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**LQAS HOUSEHOLD SURVEY 2012**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS**

**WITH DIARRHOEA IN THE LAST TWO WEEKS**

**UNICEF/LSTM**

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| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ Day /Month / Year**Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

| **INFORMED CONSENT**Greeting. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with \_\_\_\_\_\_\_\_\_\_ district. We are conducting a district survey about maternal and child health care in our communities. We would very much appreciate your participation in this survey. This information you provide will help the district to plan and improve health services. The interview usually takes about 20 minutes to complete.We very much appreciate your participation in this survey. Whatever information you provide will be kept confidential and will not be shown to other persons.Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.At this time, do you want to ask me anything about the survey? Do you agree to participate in this survey? YES NO**IF NO, MARK THIS HOUSE AS A REFUSAL IN THE TABLE FOR SEQUENCE OF HOUSEHOLDS VISITED AND GO TO THE NEXT HOUSE.** **THANK YOU** |
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| **RECOMMENDATIONS FOR THE INTERVIEWER****VERIFY THAT THE MOTHER HAS CHILD AGED 0-59 MONTHS OF AGE WHO HAS HAD DIARRHOEA IN THE LAST TWO WEEKS (THAT IS THREE OR MORE LOOSE OR WATERY STOOLS PER DAY); USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.** **IF MORE THAN ONE CHILD AGED 0-59 MONTHS WHO HAS HAD DIARRHOEA IN THE LAST TWO WEEKS LIVES IN THIS HOUSEHOLD CHOOSE ONE AT RANDOM.** **FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ THE POSSIBLE OPTIONS UNLESS THERE IS A SPECIAL INSTRUCTION (CAPITAL AND IN BOLD). WAIT FOR THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE THE RESPONSE GIVEN.** |

| Record the time the interview BEGINS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
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**Section 1: Mother’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| MB1 | In what month and year were you born? | DATE OF BIRTHMONTH \_\_ \_\_ DK MONTH 98YEAR \_\_ \_\_ \_\_ \_\_ DK YEAR………………………….……………………..98 |  |
| MB2 | How old are you? **PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |
| MB3 | Have you ever attended school or preschool? | YES 1NO 2 | 🡺MB5 |
| MB4 | What is the highest level of school you attended? | PRESCHOOL 1PRIMARY 2SECONDARY 3HIGHER …………………………………………..…………4 |  |
| MB5 | What is your current marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/SEPARATED 7   |  |

**Section 2: Child’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CB1 | **RECORD THE NAME OF SELECTED CHILD:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF SELECTED CHILD |  |
| CB2 | What is the sex of [NAME]? | MALE…………….……….………………..…...1FEMALE……………….….…………………….2 |  |
| CB3 | Now I would like to ask you some questions about the health of (NAME). In what month and year was (NAME) born?**PROBE: WHAT IS HIS / HER BIRTHDAY?****IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY****MONTH AND YEAR MUST BE RECORDED.** |  DATE OF BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_YEAR \_\_ \_\_ \_\_ \_\_ |  |
| CB4 | How old is (NAME)?**PROBE:** **HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?****RECORD AGE IN COMPLETED YEARS.****RECORD ‘0’ IF LESS THAN 1 YEARS.** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |

**Section 3: Diarrhoea Case Management**

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| **No.** | **Questions And Filters** | **Coding Categories** | **Skips** |
| CM1 | Has (NAME) had diarrhoea in the last 2 weeks, that is three or more loose or watery stools in a day? | YES 1NO 2DON’T KNOW 98 | 🡺SELECT OTHER CHILD🡺SELECT OTHER CHILD |
| CM2 | How many days ago did the diarrhoea start?**PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX.****IF SAME DAY THEN RECORD 00****IF DO NOT KNOW, THEN PROBE TO ENSURE THAT THE CHILD HAD DIARRHOEA IN THE LAST TWO WEEKS.****IF MORE THAN TWO WEEKS THEN SELECT A DIFFERENT CHILD FROM THE SAME HOUSEHOLD. OTHERWISE, MOVE TO THE NEAREST DOOR**  |

