participants. If you decide to participate, you will be asked to answer the questions concerning-your household, socioeconomic status, safe water and hygiene of your household, your fertility history and contraceptive use, pregnancy, delivery and post-delivery care nutrition supplements for pregnant and post-partum mothers, nutrition of under-5 children, their illness and treatment received and exposure to services. We will also observe a hand washing place near the latrine in the surrounding of your household and a container where the drinking water is usually stored. Overall, the interview will last 30-45 minutes and we will try our best to make it short, simple and quick.

There may be a risk of a breach of confidentiality at some point in the survey. However, we will make sure that all of your identifying information will be handled with a great care. We will not use your full name. Your household information will only be used for survey purposes. All the data will be stored in a safe and confidential place and only be accessible to responsible researchers. All of your responses will not be used specifically and will be used with all other 2250 respondents’ answers. We will have full respect and will cause you neither psychological harm nor social discrimination while we are asking the questions. We hope that you will participate in this study as your views are important for the study and the results from the study will assist the program of PSI/Myanmar to improve its activities to your community.

There is no immediate benefit for you for participating in this study. Participation in this research study is voluntary. You can stop participating at any time without any consequences. You can also skip any questions that you wish. You do not have to take part in this research if you do not wish to do so and choosing not to participate will not effect on you. Although we will collect some of your identification information, we assure you that all the information will be kept strictly confidentially in a safe place. There is no cash incentive for participating in this study. We will give a small gift for you after the interview. Before giving your consent, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over. You are making a decision whether or not to participate in this study. Your oral consent indicates that you understand the information provided and have had all your questions answered and have decided to participate.

If you have any questions or feel you have been harmed in any way by participating in this study, please contact Dr. May Me Thet (Deputy Director) from Strategic Information department, PSI Myanmar, No.16, West Shwe Gone Dine 4th Street, Bahan Township, Yangon, Telephone: 375 854-58.

I confirmed that the respondent give consent to participate in this interview freely and voluntarily:

Researcher’s initials -----------------------------------Date -- / -- /2016

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|  |  | **SECTION 1 - HOUSEHOLD ROSTER** | | | | | | | | | |  |
| PERSON ID | **Q101** | | **Q102** | **Q103** | **Q104** | **Q105(a)** | **Q105(b)** | **Q106** | **Q107** | **Q108** | **Q109** | **Q110** |
| Please tell me the last name of all of the persons who live under the same roof. Start with the head of the household. Please do not forget to include children and infants.  *MAKE A COMPLETE LIST OF ALL NAMES CONCERNED BEFORE GOING ON. THEN ASK QUESTIONS Q102-109 FOR EACH NAME LISTED.* | | What is *INSERT NAME*'*S* relationship to head of household?  Head …………….……….1  Wife/husband………….....2  Child/Adopted child…......3  Father/mother…………....4  Father/mother-in-law…….5  Son/Daughter-in-law…….6  Grandchild ……….……..7  Sister/brother …….……...8.  Niece/Nephew ……..…....9  Brother/sister-in-law……10  Grandfather/mother......... 11  Servant/workers………...12  Other(Specify) ………....13 | Does *INSERT NAME* usually live here?  Yes…1  No….0 | What gender is *INSERT NAME*?  Male..1  Female..2 | What is *INSERT NAME'S*completed age in years?  (For those who are 5 years and above)  *Fill in Years*  *\_\_/\_\_years* | What is *INSERT NAME'S completed* age in months?  (For those who are less than 5 years of age)  *Fill in months*  *\_\_/\_\_ months* | What is the present marital status of *INSERT NAME?*  *If respondent is below 18 years, Fill 98.*  *Current Married-1*  *Single - 2*  *Divorced/Sepatated-3*  *Widow/Widower-4*  *N/A -97* | For each under 5, who is the mother or primary caretaker?  Record the line number of mother or caretaker. | *Circle the ID number for currently married female resident between 18 and 49 years old.* | *Circle the ID number for last chosen respondent* | *Main income*  *earner* |
| 1 |  | | /\_/\_/ | /\_/\_/ |  | /\_/\_/ | /\_/\_/ | /\_/\_/ | /\_/\_/ | 1 | 1 | 1 |
| 2 |  | |  |  |  |  |  |  |  | 2 | 2 | 2 |
| 3 |  | |  |  |  |  |  |  |  | 3 | 3 | 3 |
| 4 |  | |  |  |  |  |  |  |  | 4 | 4 | 4 |
| 5 |  | |  |  |  |  |  |  |  | 5 | 5 | 5 |
| 6 |  | |  |  |  |  |  |  |  | 6 | 6 | 6 |
| 7 |  | |  |  |  |  |  |  |  | 7 | 7 | 7 |
| 8 |  | |  |  |  |  |  |  |  | 8 | 8 | 8 |
| 9 |  | |  |  |  |  |  |  |  | 9 | 9 | 9 |
| 10 |  | |  |  |  |  |  |  |  | 10 | 10 | 10 |
| 11 |  | |  |  |  |  |  |  |  | 11 | 11 | 11 |

**SECTION 2 – SOCIO-ECONOMIC STATUS**

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| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q201 | What is the highest level of education of main income earner of the household?  One response only | Illiterate  Non formal education  Some Primary School/ Monastic  Some Middle School  Some High School  High School Finished / University Student/University Drop Out Graduate/ Diploma or Degree/ Post Graduate  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 | 1🡪 Q203 |
| Q202 | How many years of schooling did (main income earner) complete? | ------------------------- Yrs |  |  |
| Q203 | What is the main occupation of the main income earner of household?  Main occupation means the source for the main income if one has more than one kind of main occupation  SINGLE RESPONSE | Professionals / Higher management / Officers/ Executives  Middle Junior & Junior Management / Officers/ Executives  Sales Related Workers/ Clerical Related Workers  Supervisory Level/ Skilled Workers  Self-employed professionals  Businessmen  Shop Owners  Petty traders/ Taxi Owners/ Family Businessmen Owners/ Farmers/Fishermen  Unskilled workers/ Farm / Fishery/ Forestry Related Workers  Hawkers/ Casual Workers  Overseas goers- currently no job  Housewives/ unemployed  Students /Retired/ Old Age Dependents  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  9  10  11  12  13  96 |  |

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| **NO.** | **Question** | **Response** | **Code** | | **Skip** |
| Q204 | Does your household have the following items.  READ ANSWERS AND ALLOW FOR MULTIPLE RESPONSES |  |  |  |  |
| RADIO  TELEVISION  NON-MOBILE TELEPHONE  MOBILE TELEPHONE  COMPUTOR  HOME INTERNET  CAR/PICKUP/TRUCK/VAN  MOTORCYCLE/ELECTRONIC BICYCLE/TRACTOR  BICYCLE  TRACTOR  CANOE/BOAT  BOAT WITH MOTOR  ANMIAL DRAWN CART | 1  2  3  4  5  6  7  8  9  10  11  12  13 |
| Q205 | What type of fuel does your household mainly use for cooking?  SELECT ONE ANSWER. | Electricity  Natural Gas  Kerosene  Biogas  Wood  Coal, Lignite  Charcoal  Straw/Shrubs/Grass    Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8 | |  |
| Q206 | Record observation of main material on the floor.  SELECT ONE ANSWER | Bamboo  Earth  Wood Planks  Ceramic Tiles/Cement/Carpet/Brick  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  96 | |  |
| Q207 | Record observation of main material on the roof.  SELECT ONE ANSWER. | Thatch/Palm Leaf  Bamboo  Earth  Wood  Metal/Iron Sheet  Calamine/Cement Fiber/Cement/Brick  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  96 | |  |

