**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 /CodeSupervisor’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** |
| **Editing** |  |  |  |
| **Coding** |  |  |  |
| **1st KP** |  |  |  |
| **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 …………….……….1Wife/husband………….....2Child/Adopted child…......3Father/mother…………....4Father/mother-in-law…….5Son/Daughter-in-law…….6Grandchild ……….……..7Sister/brother …….……...8.Niece/Nephew ……..…....9Brother/sister-in-law……10Grandfather/mother......... 11Servant/workers………...12Other(Specify) ………....13 | Does *INSERT NAME* usually live here?Yes…1No….0 | What gender is *INSERT NAME*?Male..1Female..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 |
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| 11 |  |  |  |  |  |  |  |  | 11 | 11 | 11 |

**SECTION 2 – SOCIO-ECONOMIC STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q201 | What is the highest level of education of main income earner of the household? One response only | IlliterateNon formal educationSome Primary School/ Monastic Some Middle SchoolSome High SchoolHigh School Finished / University Student/University Drop Out Graduate/ Diploma or Degree/ Post Graduate Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123456796 | 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/ ExecutivesMiddle Junior & Junior Management / Officers/ Executives Sales Related Workers/ Clerical Related Workers Supervisory Level/ Skilled WorkersSelf-employed professionalsBusinessmenShop OwnersPetty traders/ Taxi Owners/ Family Businessmen Owners/ Farmers/FishermenUnskilled workers/ Farm / Fishery/ Forestry Related WorkersHawkers/ Casual WorkersOverseas goers- currently no job Housewives/ unemployedStudents /Retired/ Old Age DependentsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_] | 1234567891011121396 |  |

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| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q204 | Does your household have the following items. READ ANSWERS AND ALLOW FOR MULTIPLE RESPONSES  |  |  |  |  |
| RADIOTELEVISIONNON-MOBILE TELEPHONEMOBILE TELEPHONECOMPUTORHOME INTERNETCAR/PICKUP/TRUCK/VANMOTORCYCLE/ELECTRONIC BICYCLE/TRACTOR BICYCLETRACTOR CANOE/BOAT BOAT WITH MOTORANMIAL DRAWN CART | 12345678910111213 |
| Q205 | What type of fuel does your household mainly use for cooking? SELECT ONE ANSWER. |  ElectricityNatural GasKeroseneBiogasWoodCoal, LigniteCharcoalStraw/Shrubs/Grass Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 12345678 |  |
| Q206 | Record observation of main material on the floor. SELECT ONE ANSWER  | BambooEarth Wood PlanksCeramic Tiles/Cement/Carpet/BrickOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 12 3496 |  |
| Q207 | Record observation of main material on the roof. SELECT ONE ANSWER. | Thatch/Palm LeafBambooEarthWood Metal/Iron SheetCalamine/Cement Fiber/Cement/BrickOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] |   123 456 96 |  |

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| --- | --- | --- | --- | --- |
| **NO.** | **Question** | **Response** | **Code** | **Skip** |
| Q208 | Record observation of main material on the Walls. SELECT ONE ANSWER | Thatch/Palm LeafBambooEarthWood Metal/Iron SheetCalamine/Cement Fiber/Cement/BrickOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123 45696 |  |
| Q209 | How many rooms in this household are used for sleeping? | ROOMS |\_\_|\_\_| |  |  |
| Q210 | Does any member of this household own agricultural land? | Yes No | 10 |  |
| Q211 | What is the type of housing? | CondominiumFlat/ apartmentBungalow/ RC buildingConcrete buildingWooden HouseBamboo with thatch house2-3 year-tent1 year-tent Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1234567896 |  |
| Q212 | Condition of your rooms | Closed roomsWith open windows or doorsRooms with three or fewer windowsRooms with more than three windowsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123496 |  |
| Q213 | Which type of kitchen do you have at your home? | In the same room used for living/ sleepingIn a separate room as a kitchenIn a separate building used for kitchenOutdoorsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123496 |  |
| 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 / monthDon’t know/ Refuse to answer | 98 |  |
| Q215 | What was the total household expenditure in the last month?  | Under 50,000 KyatsKs 50,000 – Ks 100,000Ks 100,000- Ks 200,000Over Ks 200,000Don’t Know / Refuse to answer | 123498 |  |