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**DAYS** |  |
| CM3 | I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk).During the time (NAME) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual?**IF LESS, PROBE:****WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?** | MUCH LESS 1SOMEWHAT LESS 2ABOUT THE SAME 3MORE 4NOTHING TO DRINK 5DON’T KNOW 98 |  |
| CM4 | During the time (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?**IF “LESS”, PROBE:****WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?** | MUCH LESS 1SOMEWHAT LESS 2ABOUT THE SAME 3MORE 4STOPPED FOOD 5NEVER GAVE FOOD 6DON’T KNOW 8 |  |
| CM5 | What was given to (NAME) to treat the diarrhoea?**DO NOT READ THE POSSIBLE RESPONSES****PROBE FOR ANYTHING ELSE** **CIRCLE ALL MENTIONED.** | NOTHING 1ORS 2ZINC .3HOME-MADE FLUID (ORT FLUID) 4PILL OR SYRUP 5INJECTION 6(IV) INTRAVENOUS 7HOME REMEDIES 8 HERBAL MEDICINES 9OTHER (SPECIFY)\_\_ 96  |  |
| CM6 | Did you seek advice or treatment outside the home for (NAME)’s diarrhoea? | YES 1NO 2 | 🡺CM9 |
| CM7 | From where did you seek advice or treatment? **PROBE:ANYWHERE ELSE?****CIRCLE ALL PROVIDERS MENTIONED,****BUT DO NOT PROMPT WITH ANY SUGGESTIONS.****PROBE TO IDENTIFY EACH TYPE OF SOURCE.****IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.****(NAME OF PLACE)** | PUBLIC SECTOR GOVT. HOSPITAL 1 GOVT. HEALTH CENTRE 2 GOVT. HEALTH POST 3 COMMUNITY HEALTH WORKER 4 MOBILE / OUTREACH CLINIC 5 OTHER PUBLIC (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC 7 PRIVATE PHYSICIAN 8 PRIVATE PHARMACY 9 MOBILE CLINIC 10 OTHER PRIVATE MEDICAL (SPECIFY)  11OTHER SOURCE RELATIVE / FRIEND 12 SHOP 13 TRADITIONAL PRACTITIONER 14OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| CM8 | How many days after the diarrhoea began did you first seek treatment for (NAME)?**PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX.****IF SAME DAY THEN RECORD 00** |

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**DAYS**DON’T KNOW 8 |  |
| CM9 | Have you ever heard of ORS? | YES 1NO 2 | 🡺 END |
| CM10 | Have you ever used ORS? | YES 1NO 2DON’T KNOW 98 | 🡺CM12 |
| CM11 | Where do you usually get ORS?**CIRCLE ALL MENTIONED.** | HOSPITAL 1CLINIC 2HEALTH CENTER 3CHW 4PRIVATE DOCTOR 5DRUG STORE 6LOCAL SHOPS 7OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96  |  |
| CM12 | Do you know how to prepare ORS? | YES 1NO 2 | 🡺 END |
| CM13 | Could you please demonstrate how to prepare ORS?**(PROVIDE THE MOTHER WITH A SELECTION OF ORS SACHETS FOUND IN THE AREA)****RECORD WHETHER THE MOTHER PREPARED ORS CORRECTLY OR NOT. CIRCLE 1 [CORRECTLY] IF THE MOTHER FOLLOWS THE FIVE STEPS BELOW:** **ORS ENVELOPS (SACHETS)**1.Handwashing with soap \_\_\_\_2.Uses clean drinking water \_\_\_\_  3.Use one litre of clean drinking water By measuring the liquid using a marked container you have with you \_\_\_\_4. Use the entire ORS packet \_\_\_\_ 5. Dissolve the powder fully \_\_\_\_ | DEMONSTRATED CORRECTLY 1DEMONSTRATED INCORRECTLY 2 |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
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**THANK YOU - THE END**

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| **THE FOLLOWING QUESTIONS ARE FROM THE MOTHERS OF INFANTS 0-59 MONTHS GENERIC QUESTIONNAIRE. IF THE MOTHERS OF INFANTS 0-59 MONTHS GENERIC QUESTIONNAIRE IS INCLUDED AS A UNIVERSE, THE QUESTION SET BELOW CAN BE DELETED. IF THE MOTHERS OF INFANTS 0-59 MONTHS GENERIC QUESTIONNAIRE IS NOT USED, THESE QUESTIONS SHOULD BE INCLUDED** |