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| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q208 | Record observation of main material on the Walls.  SELECT ONE ANSWER | Thatch/Palm Leaf  Bamboo  Earth  Wood  Metal/Iron Sheet  Calamine/Cement Fiber/Cement/Brick  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  96 |  |
| Q209 | How many rooms in this household are used for sleeping? | ROOMS |\_\_|\_\_| |  |  |
| Q210 | Does any member of this household own agricultural land? | Yes  No | 1  0 |  |
| Q211 | What is the type of housing? | Condominium  Flat/ apartment  Bungalow/ RC building  Concrete building  Wooden House  Bamboo with thatch house  2-3 year-tent  1 year-tent  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  96 |  |
| Q212 | Condition of your rooms | Closed rooms  With open windows or doors  Rooms with three or fewer windows  Rooms with more than three windows  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  96 |  |
| Q213 | Which type of kitchen do you have at your home? | In the same room used for living/ sleeping  In a separate room as a kitchen  In a separate building used for kitchen  Outdoors  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  96 |  |
| Q214 | What is the estimated monthly total income of your household from all possible sources?  **If it is daily income, ask how many days they have income and calculate for a month** | (\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_) Kyats / month  Don’t know/ Refuse to answer | 98 |  |
| Q215 | What was the total household expenditure in the last month? | Under 50,000 Kyats  Ks 50,000 – Ks 100,000  Ks 100,000- Ks 200,000  Over Ks 200,000  Don’t Know / Refuse to answer | 1  2  3  4  98 |  |

**SECTION 3- DEMOGRAPHIC INFORMATION**

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| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q301 | Now I would like to ask you some questions about you and your background.  How old were you at your last birthday? | AGE IN COMPLETED YEARS/\_\_/\_\_/ |  | Check with HH list table |
| Q302 | How old were you when you first got married? | AGE IN COMPLETED YEARS/\_\_/\_\_/ |  |  |
| Q303 | How old was your husband when you got married? | AGE IN COMPLETED YEARS/\_\_/\_\_/ |  |  |
| Q304 | Is your husband/partner living with you now? | Living with me  Staying elsewhere | 1  2 |  |
| **If the respondent is the main income earner, go to next section.** | | | | |
| Q305 | What is your highest level of education attained? | Illiterate  Non formal Education  Some Primary School/ Monastic  Some Middle School  Some High School  High School Finished / University Student/University Drop Out Graduate/ Diploma or Degree/ Post Graduate  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 | 1🡪 Q307 |
| Q306 | How many years of schooling did you complete? | ------------------------- Years | /\_\_/\_\_/ |  |
| Q307 | What is your main occupation?  **Main occupation means the source for the major income if one has more than one kind of job**  SINGLE RESPONSE | Professionals / Higher management / Officers/ Executives  Middle Junior & Junior Management / Officers/ Executives  Sales Related Workers/ Clerical Related Workers  Supervisory Level/ Skilled Workers  Self-employed professionals  Businessmen  Shop Owners  Petty traders/ Taxi Owners/ Family Businessmen Owners Farmers/Fishermen  Unskilled workers/ Farm / Fishery/ Forestry Related Workers  Hawkers/ Casual Workers  Overseas goers- currently no job  Housewives/ unemployed  Students /Retired/ Old Age Dependents  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  9  10  11  12  13  96 |  |
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| Q308 | Have you always lived in this area? | Yes  No | 1  0 | 1🡪Q313 |
| Q309 | How old were you when you moved to this area? | \_\_\_\_\_\_\_ years | /\_\_/\_\_/ |  |
| Q310 | What was your previous place of residence? | Rural Village  Small Town  Urban City | 1  2  3 |  |
| Q311 | What was the name of your last place of residence? | Ward/ Village\_\_\_\_\_\_\_\_\_\_\_  Township\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Q312 | Why did you move to this area? | Move with family  Work for myself  Work for another family member (husband, parents, etc.)  Marriage  Wanted to live in a city  Education  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  96 |  |
| Q313 | Have you ever chewed betel nut in your lifetime? | Yes  No | 1  0 | 1🡪Q316 |
| Q314 | In the past 30 days, have you chewed betel nut? | Yes  No | 1  0 |  |
| Q315 | Did you chew betel nut while you are/were pregnant? | Yes  No  Not relevant | 1  0  96 |  |
| Q316 | Have you ever smoked cigarettes? | Yes  No | 1  0 | 0🡪Q401 |
| Q317 | In the past 30 days, have you smoked cigarettes? | Yes  No | 1  0 |  |
| Q318 | Did you smoke cigarettes while you are/were pregnant? | Yes  No  Not relevant | 1  0  96 |  |