 **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 | 12 |  |
| **If the respondent is the main income earner, go to next section.** |
| Q305 | What is your highest level of education attained? | IlliterateNon formal EducationSome Primary School/ Monastic Some Middle SchoolSome High SchoolHigh School Finished / University Student/University Drop Out Graduate/ Diploma or Degree/ Post Graduate Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123456796 | 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/ ExecutivesMiddle Junior & Junior Management / Officers/ Executives Sales Related Workers/ Clerical Related Workers Supervisory Level/ Skilled WorkersSelf-employed professionalsBusinessmenShop OwnersPetty traders/ Taxi Owners/ Family Businessmen Owners Farmers/FishermenUnskilled workers/ Farm / Fishery/ Forestry Related WorkersHawkers/ Casual WorkersOverseas goers- currently no job Housewives/ unemployed Students /Retired/ Old Age DependentsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1234567891011121396 |  |
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| Q308 | Have you always lived in this area? | Yes No | 10 | 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 | 123 |  |
| Q311 | What was the name of your last place of residence? | Ward/ Village\_\_\_\_\_\_\_\_\_\_\_Township\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Q312 | Why did you move to this area? | Move with familyWork for myselfWork for another family member (husband, parents, etc.)MarriageWanted to live in a cityEducationOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 12345696 |  |
| Q313 | Have you ever chewed betel nut in your lifetime? | Yes No | 10 | 1🡪Q316 |
| Q314 | In the past 30 days, have you chewed betel nut? | Yes No | 10 |  |
| Q315 | Did you chew betel nut while you are/were pregnant? | Yes NoNot relevant | 1096 |  |
| Q316 | Have you ever smoked cigarettes? | Yes No | 10 | 0🡪Q401 |
| Q317 | In the past 30 days, have you smoked cigarettes? | Yes No | 10 |  |
| Q318 | Did you smoke cigarettes while you are/were pregnant? | Yes NoNot relevant | 1096 |  |

**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 WaterPiped into DwellingPiped to Yard/PlotTube Well or BoreholeBorehole(>150 Feet Deep)Tube Well (<150 Feet Deep)  Dug Well Protected WellUnprotected WellWater from SpringRain WaterTanker TruckCart with Small Tank Surface Water (River/Dam/Lake/Pond/Stream/Canal, Irrigation Channel)Bottled WaterOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 12345678910111296 |  |
| Q402 | Do you think that water needs to be treated for drinking?  | YesNo | 10 |  |
| Q403 | How many methods do you know for treating water for drinking? DO NOT PROMPTMULTIPLE RESPONSES POSSIBLE | BoilAdd bleach / ChlorineStrain it through a clothUse water filter (ceramic, sand, composite, etc.)Solar disinfectionLet it stand and settle Put Alum into the water Bottled WaterTreat with water purifying agentOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | **MR**1234567899698 |  |
| Q404 | What kind of diseases do you think that you can be contracted by drinking untreated water? DO NOT PROMPT MULTIPLE RESPONSES POSSIBLE  | DiarrhoeaDysenteryHepatitisTyphoidOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | **MR**12349698 |  |

