



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

IDENTIFICATION	CODES (OFFICE USE ONLY)
QUESTIONNAIRE IDENTIFICATION	<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"/> <input style="width: 20px; height: 20px;" type="text"/>
LQAS NUMBER OUT OF 19 _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
SUPERVISION AREA _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
District _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
County _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Sub-County _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Village _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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 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

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:	<hr style="width: 20%; margin: auto;"/> NAME OF SELECTED CHILD	
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). 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> DAY ____ DK DAY.....98 MONTH..... ____ YEAR ____ _ _ _ _	
CB4	<p>How old is (NAME)?</p> <p>PROBE: 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>	AGE (IN COMPLETED YEARS) ____	

Section 3: Diarrhoea Case Management

No.	Questions And Filters	Coding Categories	Skips		
CM1	<p>Has (NAME) had diarrhoea in the last 2 weeks, that is three or more loose or watery stools in a day?</p>	<p>YES..... 1 NO 2 DON'T KNOW 98</p>	<p>→SELECT OTHER CHILD →SELECT OTHER CHILD</p>		
CM2	<p>How many days ago did the diarrhoea start?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX.</p> <p>IF SAME DAY THEN RECORD 00</p> <p>IF DO NOT KNOW, THEN PROBE TO ENSURE THAT THE CHILD HAD DIARRHOEA IN THE LAST TWO WEEKS.</p> <p>IF MORE THAN TWO WEEKS THEN SELECT A DIFFERENT CHILD FROM THE SAME HOUSEHOLD. OTHERWISE, MOVE TO THE NEAREST DOOR</p>	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p>DAYS</p> </div>			
CM3	<p>I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk).</p> <p>During the time (NAME) had diarrhoea, was he/she given less than usual to drink, about the same amount, or more than usual?</p> <p>IF LESS, PROBE: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?</p>	<p>MUCH LESS..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK..... 5 DON'T KNOW 98</p>			
CM4	<p>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?</p> <p>IF "LESS", PROBE: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?</p>	<p>MUCH LESS..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD..... 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>			

CM5	<p>What was given to (NAME) to treat the diarrhoea?</p> <p>DO NOT READ THE POSSIBLE RESPONSES</p> <p>PROBE FOR ANYTHING ELSE</p> <p>CIRCLE ALL MENTIONED.</p>	<p>NOTHING..... 1</p> <p>ORS..... 2</p> <p>ZINC..... 3</p> <p>HOME-MADE FLUID (ORT FLUID) 4</p> <p>PILL OR SYRUP..... 5</p> <p>INJECTION 6</p> <p>(IV) INTRAVENOUS..... 7</p> <p>HOME REMEDIES 8</p> <p>HERBAL MEDICINES 9</p> <p>OTHER (SPECIFY)</p> <p>_____ 96</p>	
CM6	<p>Did you seek advice or treatment outside the home for (NAME)'s diarrhoea?</p>	<p>YES..... 1</p> <p>NO 2</p>	→CM9

CM7	<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>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 1</p> <p>GOVT. HEALTH CENTRE..... 2</p> <p>GOVT. HEALTH POST 3</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 / CLINIC 7</p> <p>PRIVATE PHYSICIAN 8</p> <p>PRIVATE PHARMACY 9</p> <p>MOBILE CLINIC 10</p> <p>OTHER PRIVATE MEDICAL (<i>SPECIFY</i>)</p> <p>_____ 11</p> <p>OTHER SOURCE</p> <p>RELATIVE / FRIEND..... 12</p> <p>SHOP 13</p> <p>TRADITIONAL PRACTITIONER 14</p> <p>OTHER (<i>SPECIFY</i>)</p> <p>_____ 96</p>			
CM8	<p>How many days after the diarrhoea began did you first seek treatment for (NAME)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX.</p> <p>IF SAME DAY THEN RECORD 00</p>	<p style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> </p> <p style="text-align: center;">DAYS</p> <p>DON'T KNOW 8</p>			
CM9	<p>Have you ever heard of ORS?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>→ END</p>		
CM10	<p>Have you ever used ORS?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 98</p>	<p>→CM12</p>		

