

PLEASE FILL IN THE FOLLOWING INFORMATION PRIOR TO GOING TO HOUSEHOLDS FOR INTERVIEWS.

CLUSTER:

HOUSEHOLD:

Location Information	Code	Survey Staff	Name	Code	Date
District Name:		Interviewer			
Commune Name:		Supervisor			
Enumeration Area / Census Tract:		Data Entry			
Household ID Code (from Enumeration List):		Data Validation			
Street Address:					
Description of how to find household:					
Telephone / Other Contact Information:					

	First Visit	Second Visit	Third Visit
Date			
Time Begun			
Time Ended			
Duration			
Result	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
<u>Codes for Result of Visit</u>			
Completed Interview.....1	Rescheduled Interview (Note next appointment below.)..... 4	Refused to Participate.....7	
Incomplete Interview (Explain below.).....2	Nobody Home..... 5	Dwelling Vacated (Nobody lives here.).....8	
Necessary Respondent Not Available (Make appointment.).....3	Temporarily Away..... 6		

OBSERVATIONS:

TABLE OF CONTENTS

1. Household Roster (1 of 2) (PG) 3

1. Household Roster (2 of 2) (PG) 4

2. Education Module (1 of 1) (PG) 5

3. Labor Module (1 of 4) (PG) 6

 Part A: Labor Force Participation 6

3. Labor Module (2 of 4) (PG) 7

 Part B: Primary Work 7

3. Labor Module (3 of 4) (PG) 8

 Part B: Primary Work 8

3. Labor Module (4 of 4) (PG) 9

 Part C: Secondary Work 9

4. Household Income (1 of 1) (PG)..... 10

5. Assets (1 of 3) (PG) 11

 Part A: Household Durable Goods 11

5. Assets (2 of 3) (PG) 12

 Part B: Land & Agricultural Equipment 12

5. Assets (3 of 3) (PG) 13

 Part C: Animals 13

12B. Observations of Handwashing Facilities (1 of 3) (PR)..... 14

12B. Observations of Handwashing Facilities (2 of 3) (PR)..... 15

12B. Observations of Handwashing Facilities (3 of 3) (PR)..... 16

19. Child Health Calendar (1 of 1) (JC) (INSERT HERE) 17

20. Child Health Calendar Summary (1 of 2) (JC) 18

20. Child Health Calendar Summary (2 of 2) (JC) 19

25B. Self-Reported Handwashing Behavior (1 of 2) (PR)..... 20

25B. Self-Reported Handwashing Behavior (2 of 2) (PR)..... 21

33. Anthropometry and Anemia (1 of 2) (LF/TK)..... 22

33. Anthropometry and Anemia (2 of 2) (LF/TK)..... 23

32. Interviewer Completion Checklist..... 24

1. Household Roster (1 of 2) (PG)

Most knowledgeable member of household

Most knowledgeable member of household

2. Education Module (1 of 1) (PG)

Most knowledgeable member of household

G.2.1. CIRCLE THE ID CODE FOR EACH PERSON AGE 5 AND OLDER, AND DO THIS TABLE FOR EACH.	G.2.3. Has [NAME] ever attended school? Yes.....1 No.....2 [>>G.3.1] DON'T KNOW-99 [>>G.3.1]	G.2.4. What is the highest grade [NAME] completed in school?	
		GRADE IN LEVEL:	LEVEL: Kindergarten..... 2 Primary..... 3 Lower Secondary...4A Upper Secondary...4B Preparatory..... 5 Trade School..... 6 University..... 7 Higher..... 8 DON'T KNOW.....-99
		ID CODE	GRADE
1	1 2 -99		2 3 4A 4B 5 6 7 8 -99
2	1 2 -99		2 3 4A 4B 5 6 7 8 -99
3	1 2 -99		2 3 4A 4B 5 6 7 8 -99
4	1 2 -99		2 3 4A 4B 5 6 7 8 -99
5	1 2 -99		2 3 4A 4B 5 6 7 8 -99
6	1 2 -99		2 3 4A 4B 5 6 7 8 -99
7	1 2 -99		2 3 4A 4B 5 6 7 8 -99
8	1 2 -99		2 3 4A 4B 5 6 7 8 -99
9	1 2 -99		2 3 4A 4B 5 6 7 8 -99
10	1 2 -99		2 3 4A 4B 5 6 7 8 -99
11	1 2 -99		2 3 4A 4B 5 6 7 8 -99
12	1 2 -99		2 3 4A 4B 5 6 7 8 -99