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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 | BoilAdd bleach / ChlorineStrain it through a clothUse water filter (ceramic, sand, composite, etc.)Solar disinfectionLet it stand and settle Put Alum into the water Bottled WaterTreat with water purifying agentOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | **MR**1234567899698 |  |
| Q406 | Do you currently treat your water in any way to make it safer to drink?  | Yes NoDon’t Know | 1098 | 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.  | BoilUse water filter (ceramic, sand, composite, etc.)Bottled WaterSolar disinfectionAdd bleach / ChlorineLet it stand and settleStrain it through a clothPut Alum into the water Treat with water purifying agentOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | 1 234567899698 | 98🡪 Q410 |
| Q408 | Last 24hours, did you treat water for drinking with the method you mentioned above?  | Yes NoDon’t Know | 1098 |  |
| Q409 | How do you store water after treating it for drinking?  | Do not store waterIn container with no lid or coverIn container with lid but no spigot / tapIn container with lid and spigotIn narrow-mouthed container Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | 123459698 |  |
| Q410 | Have you ever used any product of water purifying agent for treating drinking water? SHOW CARD | YesNo | 10 | 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 SachetOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify brand and type of product Don’t Know/Don’t Remember | 19698 | 98🡪Go to Q421 |
| Q412 | When was the last time you treated drinking water with that water purifying agent? | past 24 hoursIn a weekIn a monthOver a month ago | 1234 | 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&Ginto10 Liters of water2. Stir the water well for 5 minutes to mix powder with water3. Wait for another 5 minutes for sedimentation 4. Filter superficially clear water into another bottle5. Cover the water bottle and wait for another 20 minutes to drink it6.Remove and dispose the residuals into a specific place away from water sourceDon’t know/ Can’t answer | 12345696 |  |
| Q414 | Since you started using P&G, how often have you been using it?  | AlwaysMost of the timeSometimesRarely | 1234 |  |

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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 familyIt removes dirt from waterIt is cheap It is easy to useIt is available from nearby placesI trust PSIOur drinking water source is dirtyNeighbors or other persons are using itTo prevent my child from diarrheaHealth worker encourage me to useFriend/relative encourage me to useBecause I got it freeOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | 1234567891011129698 |  |
| Q416 | Where do you think you can buy P&G Purifier of Water? DO NOT PROMPTMULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic SQH Field WorkerGrocery StorePharmacy Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know |  MR12349698 |  |
| 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 householdOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1296 | 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 tasteDo not like the smellPrefer natural waterIt is not important to drink treated waterOnly children should drink it Only adult should drink it Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 12345696 |  |

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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 harmfulI can’t bear with the smellOther family members don't like itNot available in nearby placeIt is complicated to useIt is expensiveNo specific reasonOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 123456796 |  |
| Q420 | OBSERVE THE CONTAINTER WHERE ALREADY TREATED WATER IS STORED | Completely covered with lidOpen, uncoveredNarrow openingSpigotBeyond reach of animalsClean (free of dirt, debris, garbage, fecal matter, etc.)DirtyOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR123456796 |  |
| **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 tankFlush to somewhere else**Pit type**Ventilated Improved Pit Latrine(VIP)Pit Latrine with SlabPit Latrine without Slab/ Open PitComposting ToiletBucket ToiletHanging Toilet/ Hanging LatrineNo facility/ Bush/ Field Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | 1234  567891096 | 10🡪Q423 |
| Q422 | Do you share this facility with other households?  | YesNo | 10 |  |
| Q423 | At what times do you usually wash your hands? (check all that apply) | After defecationAfter cleaning a child who has defecatedBefore eatingBefore feeding a childBefore preparing foodOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR1234596 |  |

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| **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 defecationAfter cleaning a child who has defecatedBefore eatingBefore feeding a childBefore preparing foodOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR1234596 |  |
| Q425 | When do you wash your hands with soap and water? (check all that apply)Check with Q423 | After defecationAfter cleaning a child who has defecatedBefore eatingBefore feeding a childBefore preparing foodOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_] | MR1234596 |  |
| Q426 | How often do you wash your hands with soap and water in these occasions?Check with Q425  After defecationAfter cleaning a child who has defecatedBefore eatingBefore feeding a childBefore preparing food |

|  |  |  |
| --- | --- | --- |
| Always  | Almost always | Very often  |
|  |  |  |
| 1 | 2 | 3 |
| 1 | 2 | 3 |
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| 1 | 2 | 3 |

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| Q427 | Does your household have a specific place for hand washing near the latrine? | YesNo | 10 | 0🡪Q430  |
| Q428 | Are soap and water always available at that place?  | YesNo | 10 |  |

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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 |

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| Yes No 1 0 |  |
| 1 0Not seen |  |
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| Q430 | Where do you usually buy soap for washing hands?DO NOT PROMPT  | Grocery StoresMarketRetail ShopsOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | MR1239698 |  |