**SECTION 4 –WATER AND SANITATION**

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q401 | What is the **main** source of drinking water for members of your household?  READ RESPONSES | Piped Water  Piped into Dwelling  Piped to Yard/Plot  Tube Well or Borehole  Borehole(>150 Feet Deep)  Tube Well (<150 Feet Deep)  Dug Well  Protected Well  Unprotected Well  Water from Spring  Rain Water  Tanker Truck  Cart with Small Tank  Surface Water (River/Dam/Lake/Pond/Stream/Canal, Irrigation Channel)  Bottled Water  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  9  10  11  12  96 |  |
| Q402 | Do you think that water needs to be treated for drinking? | Yes  No | 1  0 |  |
| Q403 | How many methods do you know for treating water for drinking?  DO NOT PROMPT  MULTIPLE RESPONSES POSSIBLE | Boil  Add bleach / Chlorine  Strain it through a cloth  Use water filter (ceramic, sand, composite, etc.)  Solar disinfection  Let it stand and settle  Put Alum into the water  Bottled Water  Treat with water purifying agent  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | **MR**  1  2  3  4  5  6  7  8  9  96  98 |  |
| Q404 | What kind of diseases do you think that you can be contracted by drinking untreated water?  DO NOT PROMPT  MULTIPLE RESPONSES POSSIBLE | Diarrhoea  Dysentery  Hepatitis  Typhoid  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | **MR**  1  2  3  4  96  98 |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q405 | In your opinion, out of the methods you have mentioned, which methods(s) is/are effective in preventing diarrhea?  MULTIPLE RESPONSES POSSIBLE. CHECK WITH Q403. IF 98, GO TO Q410 | Boil  Add bleach / Chlorine  Strain it through a cloth  Use water filter (ceramic, sand, composite, etc.)  Solar disinfection  Let it stand and settle  Put Alum into the water  Bottled Water  Treat with water purifying agent  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | **MR**  1  2  3  4  5  6  7  8  9  96  98 |  |
| Q406 | Do you currently treat your water in any way to make it safer to drink? | Yes  No  Don’t Know | 1  0  98 | 0,98 🡪  Q410 |
| Q407 | How do you **mainly** treat drinking water for your household to make it safer to drink?  SHOW CARD IF THE RESPONDENT DOES NOT KNOW WATER PURIFYING AGENTS. | Boil  Use water filter (ceramic, sand, composite, etc.)  Bottled Water  Solar disinfection  Add bleach / Chlorine  Let it stand and settle  Strain it through a cloth  Put Alum into the water  Treat with water purifying agent  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | 1  2  3  4  5  6  7  8  9  96  98 | 98🡪  Q410 |
| Q408 | Last 24hours, did you treat water for drinking with the method you mentioned above? | Yes  No  Don’t Know | 1  0  98 |  |
| Q409 | How do you store water after treating it for drinking? | Do not store water  In container with no lid or cover  In container with lid but no spigot / tap  In container with lid and spigot  In narrow-mouthed container  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | 1  2  3  4  5  96  98 |  |
| Q410 | Have you ever used any product of water purifying agent for treating drinking water?  SHOW CARD | Yes  No | 1  0 | 0🡪  Q421 |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q411 | Which brand and type of product did you use for purification of your household drinking water?  (OTHER: Ask the type whether liquid or tablet or powder)  SHOW CARD | P&G Purifier of Water Sachet  OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify brand and type of product  Don’t Know/Don’t Remember | 1  96  98 | 98🡪Go to  Q421 |
| Q412 | When was the last time you treated drinking water with that water purifying agent? | past 24 hours  In a week  In a month  Over a month ago | 1  2  3  4 | If the answer is not 1 for Q411, Go to Q 421. |
| Q413 | Can you tell me how do you treat drinking water with P&G?  Ask for the material used for measuring 10 Liters of water such as cups/ buckets/others and check if the amount of water is correct | 1. Add one sachet of P&G  into10 Liters of water  2. Stir the water well for 5 minutes to mix powder with water  3. Wait for another 5 minutes for sedimentation  4. Filter superficially clear water into another bottle  5. Cover the water bottle and wait for another 20 minutes to drink it  6.Remove and dispose the residuals into a specific place away from water source  Don’t know/ Can’t answer | 1  2  3  4  5  6  96 |  |
| Q414 | Since you started using P&G, how often have you been using it? | Always  Most of the time  Sometimes  Rarely | 1  2  3  4 |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q415 | What is the main reason for using (currently / previously) P&G treated water for drinking? | It is good for health of my family  It removes dirt from water  It is cheap  It is easy to use  It is available from nearby places  I trust PSI  Our drinking water source is dirty  Neighbors or other persons are using it  To prevent my child from diarrhea  Health worker encourage me to use  Friend/relative encourage me to use  Because I got it free  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | 1  2  3  4  5  6  7  8  9  10  11  12  96  98 |  |
| Q416 | Where do you think you can buy P&G Purifier of Water?  DO NOT PROMPT  MULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic  SQH Field Worker  Grocery Store  Pharmacy  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | MR  1  2  3  4  96  98 |  |
| Check with question Q412,  If answer 1 and 2 , Ask Q417 & Q418, If answer 3 and 4, Ask Q 419 | | | | |
| Q417 | In your family, who drinks the water treated with P&G? | All members of the household  Some members of the household  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  96 | 1🡪  Q420 |
| Q418 | If all members are not drinking P&G treated water, what is the main reason for not drinking? | Do not like the taste  Do not like the smell  Prefer natural water  It is not important to drink treated water  Only children should drink it  Only adult should drink it  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  96 |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q419 | What is the main reason for not using P&G POW for your household anymore?  SINGLE RESPONSE | I am afraid that it might be harmful  I can’t bear with the smell  Other family members don't like it  Not available in nearby place  It is complicated to use  It is expensive  No specific reason  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 |  |
| Q420 | OBSERVE THE CONTAINTER WHERE ALREADY TREATED WATER IS STORED | Completely covered with lid  Open, uncovered  Narrow opening  Spigot  Beyond reach of animals  Clean (free of dirt, debris, garbage, fecal matter, etc.)  Dirty  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  6  7  96 |  |
| **HAND WASHING MODULE** | | | | |
| Q421 | What kind of toilet facility do members of your household usually use? | **Flush type**  Flush to piped sewer system  Flush to septic tank  Flush to somewhere else  **Pit type**  Ventilated Improved Pit Latrine(VIP)  Pit Latrine with Slab  Pit Latrine without Slab/ Open Pit  Composting Toilet  Bucket Toilet  Hanging Toilet/ Hanging Latrine  No facility/ Bush/ Field  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4    5  6  7  8  9  10  96 | 10🡪  Q423 |
| Q422 | Do you share this facility with other households? | Yes  No | 1  0 |  |
| Q423 | At what times do you usually wash your hands?  (check all that apply) | After defecation  After cleaning a child who has defecated  Before eating  Before feeding a child  Before preparing food  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  96 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q424 | At what times do you think it is critical to wash your hands with soap and water?  (check all that apply)  DO NOT PROMPT | After defecation  After cleaning a child who has defecated  Before eating  Before feeding a child  Before preparing food  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  96 |  |
| Q425 | When do you wash your hands with soap and water?  (check all that apply)  Check with Q423 | After defecation  After cleaning a child who has defecated  Before eating  Before feeding a child  Before preparing food  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  96 |  |
| Q426 | How often do you wash your hands with soap and water in these occasions?  Check with Q425    After defecation  After cleaning a child who has defecated  Before eating  Before feeding a child  Before preparing food | |  |  |  | | --- | --- | --- | | Always | Almost always | Very often | |  |  |  | | 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 | |  |  |
| Q427 | Does your household have a specific place for hand washing near the latrine? | Yes  No | 1  0 | 0🡪  Q430 |
| Q428 | Are soap and water always available at that place? | Yes  No | 1  0 |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q429 | OBSERVE THE PLACE NEAR THE LATRINE USED FOR HAND WASHING WHETHER THE FOLLOWINGS ARE PRESENT.  Water  Hand washing Station  Soap/ other cleansing agent | |  |  | | --- | --- | | Yes No  1 0 |  | | 1 0  Not seen |  | |  |  | |  |  |
| Q430 | Where do you usually buy soap for washing hands?  DO NOT PROMPT | Grocery Stores  Market  Retail Shops  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | MR  1  2  3  96  98 |  |

