

Eastern Burma Health and Human Rights Survey (2013)

Survey ID:

Date:
D D M M Y Y

Cluster ID:

HH ID:

If this is different than the village assigned, please write the original village name below and explain why you are at this village:

Introduction

Hello. I am a young colleague who has been asked to assist BMA/ BPHWT/ KDHW/ KnMHC/ MNHC/ SHC. We are doing a study about the health and human rights situation of your community. We are collecting this information from you and other people from the community so that we can learn about your health access, beliefs, practice and human rights status in your community. We believe that this information will help us understand health situation in your community and enable to better address your community priorities.

Procedures

You and your household were selected for inclusion into this study through a random procedure, and because you are within the eligible age range. If you agree to participate in this study, we will ask you about how you stay healthy, how you seek health care, health priorities and human rights situation in your community. We will measure mid-upper arm circumference (MUAC) of all females aged 15-49 years and all children aged under 5 years from your household. **[FOR HOUSEHOLD NUMBER – 1, 15 and 30: WE WILL TEST ALL HOUSEHOLD MEMBERS FOR MALARIA BY RAPID TEST]**. Asking these questions will take 45 to 60 minutes.

Benefits and risks

There is no risk to your health from participating in this survey. Some of the questions in the survey ask about your health and your family. If any questions are upsetting or difficult for you to answer, we can skip those questions. You may choose to refuse any question in this survey. Also, you may stop the interview at any time. You will not receive any specific incentive, such as money, food, or health care for you or your family, for participating in this survey. By participating in this survey, we believe that you and your community may benefit in the long-term, as the information will help us to address health priorities in your community.

Questions and Concerns

I will attempt to answer any questions you may have concerning this survey. If you don't understand the questions, please ask me to explain more. If you have further questions including about what this information will be used for you may contact any clinic belonging to Burma Medical Association, Back Pack Health Worker Team, Karen Department of Health and Welfare, Karenni Mobile Health Committee, Mon National Health Committee, or Shan Health Committee. If you do not know the location of the closest clinic to your village, you can ask me, or your village leader.

Confidentiality

Your identity will remain confidential and the answers will be kept private. When we combine and analyze this information together, it will not be possible for anyone to link the answers to you.

Voluntary Participation

Refusing questions or declining to participate will not limit your ability to access any of the health or other services provided in your community. You have the right to withdraw from this survey at any time, and there will be no effect on you or your family.

<p>Are you willing to be in this study?</p> <p>0 = No (Refused - DO NOT CONTINUE INTERVIEW, skipping HH)</p> <p>1 = Yes (CONTINUE INTERVIEW)</p> <p>2 = Survey incompleted because the respondent was distressed</p> <p>3 = Survey incompleted because the respondent refused to continue</p> <p>7 = Not at home (attempted to contact 3 times, skipping HH)</p>	<input type="text"/>
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Date:
D D M M Y Y

Signature of Person Obtaining Consent: _____

Signed copies of this consent form must be retained on file by the surveyor.

Section - 1: Household Member List

List the age and sex of all people living in your household. (When I say "HOUSEHOLD" in this survey, I mean everyone who lives in your house, share meals, and sleeps under the same roof. This includes everyone who has lived in your household for at least two months. EXCEPTION OF INFANTS LESS THAN 2 MONTHS, THEY SHOULD ALSO BE INCLUDED IN THIS TABLE) Don't forget to list yourself, children and infants.