 **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?  | YesNo | 10 | 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? | YesNo | 10 | 0🡪 Q506 |
| Q505 | How many of your children have died immediately after birth? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_| |  |
| Q506 | Was there any child died in later life?  | YesNo | 10 | 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?  | YesNo | 10 |  |
| Q510 | Have you ever had a pregnancy that was aborted? | YesNo | 10 |  |
| Q511 | Where did you go for the service for the last time you had that incident?  | Go nowhere/selfGeneral Practitioner(private clinic)Private HospitalTraditional Birth AttendantFriendOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Don’t Know/ Don’t Remember | 123459698 |  |
| Q512 | Have you ever had a pregnancy that resulted in still birth?  | YesNo | 10 |  |
| 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 >0IF TOTAL LIVEBIRTHS =0 | 10 | 1🡪 Q5160🡪 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? | YesNo | 10 |  |
| 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. | YesNo Unsure | 1098 | |\_|\_| 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 | 9395 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. | YesNoNA  |  1098 |  |

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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? | numberDon’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? | yearsDon’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 schoolCompleted middle schoolSome high school Completed high school Some college/university Completed college/university No particular level desired Don’t know | 12345678998 |  |
| 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 schoolCompleted middle schoolSome high school Completed high school Some college/university Completed college/university No particular level desired Don’t know | 12345678998 |  |
| Q526 | Who usually makes major decisions concerning your children’s education? | MeMy spouseBoth of usOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]Respondent doesn’t answer | 1239698 |  |
| Q527 | Who usually makes major decisions concerning your family health care? | MeMy spouseBoth of usOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]Respondent doesn’t answer | 1239698 |  |
| Q528 | Who usually makes major decisions at your home, such as buying expensive things or choosing a dwelling?  | MeMy spouseBoth of usOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_]Respondent doesn’t answer | 123498 |  |
| Q529 | Does your husband help with the household chores? | YesNo | 10 | 0🡪 next section |
| Q530 | How often? | FrequentlyNow and then | 12 |  |

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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?  | YesNo | 10 | 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 ProfessionalDoctorLady Health Visitor/ NurseMidwifeAuxiliary MidwifeOther PersonTraditional Birth AttendantCommunity Health WorkerRelative/ FriendOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123456796 |  |
|  |
|  |
| 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 HospitalGovernment Health Center Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Private Medical Sector Private Hospital Private ClinicOther private medical sector MMCWA maternity homeOther public(SPECIFY)[\_\_\_\_\_\_\_]Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_] | MR12347656788696 |  |

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| Q604 | Now I am going to ask about some common problems clients have at health facilities. As I mentioneach 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 provider2.Ability to discuss problems or concerns about your pregnancy3.Amount of explanation you received about the problem or treatment4.Privacy from having others see the examination5.Privacy from having others hear your consultation discussion6.Availability of medicines at this facility7.The hours of service at this facility, i.e., when they open and close8.The number of days services are available to you9.The cleanliness of the facility10.How the staff treated you11.Cost for services or treatments | 1Major | 2minor | 3No problem | 4DK |
|  |  |  |  |
| Q605 | Will you recommend this health facility to a friend or family member? | Yes. No Don’t Know  | 1298 |  |
| Q606 | How many antenatal visits did you go to during that pregnancy?  | Number of ANC visit\_\_times | \_\_/\_\_ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 SURE1 0 981 0 981 0 981 0 981 0 981 0 981 0 98 |  |  |
|  Q608 | Did you take any multivitamins other than B1 and Iron tablets during that pregnancy or lactating period?SHOW CARD | YesNo | 10 | 0🡪Q615 |
| Q609 | Which brand of multivitamin tablets did you take mainly? SHOW CARD SINGLE RESPONSE. | PSI distributed multivitamin tabletsOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify brandDon’t Know/Don’t Remember | 196 98 | 98🡪Go to Q615 |
| Q610 | How did you take those tablets during pregnancy or lactating period? | One tablet dailyOne tablet alternate dayOne time/ tablet in a week 2-3 times/ tablet in a week Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123496 |  |
| 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/ tabletDon’t know/Don’t Remember | 98 |  |
| Q614 | Where did you buy multivitamin tablets? MULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic SPH Field WorkerGrocery StorePharmacyPublic FacilitiesOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Don’t Know |  MR123459698 |  |
| Q615 | Where did you give birth to him or her?  | HomeYour homeOther homePublic SectorGov. HospitalGov. Clinic/health centerOther public(SPECIFY)[\_\_\_\_\_\_\_]Private Medical SectorPrivate hospitalPrivate clinicPrivate maternity homeMMCWA maternity homeOther public(SPECIFY)[\_\_\_\_\_\_\_]Other(SPECIFY) [\_\_\_\_\_\_\_\_\_\_] | 12347656788696 |  |
| Q616 | Who attended the delivery of your last child?  SINGLE RESPONSE | Health ProfessionalDoctorLady Health Visitor/ NurseMidwifeAuxiliary MidwifeOther PersonTraditional Birth AssistantCommunity Health WorkerRelative/ FriendNo one/ SelfOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 1234567896 |  |