CM11	Where do you usually get ORS? CIRCLE ALL MENTIONED.	HOSPITAL 1 CLINIC 2 HEALTH CENTER 3 CHW 4 PRIVATE DOCTOR 5 DRUG STORE 6 LOCAL SHOPS 7 OTHER (SPECIFY) _____ 96	
CM12	Do you know how to prepare ORS?	YES..... 1 NO 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: <u>ORS ENVELOPS (SACHETS)</u> 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 1 DEMONSTRATED INCORRECTLY 2	

Record the time the interview ENDS	____ ____ : ____ ____ HOUR: MINUTE
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THANK YOU - THE END

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

No.	Questions and Filters	Coding Categories	Skips
WS1	<p>What is the main source of drinking water for members of this household?</p> <p>CIRCLE ONLY ONE RESPONSE</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 1</p> <p>PIPED INTO COMPOUND, YARD OR PLOT.. 2</p> <p>PIPED TO NEIGHBOUR..... 3</p> <p>PUBLIC TAP / STANDPIPE 4</p> <p>TUBE WELL, BOREHOLE..... 5</p> <p>DUG WELL</p> <p>PROTECTED WELL..... 6</p> <p>UNPROTECTED WELL 7</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 8</p> <p>UNPROTECTED SPRING 9</p> <p>RAINWATER COLLECTION 10</p> <p>TANKER-TRUCK 11</p> <p>CART WITH SMALL TANK / DRUM..... 12</p> <p>SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) 13</p> <p>BOTTLED WATER..... 14</p> <p>OTHER (<i>SPECIFY</i>)</p> <p>_____ 96</p>	
WS2	<p>Do you treat your water in any way to make it safer for drinking?</p>	<p>YES..... 1</p> <p>NO 2</p>	→HW1
WS3	<p>What do you usually do to the water to make it safer to drink?</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	<p>BOIL..... 1</p> <p>ADD BLEACH / CHLORINE..... 2</p> <p>STRAIN IT THROUGH A CLOTH 3</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)..... 4</p> <p>SOLAR DISINFECTION 5</p> <p>LET IT STAND AND SETTLE..... 6</p> <p>OTHER (<i>SPECIFY</i>)</p> <p>_____ 96</p> <p>DON'T KNOW 98</p>	

Section 5: Hand Washing

No.	Questions and Filters	Coding Categories	Skips
HW1	<p>Please state all of the occasions when you should wash your hands</p>	<p>BEFORE EATING 1</p> <p>AFTER EATING..... 2</p>	

	<p>DO NOT READ THE ANSWERS</p> <p>CIRCLE ALL MENTIONED</p> <p>PROBE: ANYTHING MORE?</p>	<p>BEFORE PRAYING 3</p> <p>BEFORE BREASTFEEDING OR FEEDING A CHILD..... 4</p> <p>BEFORE COOKING OR PREPARING FOOD 5</p> <p>AFTER DEFECATION/URINATION 6</p> <p>AFTER CLEANING A CHILD THAT HAS DEFECATED OR CHANGING A CHILD’S NAPPY 7</p> <p>WHEN MY HANDS ARE DIRTY 8</p> <p>AFTER CLEANING THE TOILET OR POTTY 9</p> <p>DOES NOT KNOW 98</p> <p>OTHER (SPECIFY)</p> <p>_____ 96</p>	
HW2	Can you show me where you usually wash your hands and what you use to wash hands?	<p>WITHIN 10 PACES OF THE TOILET FACILITY 1</p> <p>WITHIN 10 PACES OF THE KITCHEN/COOKING PLACE 2</p> <p>ELSEWHERE IN HOME OR YARD 3</p> <p>OUTSIDE YARD 4</p> <p>NO SPECIFIC PLACE 5</p> <p>NOT GIVEN PERMISSION TO SEE 6</p>	<p>→ LU1</p> <p>→ LU1</p>
HW3	OBSERVE: Is there soap or detergent available?	<p>YES..... 1</p> <p>NO 2</p>	
HW4	<p>OBSERVE: Is there water available?</p> <p>TURN ON TAP AND/OR A CHECK CONTAINER AND NOTE IF WATER IS PRESENT THEN CIRCLE ONE RESPONSE</p>	<p>YES..... 1</p> <p>NO 2</p>	