**Please be assured to observe and take a note for Observation Questions – Q 420 & Q429.**

**SECTION 5 – FERTILITY HISTORY AND PREFERENCES**

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| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| Q501 | Now, I would like to ask about all the births you have had during your life.  Have you ever given birth? | Yes  No | 1  0 | | 0🡪 Q509 |
| Q502 | How many of your children live with you?  IF NONE, RECORD ‘’00’’. | CHILDREN AT HOME | |\_\_|\_\_| | |  |
| Q503 | How many of your children are alive but do not live with you?  IF NONE, RECORD ‘’00’’. | CHILDREN ELSEWHERE | |\_\_|\_\_| | |  |
| Q504 | Have you ever given birth to a child who was born alive but later died?  **IF NO, PROBE:** Any baby who cried or showed signs of life but did not survive? | Yes  No | 1  0 | | 0🡪 Q506 |
| Q505 | How many of your children have died immediately after birth? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_| | |  |
| Q506 | Was there any child died in later life? | Yes  No | 1  0 | | 0🡪 Q509 |
| Q507 | How many of your children died in later life? | Under five year  Above five year | |\_\_|  |\_\_| | |  |
| Q508 | (a)For child 1, When did he or she die? | |\_\_|\_\_|\_\_| months | |\_\_|\_\_| | |  |
| (b) For child 2, When did he or she die? | |\_\_|\_\_|\_\_| months | |\_\_|\_\_| | |  |
| Q509 | Have you ever had a pregnancy that was miscarried? | Yes  No | 1  0 | |  |
| Q510 | Have you ever had a pregnancy that was aborted? | Yes  No | 1  0 | |  |
| Q511 | Where did you go for the service for the last time you had that incident? | Go nowhere/self  General Practitioner(private clinic)  Private Hospital  Traditional Birth Attendant  Friend  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know/ Don’t Remember | 1  2  3  4  5  96  98 | |  |
| Q512 | Have you ever had a pregnancy that resulted in still birth? | Yes  No | 1  0 | |  |
| Q513 | How many total pregnancies have you had that miscarried, was aborted, or ended in a stillbirth? | Number | |\_\_|\_\_| | |  |
| Q514 | SUM ANSWERS OF Q502, Q503, Q505, Q507. ENTER TOTAL.  IF NONE, RECORD ‘’00’’. | TOTAL LIVEBIRTHS | |\_\_|\_\_| | |  |
| Q515 | CHECK ANSWERS OF Q514 | IF TOTAL LIVEBIRTHS >0  IF TOTAL LIVEBIRTHS =0 | 1  0 | | 1🡪 Q516  0🡪 Q518 |
| Q516 | (a)How long ago did you give birth to your **youngest** child?  PROBE: When is his /her birthday? | MONTHS | \_ /\_ / | |  |
| Q517 | Is that child currently living with you? | Yes  No | 1  0 | |  |
| Q518 | Are you currently pregnant?  If she is pregnant, ask pregnancy-month and go to Q520. If it is less than one month, fill 00. | Yes  No  Unsure | 1  0  98 | | |\_|\_| Month  1 🡪  Q520 |
| Q519 | When was your first day of last menstrual period?  If answer code 1,2,3,4, record the numbers. | DAYS AGO | 1 | |\_\_|\_\_| |  |
| WEEKS AGO | 2 | |\_\_|\_\_| |
| MONTHS AGO | 3 | |\_\_|\_\_| |
| YEAR AGO | 4 | |\_\_|\_\_| |
| RECORD DATE IF GIVEN | 5 | |\_|\_|\_| |
| IN MENOPAUSE/HAD | 93  95  97 |  |
| HYSTERECTOMY  BEFORE LAST BIRTH.  NEVER MENSTRUATED |
| Q520 | When you (last) got pregnant, did you want anymore baby? /Do you want any more babies?  CHECK THE ANSWERS OF Q515 and Q518.  IF RESPONDENT HAS NEVER BEEN PREGNANT, MARK N/A. | Yes  No  NA | 1  0  98 | |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q521 | People often do not have exactly the number of children they want to have. If you could have exactly the number of children you want, how many children would you want to have? | number  Don’t know | |\_\_|\_\_|  98 |  |
| Q522 | How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? | boys  girls  either  Don’t know | |\_\_|\_\_|  |\_\_|\_\_|  |\_\_|\_\_|  98 | Check Q521 |
| Q523 | In your opinion, what is the ideal age for a woman to get married? | years  Don’t know | |\_\_|\_\_|  8 |  |
| Q524 | How much education (schooling) would you like (have liked) for your sons (if you have/had one)? | Some primary school  Completed primary school  Some middle school  Completed middle school  Some high school  Completed high school  Some college/university  Completed college/university  No particular level desired  Don’t know | 1  2  3  4  5  6  7  8  9  98 |  |
| Q525 | How much education (schooling) would you like (have liked) for your daughters (if you have/had one)? | Some primary school  Completed primary school  Some middle school  Completed middle school  Some high school  Completed high school  Some college/university  Completed college/university  No particular level desired  Don’t know | 1  2  3  4  5  6  7  8  9  98 |  |
| Q526 | Who usually makes major decisions concerning your children’s education? | Me  My spouse  Both of us  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]  Respondent doesn’t answer | 1  2  3  96  98 |  |
| Q527 | Who usually makes major decisions concerning your family health care? | Me  My spouse  Both of us  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]  Respondent doesn’t answer | 1  2  3  96  98 |  |
| Q528 | Who usually makes major decisions at your home, such as buying expensive things or choosing a dwelling? | Me  My spouse  Both of us  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]  Respondent doesn’t answer | 1  2  3  4  98 |  |
| Q529 | Does your husband help with the household chores? | Yes  No | 1  0 | 0🡪 next section |
| Q530 | How often? | Frequently  Now and then | 1  2 |  |

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| **SECTION -6 PRENATAL, NATAL, POSTNATAL CARE** |
| *Check with Q516*  *.If the woman has least one child who is less than 2 years of age,*  *ask Q601-624. If not, skip in to the direction before Q625 . Fill the line number of the child \_\_ and age \_\_\_.* |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q601 | Did you see anyone for antenatal care for that pregnancy? | Yes  No | 1  0 | 0🡪  Q 608 |
| Q602 | Whom did you **mainly** see for antenatal care during that pregnancy?  Probe for the type of person seen and circle the answer. | Health Professional  Doctor  Lady Health Visitor/ Nurse  Midwife  Auxiliary Midwife  Other Person  Traditional Birth Attendant  Community Health Worker  Relative/ Friend  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 |  |
|  |
|  |
| Q603 | Where did you receive antenatal  care for this pregnancy?  PROBE TO IDENTIFY EACH TYPEOF SOURCE.  ASK: Anywhere else? | Home  Your Home  Other Home  Public Sector  Government Hospital  Government Health Center  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Private Medical Sector  Private Hospital  Private Clinic  Other private medical sector  MMCWA maternity home  Other public(SPECIFY)[\_\_\_\_\_\_\_]  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  76  5  6  7  8  86  96 |  |

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| Q604 | Now I am going to ask about some common problems clients have at health facilities. As I mention  each one, please tell me whether any of these were problems for you, and if so, whether they were  MAJOR=1,MINOR=2,NO PROBLEM=3, DK=4 | 1.Time you waited to see a provider  2.Ability to discuss problems or concerns about your pregnancy  3.Amount of explanation you received about the problem or treatment  4.Privacy from having others see the examination  5.Privacy from having others hear your consultation discussion  6.Availability of medicines at this facility  7.The hours of service at this facility, i.e., when they open and close  8.The number of days services are available to you  9.The cleanliness of the facility  10.How the staff treated you  11.Cost for services or treatments | 1  Major | 2  minor | 3  No problem | 4  DK |
|  |  |  |  |
| Q605 | Will you recommend this health facility to a friend or family member? | Yes.  No  Don’t Know | 1  2  98 | |  | |
| Q606 | How many antenatal visits did you go to during that pregnancy? | Number of ANC visit\_\_  times | \_\_/\_\_ | |  | |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q607 | As part of your antenatal care, was any of the following done at least once?  607 A –Were you weighed?  607 B- Was your blood pressure measured?  607C- Did you give a urine sample?  607D –Did you receive Vitamin B1?  607 E - Did you receive Iron tablets?  607 F – Did you receive multivitamins tablets?  607 G- Did you have an ultrasound? | YES NO DK/NOT SURE  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98 |  |  |
| Q608 | Did you take any multivitamins other than B1 and Iron tablets during that pregnancy or lactating period?  SHOW CARD | Yes  No | 1  0 | 0  🡪Q615 |
| Q609 | Which brand of multivitamin tablets did you take mainly?  SHOW CARD  SINGLE RESPONSE. | PSI distributed multivitamin tablets  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify brand  Don’t Know/Don’t Remember | 1  96    98 | 98🡪Go to  Q615 |
| Q610 | How did you take those tablets during pregnancy or lactating period? | One tablet daily  One tablet alternate day  One time/ tablet in a week  2-3 times/ tablet in a week  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  96 |  |
| Q611 | From the time of gestation until delivery, how many months in total did you take those tablets?  Fill ‘00’ months if she took only for some days. | \_\_/\_\_ months | \_\_/\_\_ |  |
| Q612 | After delivery of the child, how many months in total did you take those tablets?  Fill ‘00’ months if she took only for some days. | \_\_/\_\_ months | \_\_/\_\_ |  |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q613 | What was the cost of multivitamin tablets? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kyats/ tablet  Don’t know/Don’t Remember | 98 |  |
| Q614 | Where did you buy multivitamin tablets?  MULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic  SPH Field Worker  Grocery Store  Pharmacy  Public Facilities  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | MR  1  2  3  4  5  96  98 |  |
| Q615 | Where did you give birth to him or her? | Home  Your home  Other home  Public Sector  Gov. Hospital  Gov. Clinic/health center  Other public(SPECIFY)[\_\_\_\_\_\_\_]  Private Medical Sector  Private hospital  Private clinic  Private maternity home  MMCWA maternity home  Other public(SPECIFY)[\_\_\_\_\_\_\_]  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  76  5  6  7  8  86  96 |  |
| Q616 | Who attended the delivery of your last child?  SINGLE RESPONSE | Health Professional  Doctor  Lady Health Visitor/ Nurse  Midwife  Auxiliary Midwife  Other Person  Traditional Birth Assistant  Community Health Worker  Relative/ Friend  No one/ Self  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  96 |  |