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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 ProfessionalDoctorLady Health Visitor/ NurseMidwifeAuxiliary MidwifeOther PersonTraditional Birth AssistantCommunity Health WorkerRelative/ FriendNo oneOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_­\_] | MR12345679896 |  |
| Q618 | Do you feel that [X provider] gave you the best possible care? | YesNo | 10 |  |
| Q619 | Do you feel that [X provider] treated you with dignity and respect? | YesNo | 10 |  |
| Q620 | Do you feel that [X provider] provided you with the information you needed to make a good decision about your health? | YesNo | 10 |  |
| 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 | MR12345 |  |
|  | 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 |  | 123 |  |
| Q622B | To wait for more than one hour before being seen |  | 123 |  |
| Q622C | Providers shout or scold the patient  |  | 123 |  |
| Q622D | Providers hit the patient if they don't do what they are told |  | 123 |  |
| Q622E | Not to have a choice of who should be with me during labor and deliver |  | 123 |  |
| Q622F | For facilities to be dirty |  | 123 |  |
| Q622G | To receive better care because of age  |  | 123 |  |
| Q622H | To receive better care because you are married |  | 123 |  |
| Q622I | To receive better care because of more education  |  | 123 |  |
| Q622J | To receive better care because you are wealthy |  | 123 |  |
| Q622K | Health providers ask me or my family for money other than the official cost |  | 123 |  |
| Q623 | Have you ever breastfed your children after birth?  | YesNo | 10 | 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. | ImmediatelyHours……………..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? | YesNo | 10 | 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 ProfessionalDoctorLady Health Visitor/ NurseMidwifeAuxiliary MidwifeOther PersonTraditional Birth AttendantCommunity Health WorkerRelative/ FriendOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123456796 |  |
| 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 SURE1 0 981 0 981 0 981 0 981 0 981 0 981 0 98 |  |  |
|  Q628 | Are you taking any multivitamin tablets other than B1 and Iron during this pregnancy?SHOW CARD | YesNo | 10 | 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 brandDon’t Know/Don’t Remember | 1298 |  |
| Q630 | What is the cost of those multivitamin tablets?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kyats/ TabletDon’t know/Don’t Remember | 98 |  |
| Q631 | Where do you buy those multivitamin tablets? MULTIPLE RESPONSES POSSIBLE | SQH Franchised clinic SPH Field WorkerGrocery StorePharmacyOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Don’t Know |  MR12349698 |  |

