

RECORD TIME STARTED THE INTERVIEW: HOUR MINUTES

SECTION 1: DEMOGRAPHY	
NO.	QUESTIONS
1.	First of all, what is 's date of birth? <div style="display: flex; justify-content: space-around;"> DAY MONTH YEAR </div> <div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
	SEX OF CHILD: 1 MALE CODE 2 FEMALE <input type="checkbox"/> IF CHILD IS BELOW FIVE YEARS IS DATE OF BIRTH OBTAINED FROM UNDER-5 CLINIC CARD? 1 YES CODE 2 NO <input type="checkbox"/> AGE OF CHILD IN MONTHS AND YEARS 1 0-2 MONTHS CODE 2 3-59 MONTHS <input type="checkbox"/> 3 5 THROUGH 11 YEARS
I will now ask you about the biological parents of	
2.	Is the biological mother of alive ? 1 YES CODE 2 NO >> QUESTION 5 <input type="checkbox"/> 3 DON'T KNOW >> QUESTION 5
3.	Is she a usual member of this household? 1 YES CODE 2 NO >> QUESTION 5 <input type="checkbox"/>
4.	Who is 's biological mother? NAME _____ SERIAL NUMBER FROM HOUSEHOLD ROSTER <input type="text"/> <input type="text"/>
5.	Is the biological father of alive ? 1 YES CODE 2 NO >> SECTION 2 <input type="checkbox"/> 3 DON'T KNOW >> SECTION 2
6.	Is he a usual member of this household? 1 YES CODE 2 NO >> SECTION 2 <input type="checkbox"/>
7.	Who is 's biological father? NAME _____ SERIAL NUMBER FROM HOUSEHOLD ROSTER <input type="text"/> <input type="text"/>

SECTION 2: HEALTH

5. What kind of institution was last consulted?

- 1 GOVERNMENT HOSPITAL
- 2 GOVERNMENT CLINIC
- 3 GOVERNMENT HEALTH CENTRE
- 4 MISSION INSTITUTION
- 5 INDUSTRIAL/COMPANY HEALTH INSTITUTION
- 6 PRIVATE INSTITUTION
- 7 TRADITIONAL INSTITUTION
- 8 MEDICAL PERSONNEL
- 9 HEALTH INSTITUTION OUTSIDE ZAMBIA
- 10 OTHER (SPECIFY).....

CODE

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6. Who attended to during this consultation? (RECORD THE MOST QUALIFIED PERSON)

- 1 PHYSICIAN/MEDICAL DOCTOR
- 2 CLINICAL OFFICER
- 3 NURSE/MIDWIFE
- 4 TRADITIONAL HEALER
- 5 SPIRITUAL HEALER
- 6 OTHER (SPECIFY).....

CODE

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7. Was 's last consultation paid for?

- 1 YES WITH PRE-PAYMENT SCHEME LOW COST _____
- 2 YES WITH PRE-PAYMENT SCHEME HIGH COST _____
- 3 YES PAID FOR BY EMPLOYER _____
- 4 YES PAID FOR BY OTHER (SPECIFY) _____
- 5 YES PAID PARTLY BY OTHERS E.G. EMPLOYER _____
- 6 YES PAID DIRECTLY _____
- 7 NO DIDN'T PAY >> **QUESTION 9**

>> **QUESTION 9**

CODE

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8. How much was paid in total for the last consultation in cash or in kind (converted to cash)? (ENTER 00 FOR NONE)

AMOUNT IN KWACHA

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IN KIND (CONVERTED TO CASH)

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9. Has been diagnosed of any of the following diseases?

- 1 YES
- 2 NO

- 1 Asthma
- 1 Tuberculosis (T.B)
- 1 Bronchitis

CODE

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[CHECK SECTION 1]
 [IF CHILD AGED 0-59 MONTHS GO TO SECTION 3]
 [IF CHILD AGED 5-11 YEARS GO TO SECTION 4]