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** | |
| Q617 | Who checked on your health after delivery?  Probe for most qualify person(Start with doctors, nurses, etc) than anyone else? | Health Professional  Doctor  Lady Health Visitor/ Nurse  Midwife  Auxiliary Midwife  Other Person  Traditional Birth Assistant  Community Health Worker  Relative/ Friend  No one  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_­\_] | MR  1  2  3  4  5  6  7  98  96 |  | |
| Q618 | Do you feel that [X provider] gave you the best possible care? | Yes  No | 1  0 |  | |
| Q619 | Do you feel that [X provider] treated you with dignity and respect? | Yes  No | 1  0 |  | |
| Q620 | Do you feel that [X provider] provided you with the information you needed to make a good decision about your health? | Yes  No | 1  0 |  | |
| Q621 | Did you do any traditional practices in the postpartum period? | 1. Eating practices 2. Drinking Hinga 3. Food restriction 4. Specifically eating certain foods 5. Other practices   (4) Thwekwe  (5) Chwayaung | MR  1  2  3  4  5 |  | |
|  | To what extent do you think it is acceptable for these things to happen at the time of delivery: | Acceptability Measures:  1. Unacceptable in all instances  2. Acceptable in certain instances  3. Acceptable in all instances |  |  | |
| Q622A | Personal information kept confidential |  | 1  2  3 |  | |
| Q622B | To wait for more than one hour before being seen |  | 1  2  3 |  | |
| Q622C | Providers shout or scold the patient |  | 1  2  3 |  | |
| Q622D | Providers hit the patient if they don't do what they are told |  | 1  2  3 |  | |
| Q622E | Not to have a choice of who should be with me during labor and deliver |  | 1  2  3 |  | |
| Q622F | For facilities to be dirty |  | 1  2  3 |  | |
| Q622G | To receive better care because of age |  | 1  2  3 |  | |
| Q622H | To receive better care because you are married |  | 1  2  3 |  | |
| Q622I | To receive better care because of more education |  | 1  2  3 |  | |
| Q622J | To receive better care because you are wealthy |  | 1  2  3 |  | |
| Q622K | Health providers ask me or my family for money other than the official cost |  | 1  2  3 |  | |
| Q623 | Have you ever breastfed your children after birth? | Yes  No | 1  0 | 0  🡪Q625 | |
| Q624 | How long after birth did you first put him/her to your breast?  If ≤ 1 hour, record 00 hours.  If ≤ 24 hours, record hours. Otherwise, record days. | Immediately  Hours……………..1 \_\_/\_\_  Or  Day………………2 \_\_/\_\_  Don't know /Don't remember | 0  \_\_/\_\_  \_\_/\_\_  98 |  | |
| Check with Q 516. For currently pregnant woman, ask about current pregnancy. For other respondents, go to next section. | | | | | |
| Q625 | Are you seeing anyone for antenatal care for this pregnancy? | Yes  No | 1  0 | | 0🡪  Q628 |
| Q626 | Whom do you go for antenatal care for this pregnancy?  Probe for the type of person seen and circle the answer. | Health Professional  Doctor  Lady Health Visitor/ Nurse  Midwife  Auxiliary Midwife  Other Person  Traditional Birth Attendant  Community Health Worker  Relative/ Friend  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 | |  |
| Q627 | As part of your antenatal care, was any of the following done at least once?  6021 A –Were you weighed?  621B- Was your blood pressure measured?  621 C- Did you give a urine sample?  621 D –Did you receive Vitamin B1?  621 E - Did you receive Iron tablets?  621 F – Did you receive multivitamins tablets?  621 G – Did you take ultrasound? | YES NO DK/NOT SURE  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98  1 0 98 |  | |  |
| Q628 | Are you taking any multivitamin tablets other than B1 and Iron during this pregnancy?  SHOW CARD | Yes  No | 1  0 | | 0  🡪Q701 |

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| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q629 | Which brand of multivitamin tablets are you mainly taking?  SHOW CARD | PSI distributed multivitamin tablets  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify brand  Don’t Know/Don’t Remember | 1  2  98 |  |
| Q630 | What is the cost of those multivitamin tablets? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kyats/ Tablet  Don’t know/Don’t Remember | 98 |  |
| Q631 | Where do you buy those multivitamin tablets?  MULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic  SPH Field Worker  Grocery Store  Pharmacy  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | MR  1  2  3  4  96  98 |  |