 **SECTION – 7 CONTRACEPTIVE USE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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  | 10 |  |
| B. | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | YES NO  | 10 |  |
| C. | IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. | YES NO  | 10 |  |
| 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  | 10 |  |
| 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  | 10 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| F. | Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. | YES NO  | 10 |  |
| G. | Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse to avoid pregnancy. | YES NO  | 10 |  |
| H. | Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse to avoid pregnancy. | YES NO  | 10 |  |
| I. | Lactational Amenorrhea Method (LAM). PROBE: During the first 6 month period after giving birth, women who breastfeed exclusively can avoid pregnancy. | YES NO  | 10 |  |
| 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  | 10 |  |
| K. | Withdrawal. PROBE: Men can be careful and pull out before climax. | YESNO  | 10 |  |
| 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  | 10 |  |
| 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 | 10 |  |
| Q702 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YesNo | 10 | 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes1111111111111 | No0000000000000 | A-I🡪Q704J-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 HospitalHealth Center (Urban/Rural)Mobile ClinicField Worker***Private Medical Sector***Private HospitalPrivate Clinic Other than SQHCPharmacyMobile ClinicField Worker Other than SPH SQH FranchisedClinicSQH Field Worker***Other Source***Grocery Store/Betel shopFriend/ RelativeOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_] | 1234567891011121396 |  |
| Q705 | Do you feel that [X provider] gave you the best possible care? | ***Yes******No*** | 10 |  |
| Q706 | Do you feel that [X provider] treated you with dignity and respect? | ***Yes******No*** | 10 |  |
| Q707 | Do you feel that [X provider] provided you with the information you needed to make a good decision about your health? | ***Yes******No*** | 10 |  |
| **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 |  | 123 |  |
| Q708B | To wait for more than one hour before being seen |  | 123 |  |
| Q708C | Providers shout or scold the patient  |  | 123 |  |
| Q708D | Providers hit the patient if they don't do what they are told |  | 123 |  |
| Q708E | For facilities to be dirty |  | 123 |  |
| Q708F | To receive better care because of age  |  | 123 |  |
| Q708G | To receive better care because you are married |  | 123 |  |
| Q708H | To receive better care because of more education  |  | 123 |  |
| Q708I | To receive better care because you are wealthy |  | 123 |  |
| Q708J | Health providers ask me or my family for money other than the official cost |  | 123 |  |
| Q708K | To have a choice of family planning methods |  | 123 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  YesNoDon’t Know | 1098 | 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? | |\_\_|\_\_|\_\_|\_\_|\_\_| KyatsDon’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.** | YesNoDon’t Know/ Don’t RememberNot relevant | 109896 | 0,96,98🡪Q715 |
| Q714 | What other service(s) did you receive?READ ALL ANSWERS AND ALLOW FOR MULTIPLE RESPONES. | Family PlanningPregnancy CareDelivery CarePost Delivery CarePost Abortion CareSexuallyTransmittedInfectionsNo/Over/Less MenstruationWant Child OR Want More ChildOther Gynaecological ProblemsMalariaTuberculosisPneumoniaDiarrhoeaChild Nutrition ScreeningOther Seasonal IllnessOther (SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_] | Yes1111111111111111 | No000000000000000 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? | YesNo | 10 | 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
 | Yes111111111111111 | No00000000000 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) ChildNo More/NoneSays She Can't Get PregnantUndecided /Don’t Know | 12398 | 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/NowDon’t KnowOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_\_] | |\_|\_||\_|\_|19896 |  |
| Q720 | CHECK ANSWERS TO Q715 | IF desired time to wait is ≥ 2 yearsIF desired time to wait is< 2 years | 12 |  |