SECTION 3 ANTHROPOMETRY/NUTRITION

NO.	QUESTIONS
FOR CHILDREN 0-59 MONTHS [CHECK SECTION 1]	
INTRODUCTION: Now, I am going to ask some questions about the nutritional status and height and weight of	
1.	What institution was born in? 1 GOVERNMENT HOSPITAL HIGH COST 2 GOVERNMENT HOSPITAL LOW COST 3 GOVERNMENT CLINIC/HEALTH CENTRE 4 MISSION HOSPITAL 5 INDUSTRIAL CLINIC/HOSPITAL 6 PRIVATE HOSPITAL/CLINIC 7 AT HOME 8 OTHER (SPECIFY)..... <div style="text-align: right;">CODE <input type="checkbox"/></div>
2.	Who attended to the birth of? (PICK HIGHEST QUALIFIED PERSON IF ATTENDED TO BY SEVERAL) 1 PHYSICIAN/MEDICAL DOCTOR 2 CLINICAL OFFICER/HEALTH ASSISTANT 3 NURSE/MID-WIFE 4 TRAINED PUBLIC HEALTH COMMUNITY WORKER 5 TRAINED TRADITIONAL BIRTH ATTENDANT 6 UNTRAINED TRADITIONAL BIRTH ATTENDANT 7 NOBODY 8 OTHER (SPECIFY)..... <div style="text-align: right;">CODE <input type="checkbox"/></div>
3.	Is being breastfed now? 1 YES 2 NO >> QUESTION 5 <div style="text-align: right;">CODE <input type="checkbox"/></div>
4.	In addition to breastmilk is fed on any of the following? <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 Bottlemilk _____ 1 Water _____ 1 Other liquids _____ 1 Solids (e.g. porridge and cereal) _____ </div> <div style="width: 35%; text-align: right;"> 1 YES 2 NO CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="margin-left: 100px;">->> QUESTION 7</div>
5.	Has ever been breastfed? 1 YES 2 NO >> QUESTION 9 <div style="text-align: right;">CODE <input type="checkbox"/></div>
6.	At what age in months did stop being breastfed? (IF STOPPED BREASTFEEDING AT LESS THAN ONE MONTH, ENTER 00) <div style="text-align: right;">AGE IN MONTHS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div>
7.	For how many months was exclusively breastfed? (That is breastmilk only with no other fluids or food e.g. water, bottlemilk, orange juice, porridge, cereal, etc) [IF BREASTFED FOR LESS THAN ONE MONTH OR NEVER BEEN BREASTFED, ENTER 00, IF CHILD IS CURRENTLY BEING EXCLUSIVELY BREASTFED, ENTER AGE OF CHILD IN MONTHS] <div style="text-align: right;">MONTHS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div>

SECTION 3 ANTHROPOMETRY/NUTRITION

8.	How soon after birth was first breastfed? 1 IMMEDIATELY AFTER DELIVERY 2 WITHIN A DAY AFTER DELIVERY 3 ONLY WHEN THE WHITE MILK CAME 4 A DAY OR MORE AFTER DELIVERY	CODE <input type="checkbox"/>												
9.	At what age in months did you start giving porridge, cereal or other foods? [IF HASN'T STARTED ENTER 88 AND SKIP TO QUESTION 11] AGE IN MONTHS	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>												
10.	How many times is currently given solid foods in a day? NUMBER OF TIMES	<input style="width: 20px; height: 20px;" type="text"/>												
11.	FOR CHILDREN WHOSE UNDER-5 CLINIC CARD IS AVAILABLE, RECORD THE FOLLOWING INFORMATION FROM UNDER-FIVE CLINIC CARD.													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;"> DATE OF LAST DATA ENTRY ON CLINIC CARD <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="width:25%; padding: 5px;"> BCG DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="width:25%; padding: 5px;"> DPT1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="width:25%; padding: 5px;"> DPT2 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> </tr> <tr> <td style="padding: 5px;"> DPT3 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> POLIO1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> POLIO2 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> POLIO3 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> </tr> <tr> <td style="padding: 5px;"> MEASLES1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> MEASLES BOOSTER DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> OTHER VACCINATION (SPECIFY) DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> <td style="padding: 5px;"> OTHER VACCINATION (SPECIFY) DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR </td> </tr> </table>			DATE OF LAST DATA ENTRY ON CLINIC CARD <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	BCG DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	DPT1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	DPT2 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	DPT3 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	POLIO1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	POLIO2 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	POLIO3 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	MEASLES1 DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	MEASLES BOOSTER DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	OTHER VACCINATION (SPECIFY) DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR	OTHER VACCINATION (SPECIFY) DATE <input style="width: 100%; height: 20px;" type="text"/> DAY MTH YEAR
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>> QUE. 13														
FOR CHILDREN WHOSE UNDER-5 CLINIC CARD IS NOT AVAILABLE, OR HAS BEEN REPLACED:														
12.	How many times has received the following vaccinations? NUMBER OF TIMES (0 FOR NONE, 9 FOR DON'T KNOW)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">BCG</td> <td style="width:25%; text-align: center;">DPT</td> <td style="width:25%; text-align: center;">POLIO</td> <td style="width:25%; text-align: center;">MEASLES</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	BCG	DPT	POLIO	MEASLES	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>				
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13.	How often is taken to the under-5 clinic? 1 EVERY MONTH >> QUESTION 15 2 ONLY WHEN THE VACCINATIONS ARE DUE 3 ONLY ONCE IN A WHILE 4 NEVER TAKEN THE CHILD TO THE UNDER-5 CLINIC 5 STOPPED TAKING THE CHILD THERE	CODE <input type="checkbox"/>												