1.A: Age (by YEARS and MONTHS) IF A CHILD IS UNDER 1 MONTH OLD, CODE "00". 666 = Don't know 888 = Refused			1.B: Sex 0 = Male 1 = Female 6 = Don't know 7 = N/A 8 = Refused	1.C: Is this woman currently pregnant? 0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	1.D: How is this person related to you? 00 = Self 01 = Parent 02 = Husband/Wife 03 = Child 04 = Uncle/ Aunt 05 = Brother/ Sister 06 = Nephew/ Niece 07 = Friend 08 = Cousin 09 = Other relative 66 = Don't know 88 = Refused	1.E: Did this person sleep under an ITN or Bednet last night? 0 = No 1 = Yes 6 = Don't know 8 = Refused	Ask questions for children under 5 only					1.K: For children under 5 years and females aged 15-49, record a MUAC. 00.7 = Not at home 77.7 = N/A 88.8 = Refused	1.L: RDT Result (Test all available HHs members who agree to be tested, including children) 0 = Negative 1 = Positive 2 = Inconclusive after 2nd attempt 007 = Not at home 7 = N/A 8 = Refused	In-Migration Table							
							1.F: Has this child had Diarrhea in the last 2 weeks? <i>If this person hasn't had Diarrhea, skip to Q 1.J.</i> 0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	1.G: Has this child had ORS in the last 2 weeks? 0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	1.H: Did this child take a Vitamin A Pill (like this) in the past 6 months? 0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	1.I: Did this child under 5 take a de-worming pill in the last 6 months? 0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	1.J: Does this child under 5 have a birth record or certificate? 0 = No 1 = Yes, ethnic birth record 2 = Yes, government birth record 3 = Other country birth record 6 = Don't know 7 = N/A 8 = Refused			1.M: Has this person live here for more than 2 MONTHS but less than 12 MONTHS? 0 = No 1 = Yes 6 = Don't know 8 = Refused (If the answer is 0 = No, skip to 2.A.)	1.N: Where did they move from? 0 = Inside your state 1 = Outside your state, but inside Burma 2 = Thailand 3 = Malaysia 4 = Other (Please record specific place for each person) 6 = Don't know 7 = N/A 8 = Refused	1.O: What is the MAIN reason he/she moved back? (Record one response from choices) 01 = Work 02 = Education 03 = Family 04 = Marriage 05 = Insecurity 06 = Improved security 07 = Land confiscated 08 = No reason 09 = Other 66 = Don't know 77 = N/A 88 = Refused	Code	Other			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					

Section 2: - Out Migration Table

Now I would like to ask you some questions about members of this household who have lived here less than 12 MONTHS AGO but have since moved away. IF THERE IS NO PERSON MIGRATE OUT OF THIS HOUSEHOLD IN THE PAST 12 MONTH, GO TO NEXT SECTION.

No.	2.A: Age (by YEARS and MONTHS) IF A CHILD IS UNDER 1 MONTH OLD, CODE "00". 666 = Don't know 888 = Refused		2.B: Sex 0 = Male 1 = Female 6 = Don't know 8 = Refused	2.C: How is this person related to you? 00 = Self 01 = Parent 02 = Husband/ Wife 03 = Child 04 = Uncle/ Aunt 05 = Brother/ Sister 06 = Nephew/ Niece 07 = Friend 08 = Cousin 09 = Other relative 66 = Don't know 88 = Refused	2.D: When did this person leave this household? 1 = 1 to 3 months 2 = 4 to 6 months 3 = 7 to 9 months 4 = 10 to 12 months 5 = over 12 months 6 = Don't know 8 = Refused	2.E: Where did they move to? 0 = Inside your state 1 = Outside your state, but inside Burma 2 = Thailand 3 = Malaysia 4 = Other (Please record specific place for each person)	2F. What is the MAIN reason he/she moved away? 01 = Work 02 = Education 03 = Family 04 = Marriage 05 = Insecurity 06 = Improved security 07 = Land confiscated 08 = No reason 09 = Other 66 = Don't know 88 = Refused	
	Years	Months					Code	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Section 3 - Death Table

For each person in this household who died, please tell me the age, sex and cause of death. Please include very little babies that cried or showed signs of life but later died or are still born. IF THERE IS NO PERSON DIED IN THIS HOUSEHOLD, GO TO NEXT SECTION.

No.	3A. Age For both YEARS and MONTHS			3B. Sex 0 = Male 1 = Female 6 = Don't know 8 = Refused	3C. How is this person related to you? 00 = Self 01 = Parent 02 = Husband/ Wife 03 = Child 04 = Uncle/ Aunt 05 = Brother/ Sister 06 = Nephew/ Niece 07 = Friend 08 = Cousin 09 = Other relative 66 = Don't know 88 = Refused	3D: When did this person die? 1 = 1 year or less ago 2 = 1 - 3 years ago 3 = 4 - 5 years ago 4 = More than 5 years ago 6 = Don't know 8 = Refused	3D. Cause of Death <i>(List only one. If the answer is 08 = Other, write down specific cause in the beside column, otherwise skip it.)</i>		3E. Cause of Death Code Choices	
	Year	Month	Code				Other			
1										01 = Diarrhea
2										02 = Malaria
3										03 = ARI
4										04 = Landmine
5										05 = Gunshot
6										06 = Pregnancy - Related
7										Maternal Death (Women dies < 42 days after pregnancy, Abortion and Miscarriage)
8										07 = Neonatal Death (Newborn dies < 28 days old.)
9										08 = Other
10										66 = Don't know
										88 = Refused

