



LQAS HOUSEHOLD SURVEY 2012
QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS
WITH COUGH AND DIFFICULTY BREATHING IN THE LAST TWO WEEKS
UNICEF/LSTM

IDENTIFICATION	CODES (OFFICE USE ONLY)					
QUESTIONNAIRE IDENTIFICATION	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
LQAS NUMBER OUT OF 19 _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
SUPERVISION AREA _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
District _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
County _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Sub-County _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
Village _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
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

RECOMMENDATIONS FOR THE INTERVIEWER

VERIFY THAT THE MOTHER HAS CHILD AGED 0-59 MONTHS OF AGE WITH COUGH AND DIFFICULTY BREATHING IN THE LAST TWO WEEKS WHO HAS HAD DIARRHOEA IN THE LAST TWO WEEKS; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.

IF MORE THAN ONE CHILD AGED 0-59 MONTHS WITH COUGH AND DIFFICULTY BREATHING 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

Section 1: Mother's Background

No.	Questions and Filters	Coding Categories	Skips
MB1	In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH 98 YEAR__ __ __ __ 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?	YES1 NO.....2	→ MB5
MB4	What is the highest level of school you attended?	PRESCHOOL1 PRIMARY2 SECONDARY3 HIGHER4	
MB5	What is your <u>current</u> marital status? READ THE RESPONSE OPTIONS	SINGLE, NO PARTNER1 SINGLE, NON REGULAR PARTNER.....2 SINGLE WITH REGULAR PARTNER.....3 MARRIED.....4 COHABITING5 WIDOWED.....6 DIVORCED/SEPARATED 7	

Section 2: Child's Background

No.	Questions and Filters	Coding Categories	Skips
CB1	RECORD THE NAME OF SELECTED CHILD:	<div style="text-align: center;"> <hr style="width: 100%;"/> NAME OF SELECTED CHILD </div>	
CB2	What is the sex of [NAME]?	MALE.....1 FEMALE.....2	
CB3	<p>Now I would like to ask you some questions about the health of (NAME).</p> <p>In what month and year was (NAME) born?</p> <p>PROBE: WHAT IS HIS / HER BIRTHDAY?</p> <p>IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY</p> <p>MONTH AND YEAR MUST BE RECORDED.</p>	<p style="text-align: center;">DATE OF BIRTH</p> <p>DAY __ __</p> <p>DK DAY.....98</p> <p>MONTH..... __ __</p> <p>YEAR __ __ __ __</p>	
CB4	<p>How old is (NAME)?</p> <p>PROBE:</p> <p>HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?</p> <p>RECORD AGE IN COMPLETED YEARS.</p> <p>RECORD '0' IF LESS THAN 1 YEARS.</p>	<p>AGE (IN COMPLETED YEARS) __ __</p>	

Section 3: ARI Case Management

No.	Questions and Filters	Coding Categories	Skips
CM1	At any time in the last two weeks, has (NAME) had an illness with a cough?	YES..... 1 NO 2 DON'T KNOW 98	➔select other child ➔select other child
CM2	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES..... 1 NO 2 DON'T KNOW 98	➔select other child ➔select other child
CM3	Was the fast or difficult breathing due to a problem in the chest or a blocked or runny nose?	PROBLEM IN CHEST ONLY.....1 BLOCKED OR RUNNY NOSE ONLY.....2 BOTH.....3 OTHER (SPECIFY) _____96 DON'T KNOW 98	➔select other child ➔select other child ➔select other child
CM4	Did you seek any advice or treatment for the illness from any source?	YES..... 1 NO 2 DON'T KNOW 98	➔CM7 ➔CM7
CM5	How many days after the cough and fast breathing 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	<div><div></div><div></div></div> <div>DAYS</div> DON'T KNOW 98	

CM6	<p>From where did you seek advice or treatment?</p> <p>PROBE: ANYWHERE ELSE?</p> <p>CIRCLE ALL PROVIDERS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS.</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL1</p> <p>GOVT. HEALTH CENTRE.....2</p> <p>GOVT. HEALTH POST3</p> <p>COMMUNITY HEALTH WORKER.....4</p> <p>MOBILE / OUTREACH CLINIC.....5</p> <p>OTHER PUBLIC (<i>SPECIFY</i>)</p> <p>_____ 6</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC7</p> <p>PRIVATE PHYSICIAN8</p> <p>PRIVATE PHARMACY9</p> <p>MOBILE CLINIC10</p> <p>OTHER PRIVATE MEDICAL (<i>SPECIFY</i>)</p> <p>_____ 11</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND12</p> <p>SHOP13</p> <p>TRADITIONAL PRACTITIONER14</p> <p>OTHER (<i>SPECIFY</i>)</p> <p>_____ 96</p>	
CM7	<p>Was (NAME) given any medicine to treat this illness?</p>	<p>YES.....1</p> <p>NO2</p> <p>DON'T KNOW98</p>	<p>➔END</p> <p>➔END</p>
CM8	<p>What medicine was (NAME) given?</p> <p>PROBE: ANY OTHER MEDICINE?</p> <p>CIRCLE ALL MEDICINES GIVEN. WRITE BRAND NAME(S) OF ALL MEDICINES MENTIONED.</p> <p>_____</p> <p>(NAMES OF MEDICINES)</p>	<p>ANTIBIOTIC</p> <p>PILL / SYRUP1</p> <p>INJECTION2</p> <p>ANTI-MALARIALS.....3</p> <p>PARACETAMOL / PANADOL / ACETAMINOPHEN4</p> <p>ASPIRIN5</p> <p>IBUPROFEN6</p> <p>OTHER (<i>SPECIFY</i>)</p> <p>_____ 96</p> <p>DON'T KNOW98</p>	

CM9	For how many days did (NAME) take the medication?	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> </div> <div style="text-align: center;">DAYS</div>	
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Record the time the interview ENDS	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border-bottom: 1px solid black; width: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> <div style="text-align: right; font-size: small;">HOUR: MINUTE</div>
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THANK YOU - THE END