**SECTION – 7 CONTRACEPTIVE USE**

|  |  |  |  |  |  |
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| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| Q701 | Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.  Have you ever heard of any method from the list below? | | | | |
| A. | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | YES  NO | 1  0 | |  |
| B. | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | YES  NO | 1  0 | |  |
| C. | IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. | YES  NO | 1  0 | |  |
| D. | Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES  NO | 1  0 | |  |
| E. | Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES  NO | 1  0 | |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| F. | Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. | YES  NO | 1  0 | |  |
| G. | Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse to avoid pregnancy. | YES  NO | 1  0 | |  |
| H. | Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse to avoid pregnancy. | YES  NO | 1  0 | |  |
| I. | Lactational Amenorrhea Method (LAM). PROBE: During the first 6 month period after giving birth, women who breastfeed exclusively can avoid pregnancy. | YES  NO | 1  0 | |  |
| J. | Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | YES  NO | 1  0 | |  |
| K. | Withdrawal. PROBE: Men can be careful and pull out before climax. | YES  NO | 1  0 | |  |
| L. | Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. | YES  NO | 1  0 | |  |
| M. | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  IF YES IS SELECTED, QUALITATIVE RESPONSE(S) OF OTHER METHODS SHOULD BE RECORDED. | YES  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO | 1  0 | |  |
| Q702 | Are you currently doing something or using any method to delay or avoid getting pregnant? | Yes  No | 1  0 | | 0🡪  Q715 |
| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| Q703 | Which method are you using?  ALLOW RESPONDENT TO SPEAK FREELY, AND PERMIT MULTIPLE RESPONES. IF ONLY ONE RESPONSE PROVIDED, PROMPT WITH, "ANYTHING ELSE?"  IF MORE THAN ONE METHOD IS CHOSEN, CHOOSE THE SKIP PATTERN FOR THE METHOD HIGHEST IN THE LIST. | 1. Female Sterilization 2. Male Sterilization 3. IUD 4. Injectables 5. Implant 6. Pill 7. Emergency Contraception 8. Male Condom 9. Female Condom 10. LactionalAmenorrhea Method 11. Rhythm Method 12. Withdrawal 13. Other Traditional Method 14. Other Modern Method   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  1  1  1  1  1  1  1  1  1  1  1  1  1 | No  0  0  0  0  0  0  0  0  0  0  0  0  0 | A-I  🡪Q704  J-N 🡪Q715 |
| Q704 | CHECK ANSWER TO Q703.  **ASK CURRENT USERS OF METHODS A THROUGH E:** Where did you receive your INSERT CURRENT METHOD?  **ASK CURRENT USERS OF METHODS F THROUGH I:** Where did you go for your INSERT CURRENT METHOD the last time that you needed it? | ***Public Sector***  Government Hospital  Health Center (Urban/Rural)  Mobile Clinic  Field Worker  ***Private Medical Sector***  Private Hospital  Private Clinic Other than SQHC  Pharmacy  Mobile Clinic  Field Worker Other than SPH  SQH FranchisedClinic  SQH Field Worker  ***Other Source***  Grocery Store/Betel shop  Friend/ Relative  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  9  10  11  12  13  96 | |  |
| Q705 | Do you feel that [X provider] gave you the best possible care? | ***Yes***  ***No*** | 1  0 | |  |
| Q706 | Do you feel that [X provider] treated you with dignity and respect? | ***Yes***  ***No*** | 1  0 | |  |
| Q707 | Do you feel that [X provider] provided you with the information you needed to make a good decision about your health? | ***Yes***  ***No*** | 1  0 | |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
|  | To what extent do you think it is acceptable for these things to happen when someone seeks family planning services: | ***Acceptability Measures:***  ***1. Unacceptable in all instances  2. Acceptable in certain instances  3. Acceptable in all instances*** |  | |  |
| Q708A | Personal information kept confidential |  | 1  2  3 | |  |
| Q708B | To wait for more than one hour before being seen |  | 1  2  3 | |  |
| Q708C | Providers shout or scold the patient |  | 1  2  3 | |  |
| Q708D | Providers hit the patient if they don't do what they are told |  | 1  2  3 | |  |
| Q708E | For facilities to be dirty |  | 1  2  3 | |  |
| Q708F | To receive better care because of age |  | 1  2  3 | |  |
| Q708G | To receive better care because you are married |  | 1  2  3 | |  |
| Q708H | To receive better care because of more education |  | 1  2  3 | |  |
| Q708I | To receive better care because you are wealthy |  | 1  2  3 | |  |
| Q708J | Health providers ask me or my family for money other than the official cost |  | 1  2  3 | |  |
| Q708K | To have a choice of family planning methods |  | 1  2  3 | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| Q709 | Is the brand name of your current method OK-brand?  INTERVIEWER NEEDS TO SHOW TYPES OF OK BRANDED CONTRACEPTIVES PRODUCTS | Yes  No  Don’t Know | 1  0  98 | | 1🡪  Q711 |
| Q710 | What is the brand name of your current method if it is not OK-brand?  SHOW CARD. | Insert Brand Name  ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know | 98 | |  |
| Q711 | How much did you pay for current method? | |\_\_|\_\_|\_\_|\_\_|\_\_| Kyats  Don’t Know/ Don’t Remember | 98 | |  |
| Q712 | How long ago did you start using **CURRENT METHOD** for preventing pregnancy?  ONLY ONE SET OF BOXES SHOULD BE FILLED, AND THE OTHER SET OF BOXES SHOULD BE CODED "00". | 1. Months   Years | |\_|\_|  |\_|\_|­ | |  |
| Q713 | When you received your current method from this place/provider, did you receive any other services from the provider at the same time?  **Check Q704, if answer 12-13 and 96, then circle 96.** | Yes  No  Don’t Know/ Don’t Remember  Not relevant | 1  0  98  96 | | 0,96,98🡪  Q715 |
| Q714 | What other service(s) did you receive?  READ ALL ANSWERS AND ALLOW FOR MULTIPLE RESPONES. | Family Planning  Pregnancy Care  Delivery Care  Post Delivery Care  Post Abortion Care  SexuallyTransmittedInfections  No/Over/Less Menstruation  Want Child OR Want More Child  Other Gynaecological Problems  Malaria  Tuberculosis  Pneumonia  Diarrhoea  Child Nutrition Screening  Other Seasonal Illness  Other (SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_] | Yes  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | No  0  0  0  0  0  0  0  0  0  0  0  0  0  0  0  0 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | | **Skip** |
| Q715 | Have you used anything in the past or tried in any way to delay or avoid getting pregnant? | Yes  No | 1  0 | | 0🡪 Q718 |
| Q716 | Which method(s) have you used?  READ ALL ANSWERS AND ALLOW FOR MULTIPLE RESPONES. | 1. Female Sterilization 2. Male Sterilization 3. IUD 4. Injectables 5. Implant 6. Diaphragm 7. Pill 8. Male Condom 9. Female Condom 10. Foam/ Jelly 11. LactionalAmenorrhea Method 12. Period Abstinence 13. Withdrawal 14. Other Traditional Method 15. Other Modern Method | Yes  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | No  0  0  0  0  0  0  0  0  0  0  0  0  0  0  0 |  |
| Q717 | How old were you when you first used a method to delay or avoid getting pregnant? | AGE IN YEARS | |\_|\_| | |  |
| Q718 | CHECK ANSWER TO Q518  **ASK IF CURRENTLY PREGNANT:** Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?  **ASK IF NOT CURRENTLY PREGNANT OR UNSURE:**  Would you like to have a child in the future? | Have (a/another) Child  No More/None  Says She Can't Get Pregnant  Undecided /Don’t Know | 1  2  3  98 | | 2,3 🡪 Q801 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q719 | CHECK ANSWER TO Q518.  **ASK IF CURRENTLY PREGNANT:** How long would you like to wait after the birth of the child you are expecting now before the birth of another child?  **ASK IF NOT CURRENTLY PREGNANT OR UNSURE:**  When do you like to get a baby?  ONLY ONE SET OF BOXES SHOULD BE FILLED, AND THE OTHER SET OF BOXES SHOULD BE CODED "00".  IF RESPONDENT ANSWERS "SOON" ,THE YEAR BOX SHOULD BE FILLED WITH THE CODE PROVIDED, AND ALL OTHER SETS OF BOXES SHOULD BE CODED "OO". | 1. MONTHS 2. YEARS   Soon/Now  Don’t Know  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_\_] | |\_|\_|  |\_|\_|  1  98  96 |  |
| Q720 | CHECK ANSWERS TO Q715 | IF desired time to wait is ≥ 2 years  IF desired time to wait is< 2 years | 1  2 |  |