Section 4. Background information

No.	Question	Coding	Reponse	Skip patterns
1	What is the highest standard of education you have completed?	0 = None 1 = 1 to 5 standard 2 = 6 to 10 standard 3 = Above 10 standard 4 = Other education (Short course/ Monastery) 6 = Don't know 8 = Refused	<input type="checkbox"/>	
2	What languages do you speak well? (<i>record up to 2 responses</i>)	01=Pwo Karen 07=English 02=Sgaw Karen 08=Other(_____) 03=Burmese 66=Don't Know 04=Shan 77=N/A 05=Karenni 88=Refused 06=Mon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3	What religion are you?	0=None 5=Other (_____) 1=Christian 6=Don't Know 2=Buddhist 8=Refused 3=Islam 4=Animist	<input type="checkbox"/>	
4	What is your ethnicity?	0=None 5=Burmese 1=Karen 6=Don't Know 2=Karenni 7=Other (_____) 3=Shan 8=Refused 4=Mon	<input type="checkbox"/>	
5	What describes your marital status?	0 = Single 1 = Currently married 2 = Widow/widower 3 = Separated or divorced 8 = Refused	<input type="checkbox"/>	
6	What is your occupation?	00 = None 01 = Farmer/ Peasant 02 = Factory worker 03 = Private business 04 = Seller 05 = Daily worker 06 = Other (_____) 66 = Don't know 88 = Refused	<input type="checkbox"/> <input type="checkbox"/>	

Section 5. General Health and Wellness

7	How would you describe your physical health during the PAST 12 MONTHS?	1 = Good Health 2 = Fair Health 3 = Poor Health 6 = Don't know 8 = Refused	<input type="checkbox"/>	
8	Over the PAST 2 weeks, how often have you felt little interest or pleasure in doing things?	0 = None of the time 3 = Almost all the time 1 = A little of the time 6 = Don't know 2 = Most of the time 8 = Refused	<input type="checkbox"/>	
9	Over the PAST 2 weeks, how often have you felt down, depressed, or hopeless?	0 = None of the time 3 = Almost all the time 1 = A little of the time 6 = Don't know 2 = Most of the time 8 = Refused	<input type="checkbox"/>	

Section 6. Healthcare access & health practices				
No.	Question	Coding	Response	Skip patterns
10	When you or anyone in this household are sick, did you or that person seek care IN THE PAST 12 MONTHS?	0 = No 1 = Yes 6 = Don't know 8 = Refused	<input type="checkbox"/>	If 0 skip to Q17
11	Has anyone in your household been treated by any of the following providers in the PAST 12 MONTHS? (READ EACH CHOICE OUT LOUD)		0 = No; 1 = Yes; 6 = DK; 7 = NA; 8 = Refused	
	a. Medical doctor/ Nurse		0 1 6 7 8	
	b. HA/ MW/ AMW		0 1 6 7 8	
	c. Medic/ Ethnic health worker		0 1 6 7 8	
	d. Tradition birth attendant		0 1 6 7 8	
	e. Traditional healer		0 1 6 7 8	
	f. Drug store/ pharmacy		0 1 6 7 8	
	g. Other _____		0 1 6 7 8	
12	The last time you were sick, who was the FIRST person you sought treatment from?	0 = Doctor/Nurse/ MW (at government hospital or clinic) 1 = Ethnic clinic 2 = VHW/ Medic 3 = Traditional healer 4 = Friend/relative/family member 5 = Drug store or pharmacy 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	If 2 to 8, skip to Q15
13	If you first seek care at a health care facility, are health workers available there?	0 = Never 1 = Sometimes 2 = Always 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
14	Are medicines and medical supplies available at this health facility or with this health worker?	0 = Never 1 = Sometimes 2 = Always 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
15	If you go to get treatment at the facility or with this health worker, how do you travel there?	0 = Walking 1 = Bicycle 2 = Motorbike 3 = Car 4 = Other (_____) 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
16	How long does it take for you to reach there?	00-48 = Number of hours OR 66 = Don't know- ----->	<input type="text"/>	
		00-59 = Number of minutes OR 66 = Don't know 77 = N/A 88 = Refused ----->	<input type="text"/>	
17	If you didn't seek care, what was the reason? CHOOSE ALL THAT APPLY <i>(Prompt: Is there anything else?)</i> DO NOT READ RESPONSES OUT LOUD. CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused		
		<input type="checkbox"/> Did not feel very sick	0 1 6 8	
		<input type="checkbox"/> Could not leave work	0 1 6 8	
		<input type="checkbox"/> Could not leave children	0 1 6 8	
		<input type="checkbox"/> Treatment too expensive	0 1 6 8	
		<input type="checkbox"/> Clinic/hospital too far away	0 1 6 8	
		<input type="checkbox"/> No health worker nearby	0 1 6 8	
		<input type="checkbox"/> Too sick to go clinic	0 1 6 8	
		<input type="checkbox"/> Due to insecurity/ safety concern	0 1 6 8	
<input type="checkbox"/> Other (_____) _____	0 1 6 8			