**SECTION 8- CERVICAL CANCER PREVENTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q801 | Have you ever received an IUD insertion?  | Yes No | 10 | 0🡪Q805 |
| Q802 | Where did you take that IUD service?  | From Sun Quality Clinics From other provider\_\_\_\_\_\_\_\_\_\_\_\_\_(SPECIFY) | 196 |  |
| Q803 | Did IUD provider suggest you to take a test for your cervix? | YesNo | 10 | 1🡪Q805 |
| Q804 | Did you request IUD provider to take a test for screening your cervix?  | YesNo | 10 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.) | YesNoNot sure / Don’t Know | 1098 | 0,98🡪Q901 |
| Q806 | How long ago did you take that test?  | \_\_/\_\_ months agoDon’t Know/ Don’t Remember  | 198 |  |
| Q807 | What was the result of the test?  | VIA PositiveVIA NegativeDon’t Know/ Don’t Remember | 1098 |  |
| Q808 | After the result, did your IUD provider give you the treatment in his or her own clinic?  | YesNo | 10 | 0🡪Q810 |
| Q809 | What service did your provider give you after the result?  | Gave cryo treatmentGave some treatment that I don't know/rememberGave some medicinesOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]Don't remember/Don't know | MR12349698 |  |
| Q810 | After the result, did your IUD provider refer to other providers/places for further treatment?  | YesNo | 10 | 0🡪Q901 |
| Q811 | To which facility did your provider refer you for further treatment?  | Refer to other Sun Quality ClinicsRefer to private hospital/ clinic other than SUNRefer to public hospital/clinicRefer to OBGYNOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]Don't remember/Don't know | MR12349698 |  |
| Q812 | Did you receive treatment in that facility?  | YesNo | 10 | 0🡪Q901 |
| Q813 | What service did your receive in that facility?SINGLE RESPONSE | Received cryo treatmentReceived some treatment that I don't know/rememberHad an operation for cervixMedical treatmentOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_]Don't remember/Don't know | 123459698 |  |
| **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?  | YesNo | 10 |  |
| Q902 | Up to which months of his/her age have you breastfed your child?  | month |\_|\_|till nowDon’t Know | |\_|\_|9698 |  |
| Q904 | For how many months did you feed your baby nothing but breast milk? | \_\_/\_\_ monthstill now Don’t Remember  | \_\_/\_\_9698 |  |
| Q905 | At what month did you first give your baby water? | \_\_/\_\_ monthstill now Don’t Remember  | \_\_/\_\_9698 |  |
| 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

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| **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?  | YesNo | 12 |  |
| Q910 | Did you receive any message on eating while breastfeeding your baby? | YesNo | 12 |  |
| **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 | YesNo | 10 |  |
| Q912 | Are you giving the child any multivitamin supplements other than Vitamin A?(powder/ syrup/ chewable etc) | YesNo | 10 | 0🡪Q1001 |
| Q913 | What is the type of supplement?SHOW CARD | SyrupChewable TabletsPowder/sachetsOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 12396 | 1,2,96🡪Q917 |
| Q914 |  What is the type of micronutrient powder?  | PSI distributed micronutrients powderOther Brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know | 1298 |  |
| Q915 | Where do you buy those supplements? MULTIPLE RESPONSES POSSIBLE | Sun Quality Health ClinicsSPH workersPublic HospitalsPrivate Hospitals/ Clinics rather than SQHCHealth workers other than SPH workersGrocery StorePharmacy Health CentersOther NGOsOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_]Don’t Know/Don’t Remember | MR1234567899698 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q916 | How much do they cost?  | \_\_\_\_\_\_\_\_\_\_\_Kyats/ SachetDon’t Know/Don’t Remember | 98 |  |
| Q917 | Why are you using it for the child? MULTIPLE RESPONSES POSSIBLE | It improves my child's appetiteIt is cheapMy neighbors are using it(Any Provider) recommended using itIt can be bought nearby placeI believe it is good for gaining weightI believe it is good for healthOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_] | 123456796 |  |
| Q918 | Did any health care providers give you information about what to feed your child when you stopped breastfeeding? | YesNo | 12 |  |
| **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. | YesNoDon’t Know | 1098 | 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 PractitionersCHW/ AMWSPH workersSQH providerFriends/ RelativesNo one / self/home-treatmentOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Don’t know / Don’t remember | 1 23456789698 |  |