**SECTION 8- CERVICAL CANCER PREVENTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q801 | Have you ever received an IUD insertion? | Yes  No | 1  0 | 0🡪Q805 |
| Q802 | Where did you take that IUD service? | From Sun Quality Clinics  From other provider  \_\_\_\_\_\_\_\_\_\_\_\_\_(SPECIFY) | 1  96 |  |
| Q803 | Did IUD provider suggest you to take a test for your cervix? | Yes  No | 1  0 | 1🡪Q805 |
| Q804 | Did you request IUD provider to take a test for screening your cervix? | Yes  No | 1  0 |  |

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| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q805 | Did you take cervical screening (VIA) test?  (VIA is the screening test for possibility to get cervical cancer by seeing cervical colour changes after socking the cervix with mild acetoacidic acid.) | Yes No  Not sure / Don’t Know | 1  0  98 | 0,98🡪Q901 |
| Q806 | How long ago did you take that test? | \_\_/\_\_ months ago  Don’t Know/ Don’t Remember | 1  98 |  |
| Q807 | What was the result of the test? | VIA Positive  VIA Negative  Don’t Know/ Don’t Remember | 1  0  98 |  |
| Q808 | After the result, did your IUD provider give you the treatment in his or her own clinic? | Yes  No | 1  0 | 0🡪Q810 |
| Q809 | What service did your provider give you after the result? | Gave cryo treatment  Gave some treatment that I don't know/remember  Gave some medicines  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]  Don't remember/Don't know | MR  1  2  3  4  96  98 |  |
| Q810 | After the result, did your IUD provider refer to other providers/places for further treatment? | Yes  No | 1  0 | 0🡪Q901 |
| Q811 | To which facility did your provider refer you for further treatment? | Refer to other Sun Quality Clinics  Refer to private hospital/ clinic other than SUN  Refer to public hospital/clinic  Refer to OBGYN  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]  Don't remember/Don't know | MR  1  2  3  4  96  98 |  |
| Q812 | Did you receive treatment in that facility? | Yes  No | 1  0 | 0🡪Q901 |
| Q813 | What service did your receive in that facility?  SINGLE RESPONSE | Received cryo treatment  Received some treatment that I don't know/remember  Had an operation for cervix  Medical treatment  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]  Don't remember/Don't know | 1  2  3  4  5  96  98 |  |
| **QUESTIONNAIRE FOR MOTHERS /CARETAKERS OF CHILDREN UNDER-5**  **SECTION -9BREAST FEEDING AND NUTRITION MODULE** | | | | |
| This questionnaire is for mothers or caretakers of the child who is 0-23 months old.  Check Q105 (b) and fill the line number of the child\_\_\_\_\_\_\_\_\_ | | | | |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q901 | Are you primary caretaker of the baby? | Yes  No | 1  0 |  |
| Q902 | Up to which months of his/her age have you breastfed your child? | month |\_|\_|  till now  Don’t Know | |\_|\_|96  98 |  |
| Q904 | For how many months did you feed your baby nothing but breast milk? | \_\_/\_\_ months  till now  Don’t Remember | \_\_/\_\_  96  98 |  |
| Q905 | At what month did you first give your baby water? | \_\_/\_\_ months  till now  Don’t Remember | \_\_/\_\_  96  98 |  |
| Q906 | Since birth to the date of interview, did he/ she receive any of the following  READ EACH ITEM ALOUD AND RECORD RESPONSE BEFORE PROCEEDING TO THE NEXT ITEM.  906A - Vitamin, Mineral, Supplements or Medicine?  906B- Plain Water?  904 C-Sweetened, Flavored Water or Fruit Juice or Tea or Infusion?  906D – ORS?  906E - Infant Formula?  906F - Tinned, Powered or Fresh Milk?  906G - Any Other Liquids?  906H - Solid or Semi-solid (Mushy) Food? | YES NO DK   |  |  |  | | --- | --- | --- | | 1  1  1 | 2  2  2 | 98  98  98 | | 1 | 2 | 98 | | 1 | 2 | 98 | | 1 | 2 | 98 | | 1 | 2 | 98 | | 1 | 2 | 98 | |  |  |  | |  |  | 98 | |  |  | 98 | |  |  | 98 | |  | 906H |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q907 | Since this time yesterday, how many times did the baby eat solid, semi-solid, or soft foods other than liquids? | Number of times \_\_\_\_\_\_\_\_\_\_\_  Don’t Know/Don’t remember | /\_/\_/  98 |  |
| Q908 | At what month did you first give your baby those foods you mentioned above? | \_\_\_\_\_\_\_\_\_\_\_\_ | /\_/\_/ |  |
| Q909 | Did you hear any messages for breastfeeding in the last 6 months? | Yes  No | 1  2 |  |
| Q910 | Did you receive any message on eating while breastfeeding your baby? | Yes  No | 1  2 |  |
| **Ask mother/caretaker of 6-59 months children.**  **See Q105(b) and fill the line number of the child \_\_\_\_\_\_\_** | | | | |
| Q911 | Did the child receive Vitamin A capsules from public provider?  SHOW CARD | Yes  No | 1  0 |  |
| Q912 | Are you giving the child any multivitamin supplements other than Vitamin A?  (powder/ syrup/ chewable etc) | Yes  No | 1  0 | 0🡪  Q1001 |
| Q913 | What is the type of supplement?  SHOW CARD | Syrup  Chewable Tablets  Powder/sachets  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  96 | 1,2,96🡪  Q917 |
| Q914 | What is the type of micronutrient powder? | PSI distributed micronutrients powder  Other Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know | 1  2  98 |  |
| Q915 | Where do you buy those supplements?  MULTIPLE RESPONSES POSSIBLE | Sun Quality Health Clinics  SPH workers  Public Hospitals  Private Hospitals/ Clinics rather than SQHC  Health workers other than SPH workers  Grocery Store  Pharmacy  Health Centers  Other NGOs  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know/Don’t Remember | MR  1  2  3  4  5  6  7  8  9  96  98 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q916 | How much do they cost? | \_\_\_\_\_\_\_\_\_\_\_Kyats/ Sachet  Don’t Know/Don’t Remember | 98 |  |
| Q917 | Why are you using it for the child?  MULTIPLE RESPONSES POSSIBLE | It improves my child's appetite  It is cheap  My neighbors are using it  (Any Provider) recommended using it  It can be bought nearby place  I believe it is good for gaining weight  I believe it is good for health  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  96 |  |
| Q918 | Did any health care providers give you information about what to feed your child when you stopped breastfeeding? | Yes  No | 1  2 |  |
| **SECTION 10 - CARE OF COMMON CHILDHOOD DISEASES** | | | | |
| **Ask the mothers/ caretakers of children of 0-59 months old. See Q105 (b) and fill the line number of selected child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Q1001 | Has the child had diarrhea in the last two weeks? That is, since (day of the week) of the week before this interview date?  Diarrhea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool. | Yes  No  Don’t Know | 1  0  98 | 0,98🡪Q1013 |
| Q1002 | To whom/ where did you go first for this episode of diarrhea?  SINGLE RESPONSE | Government provider/ facilities  Private Provider/Shop/Store  Traditional Practitioners  CHW/ AMW  SPH workers  SQH provider  Friends/ Relatives  No one / self/home-treatment  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t know / Don’t remember | 1  2  3  4  5  6  7  8  96  98 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1003 | What kind of treatment was given to him or her for diarrhea?  (By yourself/ from Provider)  MULTIPLE RESPONSE POSSIBLE | Homemade remedies  Traditional medicine  Cocktail drugs (unknown)  Antibiotics  It resolved with no treatment  Oral Rehydrating Solutions(ORS)  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  6  96 | 6🡪  Q1004  Other answers🡪  Q1013 |
| Q1004 | What was the brand name of ORS given to the child?  USE SHOW CARD TO IDENTIFY THE BRAND OF ORS | ORS from BPI/MPF  ORS from UNICEF  ORS from Ministry of Mining  ORASEL (ORS with Zinc)  Fruity ORS  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t know | MR  1  2  3  4  5  96  98 | 4🡪  Q1005  Other answers🡪  Q1010 |
| Q1005 | Why did you choose ORASEL for your child's diarrhea?  MULTIPLE RESPONSES POSSIBLE | Present or leftover at home  Provider’s choice  Drug seller’s choice  Because it is cheaper  Thought it is more effective  Only brand present at shop/clinic  It is popular & commonly used  Taste liked by child  Because it includes Zinc Tablets  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  6  7  8  9  96 |  |
| Q1006 | When did you start giving ORASEL to the child? | Immediately after 3 bouts of loose motion  within 24 hours  after 24 hours  Do not remember | 1  2  3  98 |  |
| Q1007 | Where do you buy ORASEL kits?  MULTIPLE RESPONSES POSSIBLE | SUN Quality Clinics  SUN Primary Health Worker  Grocery Store  Pharmacy  Health Centers  NGOs  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t Know | MR  1  2  3  4  5  6  96  98 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1008 | Was the child given Zinc tablets?  SHOW CARD | Yes  No | 1  0 |  |
| Q1009 | How much did/do you pay for an ORASEL kit? | (\_\_\_\_\_\_\_\_\_\_\_\_) Kyats/kit  Don’t Know/ Don't remember |  |  |
| Q1010 | What was the cost you have spent in total for that diarrhea episode? | (\_\_\_\_\_\_\_\_\_\_\_\_) Kyats  Don’t Know/ Don't remember |  |  |
| Q1011 | Amount of fluid given to the child during diarrhea episode? | Less than before  Same as before  More than before | 1  2  3 |  |
| Q1012 | Amount of food given to the child during diarrhea episode? | Less than before  Same as before  More than before | 1  2  3 |  |
| Q1013 | Has the child had an illness with cough at any time the last two weeks, that is, since  (day of the week) of the week before this interview date? | Yes  No  Don’t Know/ Don't remember | 1  0  98 | 0,98 🡪 Q1101 |
| Q1014 | When the child had illness with a cough, did he/ she breathe faster than usual with short, quick breaths or have difficulty breathing? | Yes  No  Don’t Know/ Don't remember | 1  0  98 | 0,98 🡪 Q1101 |
| Q1015 | Were the symptoms due to a problem in the chest or a blocked nose? | Problem in chest  Blocked nose  Both  Other (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know/ Don't remember | 1  2  3  96  98 |  |
| Q1016 | Did you seek advice or treatment for the child’s illness outside the home? | Yes  No, home treatment  Don’t Know/ Don't remember | 1  0  98 | 0,98 🡪  Q 1018 |
| Q1017 | Where did you seek first advice for the child’s illness? | Government provider/ facilities  Private Provider/Shop/Store  Traditional Practitioners  CHW/ AMW  SQH Clinic  SPH Workers  Friends/ Relatives  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t know / Don’t remember | 1  2  3  4  5  6  7  96  98 |  |
| Q1018 | Was the child given any medicine to treat this illness? | Yes  No  Don’t Know/ Don’t Remember | 1  0  98 | 0,98 🡪 Q 1022 |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1019 | What medicine(s) was the child given?  CIRCLE ALL THE MEDICINES GIVEN  SHOW CARD ANTIBIOTICS | Antibiotics  Paracetamol/Panadol  Cough tablets /syrup  Vitamins/tonic  It resolved without medicine  Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]  Don't Know/ Don't Remember | MR  1  2  3  4  5  96  98 | 1🡪 Q 1020  2 to 98  🡪 Q 1021 |
| Q1020 | What was the name of antibiotics given to the child?  USE SHOW CARD TO IDENTIFY THE BRAND OF ANTIBIOTICS | PSI- distributed antibiotics  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Don’t know/ Don’t Remember | 1  96  98 |  |
| Q1021 | What was the cost you have spent in total for that illness? | (\_\_\_\_\_\_\_\_\_\_\_\_) Kyats  Don’t know/ Don’t Remember |  |  |
| Q1022 | Ask the following questions only once for each mother/ caretaker.  SOMETIMES, CHILDREN HAVE SEVERE ILLNESS AND SHOULD BE TAKEN IMMEDIATELY TO HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWARY?  DO NOT PROMPT | Child not able to drink or breastfed  Child becomes sicker  Child develops a fever  Child has fast breathing  Child has difficult breathing  Child has diarrhea  Child has blood in stool  Child is eating or drinking poorly  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]  Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR  1  2  3  4  5  6  7  8  96  96  96 |  |