18	Have you or anyone in your household been denied health care because of your religion or ethnicity in the PAST 12 MONTHS?	0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
19	Has anyone in your household been verbally mistreated or insulted by a health worker in the PAST 12 MONTHS?	0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	

Section 7: Diarrhea, Water & Sanitation

No.	Question	Coding	Response	Skip patterns
20	When do you wash your hands? CHOOSE ALL THAT APPLY <i>(Prompt: Is there anything else?)</i> DO NOT READ RESPONSES OUT LOUD. CIRCLE 1 FOR RESPONSES MENTIONED AND MARKED. CIRCLE 0 FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused		
	<input type="checkbox"/> I do not wash my hands		0 1 6 8	
	<input type="checkbox"/> After using the toilet		0 1 6 8	
	<input type="checkbox"/> Before preparing food		0 1 6 8	
	<input type="checkbox"/> Before eating		0 1 6 8	
	<input type="checkbox"/> After helping a child go to the toilet / changing a diaper		0 1 6 8	
21	Does your household have it's own latrine?	0 = No 1 = Yes 2 = Yes, we share with other households. 6 = Don't know 8 = Refused	<input type="checkbox"/>	<i>If 0, skip to Q25</i>
22	Show me your own latrine. <i>CIRCLE YES AND MARKED THAT YOU SEE THE LATRINE MATCHED WITH THE CHOICE, CHOOSE ALL THAT YOU SEEN. IF NOT CIRCLE NO.</i>	0 = No, 1 = Yes, 6 = Don't know, 7 = N/A, 8 = Refused		
	<input type="checkbox"/> Has a roof		0 1 6 7 8	
	<input type="checkbox"/> Has walls		0 1 6 7 8	
	<input type="checkbox"/> Has a door		0 1 6 7 8	
	<input type="checkbox"/> Has a plastic bowl		0 1 6 7 8	
	<input type="checkbox"/> Has a ceramic bowl		0 1 6 7 8	
	<input type="checkbox"/> Has an air flow pipe		0 1 6 7 8	
	<input type="checkbox"/> Has a deep hole		0 1 6 7 8	
	<input type="checkbox"/> It is dirty / Has a bad smell		0 1 6 7 8	
	<input type="checkbox"/> It doesn't have enough water		0 1 6 7 8	
	<input type="checkbox"/> Other (_____)		0 1 6 7 8	
23	Do you use the latrine that you have? <i>(Read out responses)</i>	0 = Never 1 = Sometimes 2 = Always 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	<i>If 1 or 2, skip to Q25</i>
24	Why don't you use the latrine that you have? <i>CHOOSE ALL THAT APPLY</i> <i>DO NOT READ RESPONSES OUT LOUD.</i> <i>CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.</i>	0 = No, 1 = Yes, 6 = Don't know, 7 = N/A, 8 = Refused		
	<input type="checkbox"/> Dirty		0 1 6 7 8	
	<input type="checkbox"/> Smells bad		0 1 6 7 8	
	<input type="checkbox"/> Not my custom		0 1 6 7 8	
	<input type="checkbox"/> Too far		0 1 6 7 8	
	<input type="checkbox"/> Erodes the earth		0 1 6 7 8	
	<input type="checkbox"/> Water source unaccessible or too far		0 1 6 7 8	
	<input type="checkbox"/> Other (_____)		0 1 6 7 8	