3. Labor Module (1 of 4) (PG)

Part A: Labor Force Participation

Most knowledgeable member of household

G.3.1. CIRCLE THE ID CODE FOR EACH PERSON AGE 15 AND OLDER, AND DO THIS TABLE FOR EACH.	G.3.2. Last week , was [NAME] ...? READ EACH OPTION UNTIL GETTING THE FIRST “YES,” AND MARK THAT RESPONSE ONLY. Working for wage or salary?..... 1 [>>G.3.8.] Not working, although [NAME] had a job?...2 [>>G.3.8.] Working in household production or services in planting, breeding, forestry, or aquaculture.....2A [>>G.3.8.] Working in trade or business for the household....2B [>>G.3.8.] Looking for work?.....3 Studying?..... 4 Taking care of the home?..... 5 Rent earner?..... 6 [>>G.3.8.] Permanently unable to work?...7 Retired?..... .8 Not working?......9 DON'T KNOW.....-99	G.3.5. In the last 12 months , did [NAME] do anything to earn income (wage , salary or income of any kind) or help the family earn income? Yes.....1 [>>G.3.8] No.....2 [>>G.4.1] DON'T KNOW.....-99 [>>G.4.1]
1	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
2	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
3	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
4	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
5	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
6	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
7	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
8	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
9	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
10	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
11	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99
12	1 2 2A 2B 3 4 5 6 7 8 9 -99	1 2 -99

3. Labor Module (2 of 4) (PG)

Part B: Primary Work

G.3. 8. CIRCLE THE ID CODE FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH.	G.3.9. What was [NAME]'s primary work for the last 12 months ? (In case of more than one work activity, primary refers to the most time consuming among the jobs [NAME] has been doing for the past 12 months one which consumed the most time) Self-employed (no employees)..... 1 Employee..... 2 Employer, or boss of a business..... 3 Worker without remuneration4 [>>V.3.11A] Day Laborer5 Working in household activities (production, services, trade or business) such as agriculture, forestry, aquaculture..... 6 [>>V.3.11A] Other (Specify.....).....-96 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99	G.3.10A. How much does [NAME] normally earn in [NAME]'s primary work?	
		WRITE AMOUNT Does not receive salary, or wage, or income of any kind.....0 REFUSE TO ANSWER....-98 DON'T KNOW-99	PER Day.....1 Week.....2 Every two weeks....3 Month.....4 Year.....5
ID CODE		AMOUNT (VND)	PER PERIOD
1	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
2	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
3	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
4	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
5	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
6	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
7	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
8	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
9	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
10	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
11	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5
00	TOTALS		

Formatted Table

3. Labor Module (3 of 4) (PG)
Part B: Primary Work

CIRCLE THE ID CODE FOR EACH PERSON WORKING OR HELPING THE FAMILY EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH. (CIRCLE THE SAME CODES THAT WERE CIRCLED IN G.3.8 ON THE PREVIOUS PAGE.)		V.3.11A For how many months has [NAME] done this primary work over the last 12 months? REFUSE TO ANSWER-98 DON'T KNOW-99	V.3.11B On average how many days per month does [NAME] usually work in this primary job in the past 12 months? REFUSE TO ANSWER-98 DON'T KNOW-99	V.3.11C. On average, how many hours per day does [NAME] normally work in this primary job in the past 12 months? REFUSE TO ANSWER-98 DON'T KNOW-99	G.3.11B. In this work, did [NAME] work less than usual last week ? Yes..1 No....2 [>>G.3.13] REFUSE TO ANSWER-98 [>>G.3.13] DON'T KNOW-99 [>>G.3.13]	G.3.11D. Why did [NAME] work less than usual in this work last week? Holiday / Vacation.....1 [>>G.3.13] Sick.....2 Caring for sick relative...3 Other reason.....-96 REFUSE TO ANSWER.....-98 [>>G.3.13] DON'T KNOW.....-99 [>>G.3.13]	V.3.11D How many hours was [NAME] unable to work for this reason? REFUSE TO ANSWER.....-98 DON'T KNOW-99 HOURS	G.3.13. In addition to this primary activity, did [NAME] do any other activity to earn income or help the family income in the last 12 months ? <u>Yes..1</u> <u>No....2 [>>G.4.1.]</u> <u>REFUSE TO ANSWER-98 [>>G.4.1.]</u> <u>DON'T KNOW</u>
ID CODE		MONTHS / YEAR	DAYS / MONTH	HOURS / DAY				
1					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
2					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
3					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
4					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
5					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
6					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
7					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
8					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
9					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
10					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
11					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
12					1 2 -98 -99	1 2 3 -96 -98 -99		1 2 -98 -99
00	TOTALS							