**Section 4: Water Supply**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| WS1 | What is the **main** source of drinking water for members of this household?**CIRCLE ONLY ONE RESPONSE** | PIPED WATER  PIPED INTO DWELLING 1 PIPED INTO COMPOUND, YARD OR PLOT 2 PIPED TO NEIGHBOUR 3 PUBLIC TAP / STANDPIPE 4TUBE WELL, BOREHOLE 5DUG WELL PROTECTED WELL 6 UNPROTECTED WELL 7WATER FROM SPRING PROTECTED SPRING 8 UNPROTECTED SPRING 9RAINWATER COLLECTION 10TANKER-TRUCK 11CART WITH SMALL TANK / DRUM 12SURFACE WATER (RIVER, STREAM, DAM, LAKE,  POND, CANAL, IRRIGATION CHANNEL) 13BOTTLED WATER 14OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| WS2 | Do you treat your water in any way to make it safer for drinking? | YES 1NO 2 | 🡺HW1 |
| WS3 | What do you usually do to the water to make it safer to drink?**CIRCLE ALL RESPONSES MENTIONED** | BOIL 1ADD BLEACH / CHLORINE 2STRAIN IT THROUGH A CLOTH 3USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) 4SOLAR DISINFECTION 5LET IT STAND AND SETTLE 6OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW 98  |  |

**Section 5: Hand Washing**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| HW1 | Please state all of the occasions when you should wash your hands**DO NOT READ THE ANSWERS****CIRCLE ALL MENTIONED****PROBE: ANYTHING MORE?** | BEFORE EATING 1AFTER EATING 2BEFORE PRAYING 3BEFORE BREASTFEEDING OR FEEDING A CHILD 4BEFORE COOKING OR PREPARING FOOD 5AFTER DEFECATION/URINATION 6AFTER CLEANING A CHILD THAT HASDEFECATED OR CHANGING A CHILD’S NAPPY 7WHEN MY HANDS ARE DIRTY 8AFTER CLEANING THE TOILET OR POTTY 9 DOES NOT KNOW 98OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |
| HW2 | Can you show me where you **usually** wash your hands and what you use to wash hands? | WITHIN 10 PACES OF THE TOILET  FACILITY 1WITHIN 10 PACES OF THE KITCHEN/COOKING PLACE 2ELSEWHERE IN HOME OR YARD 3OUTSIDE YARD 4NO SPECIFIC PLACE 5NOT GIVEN PERMISSION TO SEE 6 | 🡺LU1🡺LU1 |
| HW3 | **OBSERVE:** Is there soap or detergent available? | YES 1NO 2 |  |
| HW4 | **OBSERVE:** Is there water available? **TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT THEN CIRCLE ONE RESPONSE** | YES 1NO 2 |  |

**Section 6: Latrine Usage**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| LU1 | What is the main type of toilet facility used by members of your household**?****CIRCLE ONLY ONE RESPONSE** | FLUSH / POUR FLUSH  FLUSH TO PIPED SEWER SYSTEM 1 FLUSH TO SEPTIC TANK 2 FLUSH TO PIT (LATRINE) 3 FLUSH TO SOMEWHERE ELSE 4 FLUSH TO UNKNOWN PLACE / NOT SURE / DK WHERE 5PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 6 PIT LATRINE WITH SLAB 7 PIT LATRINE WITHOUT SLAB / OPEN PIT 8COMPOSTING TOILET 9BUCKET 10HANGING TOILET, HANGING LATRINE 11NO FACILITY, BUSH, FIELD 12OTHER (SPECIFY)­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 | 🡺END |
| LU2 | May I see the toilet facility? | YES 1NO 2 | 🡺END |
| LU3 | **OBSERVE AND RECORD THE TYPE OF TOILET FACILITY** | FLUSH / POUR FLUSH  FLUSH TO PIPED SEWER SYSTEM 1 FLUSH TO SEPTIC TANK 2 FLUSH TO PIT (LATRINE) 3 FLUSH TO SOMEWHERE ELSE 4 FLUSH TO UNKNOWN PLACE / NOT SURE /DK WHERE 5PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 6 PIT LATRINE WITH SLAB 7 PIT LATRINE WITHOUT SLAB / OPEN PIT 8COMPOSTING TOILET 9BUCKET 10HANGING TOILET, HANGING LATRINE 11NO FACILITY, BUSH, FIELD 12OTHER (SPECIFY)­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96 |  |