25	Where do your household normally get water for drinking? <i>CHOOSE ALL THAT APPLY</i> <i>DO NOT READ RESPONSES OUT LOUD.</i> <i>CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.</i>	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused	
		<input type="checkbox"/> Pipe (plastic, bamboo, or metal)	0 1 6 8
		<input type="checkbox"/> Pump	0 1 6 8
		<input type="checkbox"/> Gravity flow	0 1 6 8
		<input type="checkbox"/> River or stream	0 1 6 8
		<input type="checkbox"/> Pond or lake	0 1 6 8
		<input type="checkbox"/> Spring	0 1 6 8
		<input type="checkbox"/> Open well	0 1 6 8
		<input type="checkbox"/> Closed well	0 1 6 8
		<input type="checkbox"/> Rain water (basin, pot, bamboo)	0 1 6 8
<input type="checkbox"/> Other (_____)	0 1 6 8		
26	In the last 24 hours, did anyone in your household drink water that was not boiled or filtered?	0 = No 1 = Yes 6 = Don't know 8 = Refused	<input type="checkbox"/>

Section 8: Food Security

For each of the following questions, consider what has happened in the past 30 days. Please answer whether this happened never, rarely (once or twice), sometimes (3-10 times), or often (more than 10 times) in the past 30 days.

27	Did you worry that your household would not have enough rice?	0 = Never 1 = Rarely (once or twice) 2 = Sometimes (3 - 10 times) 3 = All the time 6 = Don't know 8 = Refused	<input type="checkbox"/>
28	Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	0 = Never 1 = Rarely (once or twice) 2 = Sometimes (3 - 10 times) 3 = All the time 6 = Don't know 8 = Refused	<input type="checkbox"/>
29	Did you or any household member eat just a few kinds of food day after day due to a lack of resources?	0 = Never 1 = Rarely (once or twice) 2 = Sometimes (3 - 10 times) 3 = All the time 6 = Don't know 8 = Refused	<input type="checkbox"/>

Section 9: Malaria

No.	Question	Coding	Response	Skip patterns
30	How many bednets do you have in your household? <i>ASK RESPONDENT TO SHOW YOU THE NETS AND ONLY COUNT THOSE THAT ARE OBSERVED TO BE FUNCTIONAL AND NOT DAMAGED.</i>	00 - 10 (Record as integer) 30.A: RESPONSE -	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
		30.B: OBSERVATION - 66 = Don't know 88 = Refused	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
31	How many bednets did you treat with KO Tab?	00 - 10 (Record as integer) 31: RESPONSE - 66 = Don't know 88 = Refused	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<i>IF YOUR RESPONSE IS 0 - GO TO 33.</i>

32	When is the last time your bednets treated with KO Tab? <i>(Prompt to categorize)</i>	0 = Never 1 = Less than 6 months ago 2 = 6 months to 1 year ago 3 = More than 1 year ago 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
33	How many LLITNS do you have in your household? <i>ASK RESPONDENT TO SHOW YOU THE NETS AND ONLY COUNT THOSE THAT ARE OBSERVED TO BE FUNCTIONAL AND NOT DAMAGED.</i>	00 - 10 (Record as integer) 33.A: RESPONSE -	<input type="text"/> <input type="text"/>	
		33.B: OBSERVATION - 66 = Don't know 88 = Refused	<input type="text"/> <input type="text"/>	IF YOUR RESPONSE IS 0 - GO TO 35.
34	When did your household get this (the most recent) LLITNs ? <i>(Prompt to categorize)</i>	1 = Less than 1 year ago 2 = 1 to 2 years ago 3 = More than 2 years ago 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	
35	IN THE PAST 12 MONTHS, please think about all the people in this household who had fever. For the person who most recently had fever, was s/he tested for malaria?	0 = No 1 = Yes 2 = Nobody had fever 6 = Don't know 8 = Refused	<input type="checkbox"/>	If 0 or 2, skip to Q39
36	Did the person get treated for malaria by a health worker or medic or VHW?	0 = No 1 = Yes 2 = The result was malaria negative 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	If 0 and 2, skip to Q39
37	When this person took the malaria medicine, did a health worker come to the house at least once to ensure that this person took all of the medicine at the right time?	0 = No 1 = Yes 2 = Was not given pills for treatment 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	If 2, skip to Q39
38	If a health worker did not visit your house, did this person finish all malaria pills themselves?	0 = No 1 = Yes 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	