Formatted Table

3. Labor Module (4 of 4) (PG)

Part C: Secondary Work

<div>G.3.14. CIRCLE THE ID CODE FOR EACH PERSON WITH A SECOND JOB OR ACTIVITY TO HELP EARN INCOME IN SOME WAY, AND DO THIS TABLE FOR EACH. (CIRCLE THE CODE FOR EVERY PERSON WHO ANSWERED "YES" TO G.3.13.)</div>	<div>G.3.15. What was [NAME]'s secondary work for the last 12 months (In case of more than one work activity, secondary refers to the most time consuming besides the primary job among the jobs [NAME] has been doing for the past 12 months) Self-employed (no employees)..... 1 Employee..... 2 Employer, or boss of a business..... 3 Worker without remuneration4 [>>V.3.17A] Day Laborer5 Working in household activities (production, services, trade or business) such as agriculture, forestry, aquaculture..... 6 [>>V.3.17A] Other (Specify).....-96 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99</div>	<div>G.3.16A. How much does [NAME] earn in this secondary work? WRITE AMOUNT Does not receive salary, wage, or income of any kind.....0 REFUSE TO ANSWER.....-98 DON'T KNOW.....-99</div>	<div>V.3.17A. For how many months has [NAME] done this secondary work over the last 12 months?</div> <div>REFUSE TO ANSWER-98 DON'T KNOW-99</div>	<div>V.3.17B. On average how many days per month does [NAME] usually work in this secondary job in the last 12 months?</div> <div>REFUSE TO ANSWER-98 DON'T KNOW-99</div>	<div>V.3.17C. On average, how many hours per day does [NAME] normally work in this secondary job in the last 12 months?</div> <div>REFUSE TO ANSWER-98 DON'T KNOW.....-99</div>	
ID CODE		AMOUNT (VND)	PER PERIOD	MONTHS / YEAR	DAYS / MONTH	HOURS / DAY
1	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
2	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
3	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
4	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
5	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
6	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
7	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
8	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
9	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
10	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
11	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
12	1 2 3 4 5 6 -96 -98 -99		1 2 3 4 5			
00	TOTALS					

4. Household Income (1 of 1) (PG)

Most knowledgeable member of household

G.4.1. Does your household have any other sources of income—such as remittances, government transfers, scholarships, rental income, or a small business based in the household—that were not reported in the last section on labor income? This would include all households who report primary or secondary work in household activities (production, services, trade or business) such as agriculture, forestry, aquaculture (Item G.3.9 and / or G.3.15 = 6) Yes..... <div>1</div> <div>2</div> No..... <div>1</div> <div>2</div> [>>G.5.1.]													
G.4.2. Please tell me which of the following sources of income your household has received during the last 12 months. CIRCLE EACH ACTIVITY OR INCOME SOURCE MENTIONED, AND ASK QUESTIONS G.4.3 – G.4.5 ONLY FOR THOSE SOURCES OF INCOME OR THOSE INCOME-GENERATING ACTIVITIES. SOURCE OR ACTIVITY			G.4.3. How many months in the last year did your household receive income from [SOURCE]?	G.4.4. How much revenue does your household earn from [SOURCE or ACTIVITY]? IF DON'T KNOW, ENTER 00				G.4.5. How much cost does your household incur in receiving [SOURCE] or producing [ACTIVITY]?					
				AMOUNT (VND)	Weekly.....1 Bi-Weekly.....2 Monthly.....3 Annually.....4				AMOUNT (VND)	Weekly.....1 Bi-Weekly.....2 Monthly.....3 Annually.....4			
G.1	Interest or investment income				1	2	3	4		1	2	3	4
G.2	Remittances				1	2	3	4		1	2	3	4
G.3	Renting building or land to others				1	2	3	4		1	2	3	4
G.4	Renting vehicles, equipment, or machinery to others				1	2	3	4		1	2	3	4
G.5	Renting animals (horses, cattle, chickens, etc) to others				1	2	3	4		1	2	3	4
G.6	Scholarship				1	2	3	4		1	2	3	4
G.7	Government transfer				1	2	3	4		1	2	3	4
G.8	Assistance from community group, local organization, church, etc.				1	2	3	4		1	2	3	4
G.9	Gifts, or donations				1	2	3	4		1	2	3	4
G.10	Household production of any food products (meat, dairy, eggs, fruits, vegetables, nuts, bread, jams, other prepared food, etc.)				1	2	3	4		1	2	3	4
G.11	Collection of plants, flowers, herbs, firewood, forest products, etc.				1	2	3	4		1	2	3	4
G.12	Other agricultural activities				1	2	3	4		1	2	3	4
G.13	Reselling packaged food (soda, sweets, chips)				1	2	3	4		1	2	3	4
G.14	Household production of clothing, textiles, other embroidery, etc.				1	2	3	4		1	2	3	4
G.15	Household production of furniture				1	2	3	4		1	2	3	4
G.16	Other non-agricultural activities				1	2	3	4		1	2	3	4
V.1	Household craft business				1	2	3	4		1	2	3	4
					1	2	3	4		1	2	3	4
G.20	Other (Specify)				1	2	3	4		1	2	3	4
00	TOTALS												