SECTION 4: EDUCATION

NO.	QUESTIONS
FOR CHILDREN 5-11 YEARS OLD (CHECK SECTION 1)	
I am now going to ask you about 's education	
1.	Is currently attending grade school or nursery school? 1 YES, GRADE SCHOOL CODE 2 YES, NURSERY SCHOOL >> SECTION 5 <input type="checkbox"/> 3 NO >> QUESTION 5
2.	Which grade is.....currently attending? GRADE ATTENDING <input type="text"/><input type="text"/>
3.	What grade was attending last year? GRADE LAST YEAR (00 IF HADN'T STARTED SCHOOL, 88 IF NOT ATTENDING FOR OTHER REASON) <input type="text"/><input type="text"/>
4.	Is the school ... is currently attending a government school, mission/religious school, industrial school or a private school? 1 GOVERNMENT 2 MISSION/RELIGIOUS 3 INDUSTRIAL 4 PRIVATE 5 OTHER (SPECIFY) CODE <input type="checkbox"/> >> SECTION 5
5.	Has ever attended school? 1 YES CODE 2 NO >> QUESTION 9 <input type="checkbox"/>
6.	What was the highest grade attained? HIGHEST GRADE ATTAINED <input type="text"/><input type="text"/>
7.	Was the school last attended a government school, mission/religious school, industrial school or private school? 1 GOVERNMENT 2 MISSION/RELIGIOUS 3 INDUSTRIAL 4 PRIVATE 5 OTHER (SPECIFY) CODE <input type="checkbox"/>

SECTION 4: EDUCATION

8. What was the main reason for to leave school? —
- 1 CHILD NEEDED FOR WORK
 - 2 TOO EXPENSIVE
 - 3 LACK OF SUPPORT
 - 4 SCHOOL TOO FAR AWAY
 - 5 EXPELLED
 - 6 NOT SELECTED/FAILED
 - 7 GOT MARRIED
 - 8 PREGNANCY
 - 9 LOOKING FOR WORK
 - 10 NOT NECESSARY FOR CHILD TO CONTINUE
 - 11 ILLNESS/INJURY/DISABILITY
 - 12 OTHER (SPECIFY)

— >> SECTION 5

CODE

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What is the main reason for never attending school?

- 1 UNDER-AGE
- 2 TOO EXPENSIVE
- 3 SCHOOL TOO FAR AWAY
- 4 NOT NECESSARY FOR CHILD TO GO TO SCHOOL
- 5 CHILD NEEDED FOR WORK
- 6 ILLNESS/INJURY/DISABILITY
- 7 OTHER (SPECIFY)

CODE

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SECTION 5: CHILD TASKS

NO.	QUESTIONS
INTRODUCTION: Finally, I would like to ask about the duties..... has.	
1.	Does regularly have to carry out any of the following chores for the household?
	1 YES 2 NO
	CODE
a.	Cooking? <input data-bbox="1209 304 1258 357" type="checkbox"/>
b.	Washing dishes? <input data-bbox="1209 367 1258 420" type="checkbox"/>
c.	Pounding food (e.g. maize, groundnuts) <input data-bbox="1209 430 1258 483" type="checkbox"/>
d.	Cleaning the house and its surroundings? <input data-bbox="1209 493 1258 546" type="checkbox"/>
e.	Washing and ironing clothes? <input data-bbox="1209 556 1258 609" type="checkbox"/>
f.	Taking care of siblings <input data-bbox="1209 619 1258 672" type="checkbox"/>
g.	Attending to the sick? <input data-bbox="1209 682 1258 735" type="checkbox"/>
h.	Fishing? <input data-bbox="1209 745 1258 798" type="checkbox"/>
i.	Tending to livestock? <input data-bbox="1209 808 1258 861" type="checkbox"/>
j.	Fetching water? <input data-bbox="1209 871 1258 924" type="checkbox"/>
k.	Fetching firewood? <input data-bbox="1209 934 1258 987" type="checkbox"/>
l.	Chopping firewood? <input data-bbox="1209 997 1258 1050" type="checkbox"/>
m.	Domestic repairs and maintenance? <input data-bbox="1209 1060 1258 1113" type="checkbox"/>
n.	Gardening? <input data-bbox="1209 1123 1258 1176" type="checkbox"/>
o.	Planting, weeding or harvesting? <input data-bbox="1209 1186 1258 1239" type="checkbox"/>
p.	Charcoal burning? <input data-bbox="1209 1249 1258 1302" type="checkbox"/>
q.	Gathering honey, wild vegetables & fruits, caterpillars, etc <input data-bbox="1209 1312 1258 1365" type="checkbox"/>
r.	Hunting and trapping animals? <input data-bbox="1209 1375 1258 1428" type="checkbox"/>
s.	Other domestic chores? SPECIFY <input data-bbox="1209 1438 1258 1491" type="checkbox"/>