Section 10: Human Rights

No.	Question	Coding	Response	Skip patterns				
39	How many people from your household were forced to work against their will by soldiers or authorities in the past 12 MONTHS, including those people who have died? This includes forced landmine sweeping, portering, carrying arms, building roads, being camp servants, forced recruitment and include if people had to pay fee to not do forced work.	Record as integer 00 = None 66=Don't Know 88=Refused	<table border="1" style="width: 50px; height: 30px; margin: auto;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>			<i>If 00, skip to 41.</i>		
40	For each person who was forced to work against their will, please write the total number of days in the past year he/she was forced to work. <i>(# Days/ 666 = Don't know/ 777 = N/A/ 888 = Refused)</i>	Person #1	<table border="1" style="width: 50px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					
		Person #2	<table border="1" style="width: 50px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					
		Person #3	<table border="1" style="width: 50px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					
Person #4	<table border="1" style="width: 50px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>							
Person #5	<table border="1" style="width: 50px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>							
41	Is there any of the following projects happening in your village: CHOOSE ALL THAT APPLY READ RESPONSES OUT LOUD. CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused						
		<input type="checkbox"/> Dam	0 1 6 8					
		<input type="checkbox"/> Mining	0 1 6 8					
		<input type="checkbox"/> Road/Bridge/Highway	0 1 6 8					
		<input type="checkbox"/> Timber	0 1 6 8					
		<input type="checkbox"/> Pipeline	0 1 6 8					
		<input type="checkbox"/> Other - _____	0 1 6 8					
42	In the PAST 12 MONTHS until now, have soldiers, authorities or private businesses demanded any of the following things from you: CHOOSE ALL THAT APPLY READ RESPONSES OUT LOUD. CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused						
		<input type="checkbox"/> Rice	0 1 6 8					
		<input type="checkbox"/> Food	0 1 6 8					
		<input type="checkbox"/> Land	0 1 6 8					
		<input type="checkbox"/> Livestock	0 1 6 8					
		<input type="checkbox"/> Foodstock	0 1 6 8					
		<input type="checkbox"/> Money	0 1 6 8					
		<input type="checkbox"/> Other - _____	0 1 6 8					
43	In the PAST 12 MONTHS until now, have soldiers, authorities or private businesses destroyed, killed or taken any of the following things from you: CHOOSE ALL THAT APPLY READ RESPONSES OUT LOUD. CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused		<i>If their land was not confiscated, skip to Q.44.</i>				
		<input type="checkbox"/> Rice	0 1 6 8					
		<input type="checkbox"/> Food	0 1 6 8					
		<input type="checkbox"/> Land	0 1 6 8					
		<input type="checkbox"/> Livestock	0 1 6 8					
		<input type="checkbox"/> Foodstock	0 1 6 8					
		<input type="checkbox"/> Money	0 1 6 8					
		<input type="checkbox"/> Other - _____	0 1 6 8					
43.A:	How many acres of your lands have been confiscated by soldiers, authorities or private businesses?	Record as integer 666=Don't Know 777 = N/A 888=Refused	<table border="1" style="width: 50px; height: 30px; margin: auto;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					
44	In the PAST 12 MONTHS until now, did you give any of the following things to soldiers, authorities or private businesses because of fear or to prevent soldier violence: CHOOSE ALL THAT APPLY READ RESPONSES OUT LOUD. CIRCLE YES FOR RESPONSES MENTIONED AND MARKED. CIRCLE NO FOR RESPONSES NOT MENTIONED OR MARKED.	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused						
		<input type="checkbox"/> Rice	0 1 6 8					
		<input type="checkbox"/> Food	0 1 6 8					
		<input type="checkbox"/> Land	0 1 6 8					
		<input type="checkbox"/> Livestock	0 1 6 8					
		<input type="checkbox"/> Foodstock	0 1 6 8					
		<input type="checkbox"/> Money	0 1 6 8					
		<input type="checkbox"/> Other - _____	0 1 6 8					

45	In the PAST 12 MONTHS until now, how many people in your household were shot at by a soldier or authorities, including those people who have died?	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	
46	In the PAST 12 MONTHS until now, how many people in your household were stabbed by a soldier or authorities, including those people who have died?	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	
47	In the PAST 12 MONTHS until now, how many people in your household were beaten by a soldier or authorities, including those people who have died?	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	
48	In the PAST 12 MONTHS until now, how many people in your household were detained/ tied up by a soldier or authorities, including those people who have died?	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	
49	Among all people who have lived in your household in the PAST 12 MONTHS, how many have experienced a landmine/UXO injury? Please also include those who have died.	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	
50	Now we would like for you to think about the PAST 15 YEARS. Among all people who have lived in your household in the PAST 15 YEARS, how many have experienced a landmine/UXO injury? Please also include those who have died.	Record as integer 00 = None 66 = Don't Know 88 = Refused	<input type="text"/> <input type="text"/>	

Surveyor: "Thank you for taking the time to participate in this survey. We appreciate your help in assessing this community health services and needs. Now, if there are women between age 15 - 49 who is either currently pregnant or has at least 1 child under age 5, we would like to interview all of them. Is that fine?"