Formatted Table

5. Assets (1 of 3) (PG)
Part A: Household Durable Goods
Most knowledgeable member of household

GOODS		G.5.1. Does your household own at least one [GOOD]? Yes.....1 No.....2 [>>Next GOOD] DON'T KNOW...-99 [>>Next GOOD]			G.5.2. How many years ago did you buy this [GOOD]? IF LESS THAN ONE YEAR, RECORD AS ONE. DIDN'T BUY IT.....-97 [>>Next item] DON'T KNOW.....-99 [>>Next item]		G.5.3. How much did you pay for this [GOOD] when you bought it? DIDN'T BUY IT-97 DON'T KNOW.....-99	
							AMOUNT (VND)	
G1	Radio / CD / cassette	1	2	-99				
G2	Television	1	2	-99				
G3	Videocassette, VCD, DVD player	1	2	-99				
G4	Computer	1	2	-99				
G5	Bicycle	1	2	-99				
G6	Motorcycle	1	2	-99				
G7	Automobile or truck	1	2	-99				
G8	Refrigerator	1	2	-99				
G9	Gas stove	1	2	-99				
G11	Blender	1	2	-99				
G13	Microwave	1	2	-99				
G14	Washing machine	1	2	-99				
G15	Water boiler / Hot water heater	1	2	-99				
G16	Other house / other buildings	1	2	-99				
G17	Machinery, equipment, or tools for household business (NOT FARM EQUIPMENT)	1	2	-99				
V18	Boat	1	2	-99				
V19	Telephone (including mobile)	1	2	-99				
V20	Air Conditioner	1	2	-99				
V21	Electric Fan	1	2	-99				
00	TOTALS							

5. Assets (2 of 3) (PG)
Part B: Land & Agricultural Equipment

Most knowledgeable member of household

G.5.6.	Does your household own any land besides the plot your residence is on?	Yes..... No.....	1 2	[>>G.5.10.]
G.5.7.	How many meters squared of land does your household own? METER SQUARED DONT KNOW-99			

G.5.10. Does your household own any agricultural or farm equipment? (CIRCLE ONE.)		Yes 1 No 2 [>>G.5.15.]			
EQUIPMENT		G.5.11. Does your household own [EQUIPMENT]? Yes.....1 No.....2 [>>Next EQUIPMENT] DONT KNOW.....-99 [>>Next EQUIPMENT]	G.5.12. How many [EQUIPMENT] does your household own?	G.5.13. How many years ago did you buy this [EQUIPMENT]? IF LESS THAN ONE YEAR, RECORD AS ONE. DIDN'T BUY IT.....-97 [>>Next item] DON'T KNOW.....-99 [>>Next item]	G.5.14. How much did you pay for [EQUIPMENT] when you bought it? DIDN'T BUY IT-97 DON'T KNOW.....-99 VND
G41	Tractor	1 2 -99			
G42	Thresher/ Grain harvester	1 2 -99			
G43	Plow	1 2 -99			
G44	Wheelbarrow (with Engine)	1 2 -99			
G45	Other farm equipment	1 2 -99			
V46	Pesticide sprayer	1 2 -99			
V47	Water pump	1 2 -99			
V48	Sprinkler	1 2 -99			
		1 2 -99			