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| **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 remediesTraditional medicineCocktail drugs (unknown)AntibioticsIt resolved with no treatmentOral Rehydrating Solutions(ORS)Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR12345696 | 6🡪Q1004Other 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 UNICEFORS from Ministry of MiningORASEL (ORS with Zinc)Fruity ORSOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Don’t know  | MR123459698 | 4🡪Q1005 Other answers🡪Q1010 |
| Q1005 | Why did you choose ORASEL for your child's diarrhea? MULTIPLE RESPONSES POSSIBLE  | Present or leftover at homeProvider’s choiceDrug seller’s choiceBecause it is cheaperThought it is more effectiveOnly brand present at shop/clinicIt is popular & commonly usedTaste liked by childBecause it includes Zinc TabletsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR12345678996 |  |
| Q1006 | When did you start giving ORASEL to the child?  | Immediately after 3 bouts of loose motion within 24 hoursafter 24 hours Do not remember | 12398 |  |
|  Q1007 | Where do you buy ORASEL kits? MULTIPLE RESPONSES POSSIBLE | SUN Quality ClinicsSUN Primary Health WorkerGrocery StorePharmacy Health CentersNGOsOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Don’t Know | MR1234569698 |  |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1008 | Was the child given Zinc tablets? SHOW CARD | YesNo | 10 |  |
| Q1009 | How much did/do you pay for an ORASEL kit? | (\_\_\_\_\_\_\_\_\_\_\_\_) Kyats/kitDon’t Know/ Don't remember |  |  |
| Q1010 | What was the cost you have spent in total for that diarrhea episode?  | (\_\_\_\_\_\_\_\_\_\_\_\_) KyatsDon’t Know/ Don't remember |  |  |
| Q1011 | Amount of fluid given to the child during diarrhea episode?  | Less than beforeSame as before More than before | 123 |  |
| Q1012 | Amount of food given to the child during diarrhea episode? | Less than beforeSame as before More than before | 123 |  |
| 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? | YesNoDon’t Know/ Don't remember | 1098 | 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?  | YesNoDon’t Know/ Don't remember | 1098 | 0,98 🡪 Q1101 |
| Q1015 | Were the symptoms due to a problem in the chest or a blocked nose?  | Problem in chestBlocked noseBothOther (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_Don’t Know/ Don't remember | 1239698 |  |
| Q1016 | Did you seek advice or treatment for the child’s illness outside the home?  | YesNo, home treatmentDon’t Know/ Don't remember | 1098 | 0,98 🡪Q 1018 |
| Q1017 | Where did you seek first advice for the child’s illness?  | Government provider/ facilities Private Provider/Shop/Store Traditional PractitionersCHW/ AMWSQH ClinicSPH WorkersFriends/ RelativesOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Don’t know / Don’t remember | 1 2345679698 |  |
| Q1018 | Was the child given any medicine to treat this illness?  | YesNoDon’t Know/ Don’t Remember | 1098 | 0,98 🡪 Q 1022 |
| **No.** | **Question and Filters** | **Responses** | **Code** | **Skip** |
| Q1019 | What medicine(s) was the child given? CIRCLE ALL THE MEDICINES GIVENSHOW CARD ANTIBIOTICS | AntibioticsParacetamol/PanadolCough tablets /syrupVitamins/tonicIt resolved without medicineOther(SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_]Don't Know/ Don't Remember | MR123459698 | 1🡪 Q 10202 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 antibioticsOther (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Don’t know/ Don’t Remember |  19698 |  |
| Q1021 | What was the cost you have spent in total for that illness?  | (\_\_\_\_\_\_\_\_\_\_\_\_) KyatsDon’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 breastfedChild becomes sickerChild develops a feverChild has fast breathingChild has difficult breathingChild has diarrheaChild has blood in stoolChild is eating or drinking poorly Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_]Other (SPECIFY) [\_\_\_\_\_\_\_\_\_\_\_\_\_] | MR12345678969696 |  |

**SECTION 11 - EXPOSURE TO SERVICES**

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| *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.* | YesNoDon’t know/don’t remember | 1098 | 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.)* | /\_\_/\_\_/timesDon’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 spacingBenefits of each methodSide-effects of each methodWho can use each methodSeek birth spacing at SUN providers(SQH or SPH)Give SUN referral cardSeeking Birth Spacing at TMO/other public providersAbout exclusive breast feedingAbout nutrition of children Delivering pamphletsOther(SPECIFY)[\_\_\_\_\_\_\_\_\_\_\_\_] | 1234567891011 |  |
| Q1104 | Have you ever received or seen this kind of pamphlets? INTERVIEWER SHOWS EXAMPLE OF PAMPHLETS  | YesNoDon’t Know / Don’t Remember | 1098 |  |

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**

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