PLEASE VERIFY # OF WOMEN TO BE INTERVIEWED FOR PART 2 WITH WHAT WAS INCLUDED IN THE HOUSEHOLD TABLE.

THIS PART OF THE QUESTIONNAIRE IS ONLY FOR ALL WOMEN AGE BETWEEN 15 TO 49 WHO IS EITHER CURRENTLY PREGNANT OR HAS AT LEAST 1 CHILD UNDER AGE 5 LIVING IN THE SAME HOUSEHOLD. IF THERE IS NO WOMEN WITHIN THE CRITERIA, THEN THIS PART OF SURVEY IS NOT NEEDED. PLEASE READ THE SAME CONSENT AS YOU HAVE READ FOR THE HEAD OF HOUSEHOLD BEFORE YOU START THIS PART OF INTERVIEW.

Survey ID:

Woman ID:

Date:
D D M M Y Y

Are you willing to be in this study?
 0 = No (Refused - DO NOT CONTINUE INTERVIEW, skipping HH)
 1 = Yes (CONTINUE INTERVIEW)
 2 = Survey incompleted because the respondent was distressed
 3 = Survey incompleted because the respondent refused to continue
 2 - Head of household does not consent to the women being part of the survey
 7 = Not at home (attempted to contact 3 times, skipping HH)

Signature of Person Obtaining Consent: _____

Section A: Pregnancy History				
No.	Question	Coding	Response	Skip patterns
1	How many times have you been pregnant? INCLUDE CURRENT PREGNANCY AND ALL PREVIOUS PREGNANCIES, INCLUDING ABORTIONS/MISCARRIAGES.	00-15 = Record as integer 66=Don't know 88=Refused	<input type="text"/> <input type="text"/>	
	1a. How many times have you been pregnant in the past two years? INCLUDE CURRENT PREGNANCY AND ALL PREVIOUS PREGNANCIES IN THE LAST 2 YEARS, INCLUDING ABORTIONS/MISCARRIAGES.	0-5 = Record as integer 6=Don't know 8=Refused	<input type="text"/>	
2	How many times have you had therapeutic/spontaneous abortions?	0 = Never 1-5 = Record as integer 6=Don't know 8=Refused	<input type="text"/>	
3	How old were you during your first pregnancy?	10 - 49 = Age in Years 66 = Don't know 88 = Refused	<input type="text"/> <input type="text"/>	
4	If you are currently pregnant, how many months has it been?	0 = Not currently pregnant 1 = less than 3 months 2 = 3 to 6 months 3 = Above 6 months 6 = Don't know 8 = Refused	<input type="text"/>	
5	How many months and years ago was the end of your last pregnancy? <i>(If current pregnancy is first pregnancy, write "00" for months, and "00" for years.) INCLUDING ABORTIONS/MISCARRIAGES.</i>	00-Currently first pregnancy		
		01-20 Years Record integer -----> 66=Don't know -----> 88=Refused	<input type="text"/> <input type="text"/>	
		00-11 Months Record integer 66=Don't know -----> 88=Refused	<input type="text"/> <input type="text"/>	

Section B: ANC (During Last or Current Pregnancy)				
For the following questions I am going to ask you about ANC visits, by this I mean a visit by a trained traditional birth attendant, health worker or medic in your village, ethnic clinic and nurse or doctor at a hospital.				
No.	Question	Coding	Response	Skip patterns
6	How many antenatal care visits did you have during your last/current pregnancy?	0 = Never 1 = One 2 = Two 3 = Three 4 = Four 5 = More than 4 times 6 = Don't know 8 = Refused	<input type="checkbox"/>	<i>If 0 = No skip to Q.8.</i>
7	Who provided antenatal care to you during your last/current pregnancy? CHOOSE ALL THAT APPLY	0 = No, 1 = Yes, 6 = Don't know, 8 = Refused <input type="checkbox"/> Doctor/Nurse <input type="checkbox"/> HA/ MW/ AMW <input type="checkbox"/> Ethnic health worker/ medic <input type="checkbox"/> Traditional Birth Attendant <input type="checkbox"/> Other (_____)	0 1 6 8 0 1 6 8 0 1 6 8 0 1 6 8 0 1 6 8	
8	How many days did you take daily energy pills during your last/current pregnancy? (ESTIMATE NUMBER OF DAYS)	0 = Never 1 = Less than a month 2 = 1 to 2 months 3 = 2 to 3 months 4 = More than 3 months 6 = Don't know 8 = Refused	<input type="checkbox"/>	
9	How many times did you receive deworming pills during your last/current pregnancy?	0-5 = Record times as integer 6 = Don't know 8 = Refused	<input type="checkbox"/>	