5. Assets (3 of 3) (PG)





Part C: Animals


Most knowledgeable member of household

G.5.15. Does your household own any animals, even small animals or birds? (CIRCLE ONE.)										Yes 1 No 2 [>>SECTION 12.B]										
ANIMALS		G.5.16. Does your household own [ANIMAL]? Yes.....1 No.....2 [>>Next ANIMAL] DON'T KNOW.....-99 [>>Next ANIMAL]			G.5.17. How many [ANIMAL] does your household own?		G.5.18. Has your household bought or sold any [ANIMAL] in the past 12 months? Yes.....1 No.....2 [>>Next ANIMAL] DON'T KNOW...-99 [>>Next ANIMAL]		G.5.19A. How many [ANIMAL] did you buy? DON'T KNOW-99		G.5.20B. What was the price per head for the purchase of these [ANIMAL]? DON'T KNOW-99		G.5.19B. How many [ANIMAL] did you sell? DON'T KNOW-99				G.5.20D. What was the price per head for the sale of these [ANIMAL]? DON'T KNOW.....-99			
											NUMBER		VND		NUMBER				VND	
G.61	Cow	1	2	-99			1	2	-99											
G.62	Bull	1	2	-99			1	2	-99											
G.63	Horse	1	2	-99			1	2	-99											
G.64	Mule	1	2	-99			1	2	-99											
G.65	Donkey	1	2	-99			1	2	-99											
G.66	Goat	1	2	-99			1	2	-99											
G.67	Sheep	1	2	-99			1	2	-99											
G.68	Pig	1	2	-99			1	2	-99											
G.69	Chicken	1	2	-99			1	2	-99											
G.70	Duck	1	2	-99			1	2	-99											
G.71	Turkey	1	2	-99			1	2	-99											
G.72	Goose	1	2	-99			1	2	-99											
G.73	Other animals (Specify)	1	2	-99			1	2	-99											
V.74	Water buffalo	1	2	-99			1	2	-99											
		1	2	-99			1	2	-99											
		1	2	-99			1	2	-99											
		1	2	-99			1	2	-99											
00	TOTALS																			

12B. Observations of Handwashing Facilities (1 of 3) (PR)




For interviewer direct observation, accompanied by respondent.




G.12B.1	Do you or others in your family ever wash hands after going to the toilet?	Yes No DON'T KNOW	1 2 → - 99 →	[>> G.12B.7] [>> G.12B.7]
G.12B.2	Please show me where you or others in your family usually wash your hands after going to the toilet.  RECORD OBSERVATION OF LOCATION OF HANDWASH STATION. ONLY ONE RESPONSE.	INSIDE TOILET FACILITY..... INSIDE KITCHEN / COOKING PLACE ELSEWHERE IN YARD (e.g. WASH BASIN) (WITHIN 1 METER OF THE TOILET FACILITY) ELSEWHERE IN YARD (e.g. POND / STREAM) (WITHIN 1 METER OF THE TOILET FACILITY) ELSEWHERE IN YARD (e.g. WASH BASIN) (> 1 METER BUT ≤ 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. POND / STREAM) (> 1 METER BUT ≤ 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. WASH BASIN) (> 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. POND / STREAM) (> 3 METER FROM THE TOILET FACILITY)..... NO SPECIFIC PLACE REFUSED – NO PERMISSION TO SEE	1 2 3 3A 4 4A 5 5A → 6 → -98 →	[>> G.12B.7] [>> G.12B.7]
G.12B.3	 RECORD OBSERVATION OF HANDWASHING DEVICE. ONLY ONE RESPONSE.	TAP / FAUCET TIPPY TAP BASIN / BUCKET OTHER CONTAINER FROM WHICH WATER IS POURED..... OTHER (SPECIFY _____) OBSERVATION NOT POSSIBLE	1 2 3 4 -96 -99	
G.12B.4	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	YES – WATER IS AVAILABLE NO – WATER IS NOT AVAILABLE OBSERVATION NOT POSSIBLE	1 2 -99	
G.12B.5	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION. CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 OR -99 ONLY IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP LIQUID / DISHWASHING LIQUID SOAP POWDER (LAUNDRY) SOAP / DETERGENT NO SOAP OBSERVED OBSERVATION NOT POSSIBLE	1 2 3 4 -99	

G.12B.6	 RECORD OBSERVATION OF WHETHER ASH OR MUD IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	ASH MUD BOTH OBSERVED NEITHER OBSERVED OBSERVATION NOT POSSIBLE	1 2 3 4 -99	
---------	---	---	-------------------------	--

12B. Observations of Handwashing Facilities (2 of 3) (PR)


For interviewer direct observation, accompanied by respondent.