SECTION 5: CHILD TASKS (Cont'd)

NO.	QUESTIONS																																	
2.	<p>Did do any of the following income generating activities during the last one (1) month and if so was this on a full-time basis?</p> <p align="right">1 YES 2 NO >> NEXT ACTIVITY</p> <p align="right">1 FULL-TIME EMPLOYMENT/ACTIVITY 2 NOT FULL-TIME EMPLOYMENT</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">CODE</th> <th style="width:45%;">CODE</th> </tr> </thead> <tbody> <tr> <td>a. Street vending?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>b. Selling farm produce?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>c. Piecework on other household's farms?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>d. Piecework for other households apart from agriculture?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>e. Other piecework?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>f. Baby sitting/housekeeping for other households?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>g. Food for work?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>h. Quarrying (breaking stones, etc)</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>i. Making reed mats/baskets, etc</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>j. Making clay pots</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>		CODE	CODE	a. Street vending?	<input type="checkbox"/>	<input type="checkbox"/>	b. Selling farm produce?	<input type="checkbox"/>	<input type="checkbox"/>	c. Piecework on other household's farms?	<input type="checkbox"/>	<input type="checkbox"/>	d. Piecework for other households apart from agriculture?	<input type="checkbox"/>	<input type="checkbox"/>	e. Other piecework?	<input type="checkbox"/>	<input type="checkbox"/>	f. Baby sitting/housekeeping for other households?	<input type="checkbox"/>	<input type="checkbox"/>	g. Food for work?	<input type="checkbox"/>	<input type="checkbox"/>	h. Quarrying (breaking stones, etc)	<input type="checkbox"/>	<input type="checkbox"/>	i. Making reed mats/baskets, etc	<input type="checkbox"/>	<input type="checkbox"/>	j. Making clay pots	<input type="checkbox"/>	<input type="checkbox"/>
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4.	<p>What income generating activities were these? (LIST UP TO THREE ACTIVITIES)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;"></th> <th style="width:45%;">CODE</th> </tr> </thead> <tbody> <tr> <td>ACTIVITY 1: _____</td> <td align="center">TO BE CODED IN THE FIELD</td> <td align="center"><input type="text"/></td> </tr> <tr> <td>ACTIVITY 2: _____</td> <td align="center">TO BE CODED IN THE FIELD</td> <td align="center"><input type="text"/></td> </tr> <tr> <td>ACTIVITY 3: _____</td> <td align="center">TO BE CODED IN THE FIELD</td> <td align="center"><input type="text"/></td> </tr> </tbody> </table>			CODE	ACTIVITY 1: _____	TO BE CODED IN THE FIELD	<input type="text"/>	ACTIVITY 2: _____	TO BE CODED IN THE FIELD	<input type="text"/>	ACTIVITY 3: _____	TO BE CODED IN THE FIELD	<input type="text"/>																					
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6.	<p>Which activity is that?</p> <p align="right">CODE</p> <p>NAME..... (TO BE CODED IN THE FIELD) <input type="text"/></p>																																	
7.	<p>Who is the employer of?</p> <p align="right">CODE <input type="checkbox"/></p> <p>1. ANOTHER HOUSEHOLD 3. SELF-EMPLOYED 2. PRIVATE SECTOR 4. OTHER (SPECIFY).....</p>																																	

RECORD THE TIME ENDED THE INTERVIEW: HOUR MINUTES

-- T H E E N D --