Section C: Delivery and PNC (Last Pregnancy)				
No.	Question	Coding	Response	Skip patterns
10	Describe the result of your last pregnancy.	0 = Currently pregnant 1 = Miscarriage/Abortion 2 = Still Birth 3 = Live birth (died) 4 = Live birth (still alive) 6 = Don't know 8 = Refused	<input type="checkbox"/>	<i>If 0 or 1, go to Q.16.</i>
11	Who delivered your last baby? CHOOSE ALL THE APPLY (Probe to make sure respondent is not calling MHW/HW a doctor)	0 = No, 1 = Yes, 6 = Don't know, 7 = N/A, 8 = Refused <input type="checkbox"/> Doctor/Nurse <input type="checkbox"/> HA/ MW/ AMW <input type="checkbox"/> Ethnic health worker/ medic <input type="checkbox"/> Traditional Birth Attendant <input type="checkbox"/> Other (_____)	0 1 6 7 0 1 6 7 0 1 6 7 0 1 6 7 0 1 6 7	
12	When did you begin breastfeeding your last baby after delivery?	0 = Did not breastfeed 1 = Less than 1 hour 2 = 1 to 6 hours 3 = Within 7 to 24 hours 4 = 1 day to 3 days 5 = After 3 days 6 = Don't know 7 = N/A 8 = Refused	<input type="checkbox"/>	<i>If 0 go to Q15</i>

13	For how many months did you breastfeed your last baby?	01-09 Record as integer 10 = ten or more months 11 = currently breastfeeding 66 = Don't know 77 = N/A 88 = Refused	<input type="text"/>	
14	When did you start giving your last baby anything, including water, to eat or drink besides breast milk? This doesn't include water giving together with medication.	1= 0-6 months 2= After 6 months 3= still exclusively breastfeeding 6= Don't know 7 = N/A 8=Refused	<input type="text"/>	
15	How many times did you receive postnatal care visits within 1 and half months after delivery?	0 - 5 Record as integer 6=Don't Know 8=Refused	<input type="text"/>	

Section D: Family Planning and Contraception

No.	Question	Coding	Response	Skip patterns
16	Are you planning for more children?	0 = No 1=Yes 6=Don't Know 8=Refused	<input type="text"/>	
17	Do you currently do anything to prevent a pregnancy?	0 = No 1= Yes 2 = Not needed (widow/ divorced) 6=Don't Know 8=Refused	<input type="text"/>	<i>If 0 or 2 end the survey.</i>
17a.	What are you doing (which method are you using) NOW to prevent a pregnancy? CHOOSE ALL THAT APPLY <i>(Read all choices to interviewee)</i>	0 = No, 1 = Yes, 6 = Don't know, 7 = N/A, 8 = Refused		
	<input type="checkbox"/> Oral pills		0 1 6 7 8	
	<input type="checkbox"/> Depo Injection		0 1 6 7 8	
	<input type="checkbox"/> IUD		0 1 6 7 8	
	<input type="checkbox"/> Norplant		0 1 6 7 8	
	<input type="checkbox"/> Male condom		0 1 6 7 8	
	<input type="checkbox"/> Female Condom		0 1 6 7 8	
	<input type="checkbox"/> Sterilization		0 1 6 7 8	
	<input type="checkbox"/> Calendar method/withdrawal/ abstinence		0 1 6 7 8	
	<input type="checkbox"/> Exclusive Breastfeeding		0 1 6 7 8	
	<input type="checkbox"/> Traditional medicine/ method		0 1 6 7 8	
	<input type="checkbox"/> Other (_____)		0 1 6 7 8	

Surveyor: "Thank you for taking the time to participate in this survey. We appreciate your help in assessing this community health services and needs. Is there any other women we could interview?"

IF THIS WOMAN IS ONLY WOMAN OR THE LAST PERSON TO BE INTERVIEWED, THIS SURVEY IS COMPLETED. IF THERE ARE ANOTHER WOMEN YOU COULD INTERVIEW, PLEASE CONTINUE WITH ANOTHER SET OF FORM FOR PART 2 ONLY.