G.12B.7	Do you or others in your family ever wash hands before or after preparing food or feeding your child?	YES NO DON'T KNOW	1 2 → -99 →	[>> G.12B.14] [>> G.12B.14]
G.12B.8	Please show me where you or others in your family usually wash your hands before or after preparing food or feeding your child.  RECORD OBSERVATION OF LOCATION OF HANDWASH STATION. ONLY ONE RESPONSE.	INSIDE TOILET FACILITY..... INSIDE KITCHEN / COOKING PLACE ELSEWHERE IN YARD (e.g. WASH BASIN) (WITHIN 1 METER OF THE TOILET FACILITY) ELSEWHERE IN YARD (e.g. POND / STREAM) (WITHIN 1 METER OF THE TOILET FACILITY) ELSEWHERE IN YARD (e.g. WASH BASIN) (> 1 METER BUT ≤ 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. POND / STREAM) (> 1 METER BUT ≤ 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. WASH BASIN) (> 3 METER FROM THE TOILET FACILITY)..... ELSEWHERE IN YARD (e.g. POND / STREAM) (> 3 METER FROM THE TOILET FACILITY)..... NO SPECIFIC PLACE REFUSED – NO PERMISSION TO SEE	1 2 3 3A 4 4A 5 5A 6 → -98 →	 [>> G.12B.14] [>> G.12B.14]
G.12B.9	 RECORD OBSERVATION OF WHETHER THIS HANDWASH STATION IS DIFFERENT FROM THAT USED AFTER GOING TO THE TOILET.	YES – DIFFERENT PLACE NO – SAME PLACE	1 2	[>> G.12B.14]
G.12B.10	 RECORD OBSERVATION OF HANDWASHING DEVICE. ONLY ONE RESPONSE.	TAP / FAUCET TIPPY TAP BASIN / BUCKET OTHER CONTAINER FROM WHICH WATER IS POURED..... OTHER (SPECIFY _____) OBSERVATION NOT POSSIBLE	1 2 3 4 -96 -99	

G.12B.11	 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION.	YES – WATER IS AVAILABLE NO – WATER IS NOT AVAILABLE	1 2	
G.12B.12	 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION. CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 OR -99 <i>ONLY</i> IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP LIQUID / DISHWASHING LIQUID SOAP POWDER (LAUNDRY) SOAP / DETERGENT NO SOAP OBSERVED OBSERVATION NOT POSSIBLE	1 2 3 4 -99	
G.12B.13	 RECORD OBSERVATION OF WHETHER ASH AND/OR MUD ARE AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	ASH MUD BOTH OBSERVED NEITHER OBSERVED OBSERVATION NOT POSSIBLE	1 2 3 4 -99	

12B. Observations of Handwashing Facilities (3 of 3) (PR)

For interviewer direct observation, accompanied by respondent.

G.12B.14	Do you have any soap for washing hands at home? If YES, please show me.  RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE ANYWHERE IN THE HOME. CIRCLE EACH SOAP/ DETERGENT THAT APPLIES. CIRCLE RESPONSE 4 OR -99 <i>ONLY</i> IF NO SOAP/DETERGENT IS OBSERVED	BAR SOAP LIQUID / DISHWASHING LIQUID SOAP POWDER (LAUNDRY) SOAP / DETERGENT NO SOAP OBSERVED ANYWHERE IN THE HOME OBSERVATION NOT POSSIBLE	1 2 3 4 -99	
----------	---	--	-------------------------	--

19. Child Health Calendar (1 of 1) (JC) (INSERT HERE)

20. Child Health Calendar Summary (1 of 2) (JC)

Primary caregiver of children under 5 (up to, but not after, the child's fifth birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

[illegible]

20. Child Health Calendar Summary (2 of 2) (JC)

Primary caregiver of children **under 5** (up to, but not after, the child’s fifth birthday).(The primary caregiver is the person the child spends the most time with. This is often the mother.)