**SECTION 11 - EXPOSURE TO SERVICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Now, I’d like to ask you some questions about services you might have been exposed before.* | | | | |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1101 | Was there a time when those IPC (Reproductive Health Promoter/Clinic Assistant) / RHP PPP talked to you in the past 6 month?  *There are Interpersonal Communicators (IPC) / Public Private Partnership from PSI who actively come to speak with women like you in the community you live.* | Yes  No  Don’t know/don’t remember | 1  0  98 | 0,98🡪 Q1104 |
| Q1102 | Can you tell me how many times you think you met with those workers in the past 6 months?  *(Please take your time to give your estimate.)* | /\_\_/\_\_/times  Don’t Know/ Don’t Remember | 98 |  |
| Q1103 | What did those IPCs/ RHP PPPs talk to you about?  *INTERVIEWER:CIRCLE ALL THAT APPLY* | Different types of birth spacing  Benefits of each method  Side-effects of each method  Who can use each method  Seek birth spacing at SUN providers(SQH or SPH)  Give SUN referral card  Seeking Birth Spacing at TMO/other public providers  About exclusive breast feeding  About nutrition of children  Delivering pamphlets  Other(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_\_] | 1  2  3  4  5  6  7  8  9  10  11 |  |
| Q1104 | Have you ever received or seen this kind of pamphlets?  INTERVIEWER SHOWS EXAMPLE OF PAMPHLETS | Yes  No  Don’t Know / Don’t Remember | 1  0  98 |  |

SECTION - NUMBER INTERVIEWED FROM THE HOUSEHOLD

|  |  |
| --- | --- |
| Section-number | Interviewed |
| Section 1 to 4 | 1-4 |
| Section 5 | 5 |
| Section 6A | 6A |
| Section 6B | 6B |
| Section 7 | 7 |
| Section 8 | 8 |
| Section 9A | 9A |
| Section 9B | 9B |
| Section 10 | 10 |
| Section 11 | 11 |

**THANK YOU FOR SPENDING YOUR TIME WITH US FOR THIS SURVEY!**

**Observation Questions**

|  |  |
| --- | --- |
| **Q420** | 1 Observed 2 Not observed |
| **Q429** | 1 Observed 2 Not observed |