G.20.9. LIST THE ID CODES AND NAMES FOR EVERY CHILD LESS THAN 5 YEARS OLD.		G.20.10. ANY “YES” TO COUGH, CONGESTION, ETC. (G.19.2. – G.19.4.)? YES.....1 NO.....2 [>> G.20.13.]	G.20.11. Did you do anything to treat [NAME]'s respiratory problems? No treatment..1 [>>G.20.13.] Pill or syrup.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Other (Specify) _____-96 DON'T KNOW.....-99	G.20.12. How much did you spend on treatments and advice for [NAME]? Did not pay..... 0 DON'T KNOW..... -99	G.20.13. ANY “YES” TO STOMACH PROBLEMS OR DIARRHEA IN (G.19.5. – G.19.12.)? YES.....1 NO.....2 [>> G.20.16.]	G.20.14. Did you do anything to treat [NAME]'s stomach or diarrhea symptoms? No treatment.....1 [>> G.20.16.] Pill or syrup.....2 Injection.....3 Intravenous fluid (IV).....4 Traditional remedies.....5 Oral Rehydration Solution / Powder.....6 Homemade sugar/salt water...7 Other (Specify) _____-96 DON'T KNOW.....-99	G.20.15. How much did you spend on treatments and advice for (NAME)? Did not pay..... 0 DON'T KNOW-99	G.20.16. In the past 14 days , how much time were household members unable to work or go to school because they were caring for [NAME] due to symptoms/ illness mentioned here or other symptoms / illness not mentioned? ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD. PUT ZERO HOURS IF THEY SPENT TIME						
ID C O D E	NAME								ID C O D E	Hours	Days	ID C O D E	Hours	Days
		1 2	1 2 3 4 5 -96 -99	VND	1 2	1 2 3 4 5 6 7 -96 -99	VND							
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
		1 2	1 2 3 4 5 -96 -99		1 2	1 2 3 4 5 6 7 -96 -99								
00	Totals													

25B. Self-Reported Handwashing Behavior (1 of 2) (PR)

Primary caregiver of children **under 2 years of age** (up to, but not after, the child’s second birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

<div>G.25B.1. PLEASE LIST THE ID CODE OF EACH CAREGIVER OF CHILDREN UNDER 2 YEARS. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)</div> <div>CAREGIVER ID CODE</div>	<div>G.25B.3. Have you used soap to wash your hands at least once since this time yesterday?</div> <div>Yes..... 1</div> <div>Never..... 2 [>>G.25.B.6]</div> <div>DON'T KNOW -99 [>>G.25.B.6]</div>	<div>G.25B.4. Under what circumstances did you last use soap to wash your hands?</div> <div>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</div> <div>IF “for washing my hands” OR “for washing my children’s hands” IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</div> <div>CIRCLE ONLY ONE ANSWER.</div> <div>While BATHING A CHILD 1 While BATHING ONESELF2 After USING TOILET3 After or While CLEANING BABY’S BOTTOM.....4 After CLEANING LATRINE / TOILET5 After RETURNING HOME FROM OUTSIDE 7 Before PREPARING FOOD / COOKING8 Before FEEDING CHILDREN9 After or While WASHING CHILD’S HANDS10 After or While CLEANING DISHES11 After or While DOING LAUNDRY12 BECAUSE THEY LOOK OR FEEL DIRTY13 Before EATING.....14 OTHER (SPECIFY)-96 DON'T KNOW -99 [>>G.25.B.6]</div>	<div>G.25B.5. Under what other circumstances did you use soap to wash your hands to wash soap since this time yesterday?</div> <div>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</div> <div>IF “for washing my hands” OR “for washing my children’s hands” IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</div> <div>CIRCLE ALL THAT APPLY.</div> <div>NO OTHER CIRCUMSTANCES0 [>>G.25B.6] While BATHING A CHILD1 While BATHING ONESELF2 After USING TOILET3 After or While CLEANING BABY’S BOTTOM4 After CLEANING LATRINE / TOILET5 After RETURNING HOME FROM OUTSIDE7 Before PREPARING FOOD / COOKING8 Before FEEDING CHILDREN9 After or While WASHING CHILD’S HANDS 10 After or While CLEANING DISHES..... 11 After or While DOING LAUNDRY 12 BECAUSE THEY LOOK OR FEEL DIRTY 13 Before EATING.....14 OTHER (SPECIFY) -96 DON'T KNOW -99</div>
	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99
	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99
	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99
	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96 -99

Primary caregiver of children **under 2 years of age** (up to, but not after, the child's second birthday). (The primary caregiver is the person the child spends the most time with. This is often the mother.)

<p>G.25B.1. PLEASE LIST THE ID CODE OF EACH CAREGIVER OF CHILDREN UNDER 2 YEARS. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)</p> <p>CAREGIVER ID CODE</p>	<p>G.25B.6. May I please look at your hands?</p> <p>YES – AGREED.....1</p> <p>NO – REFUSED....2 [>>G.25B.10]</p>	<p>G.25B.7 </p> <p>RECORD OBSERVATION OF MOTHER'S FINGERNAILS.</p> <p>ONLY ONE RESPONSE.</p> <p>VISIBLE DIRT 1 UNCLEAN APPEARANCE.... 2 CLEAN 3 OTHER (SPECIFY)...-96</p> <p>REFUSED.....-98 [>>G.25B.10]</p> <p>OBSERVATION NOT POSSIBLE-99</p>	<p>G.25B.8 </p> <p>RECORD OBSERVATION OF MOTHER'S PALMS.</p> <p>ONLY ONE RESPONSE.</p> <p>VISIBLE DIRT 1 UNCLEAN APPEARANCE.... 2 CLEAN 3 OTHER (SPECIFY)...-96</p> <p>REFUSED.....-98 [>>G.25B.10]</p> <p>OBSERVATION NOT POSSIBLE-99</p>	<p>G.25B.9 </p> <p>RECORD OBSERVATION OF MOTHER'S FINGERPADS.</p> <p>ONLY ONE RESPONSE.</p> <p>VISIBLE DIRT 1 UNCLEAN APPEARANCE.... 2 CLEAN 3 OTHER (SPECIFY)...-96</p> <p>REFUSED.....-98 [>>G.25B.10]</p> <p>OBSERVATION NOT POSSIBLE-99</p>	<p>G.25B.10. What do you think is the best way to clean hands?</p> <p>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</p> <p>CIRCLE ONLY FIRST RESPONSE GIVEN.</p> <p>WIPE ON CLOTH / LEAVES / OTHER ITEM.....1 WASH WITH WATER ALONE.....2 WASH WITH SOAP3 WASH WITH ASH / MUD.....4 IT DOES NOT MATTER5 OTHER (SPECIFY:).....-96 DON'T KNOW -99</p>
	<p>1 2</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 4 5 -96 -99</p>
	<p>1 2</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 4 5 -96 -99</p>
	<p>1 2</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 4 5 -96 -99</p>
	<p>1 2</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 -96 -98 -99</p>	<p>1 2 3 4 5 -96 -99</p>

Formatted: Bullets and Numbering

33. Anthropometry and Anemia (1 of 2) (LF/TK)

Each child under 2 years of age (up to, but not after, the child’s second birthday).

G.33.1. PLEASE LIST ALL THE CHILDREN UNDER 2 YEARS OF AGE. (USE THE ID CODE FROM THE ROSTER ON PAGE 1)		G.33.2. What was [NAME]'s weight at birth? IF KNOWN, RECORD WEIGHT, AND SKIP TO [>>G.33.4]. DON'T KNOW99	G.33.3. Was [NAME] unusually small at birth? Yes, quite small1 No, close to normal size.....2	G.33.4. Is your child measured for weight and/or height at least 6 times per year at a clinic, at home, or somewhere else? Yes, at clinic.....1 Yes, at home.....2 Yes, elsewhere...3 No.....4	G.V.33.7A. RECORD THE WEIGHT OF THE MOTHER ALONE. (TO NEAREST 0.1 KG)	V.33.7B. RECORD THE WEIGHT OF THE MOTHER ALONE FOR THE SECOND TIME. WEIGH EACH CHILD UNDER 2 IN MOTHER'S ARMS.	V.33.5A WEIGH EACH CHILD UNDER 2 IN MOTHER'S ARMS. (TO NEAREST 0.1 KG)	G.V.33.5B WEIGH EACH CHILD UNDER 2 IN MOTHER'S ARMS FOR THE SECOND TIME. (TO NEAREST 0.1 KG)
ID C O D E	NAME	Kg			Kg	Kg	Kg	Kg
			1 2	1 2 3 4	___.	_____.	_____.	_____.
			1 2	1 2 3 4	___.	_____.	_____.	_____.
			1 2	1 2 3 4	___.	_____.	_____.	_____.
			1 2	1 2 3 4	___.	_____.	_____.	_____.
			1 2	1 2 3 4	___.	_____.	_____.	_____.
			1 2	1 2 3 4	___.	_____.	_____.	_____.
00	Totals							

Formatted Table

33. Anthropometry and Anemia (2 of 2) (LF/TK)

Each child under 2 years of age (up to, but not after, the child’s second birthday).

G.33.8		<u>V</u> G.33.9 <u>A</u> .	<u>V</u> .33.9 <u>B</u>	<u>V</u> .33.10 <u>A</u>	<u>V</u> .33.10 <u>B</u> .	<u>V</u> .33.11 <u>A</u> <u>G</u> .33.10.	<u>V</u> G.33.11 <u>B</u> .	G.33.14.	G.33.15.
PLEASE LIST ALL THE CHILDREN UNDER 2 YEARS OF AGE. (USE THE ID CODE FROM THE ROSTER ON PAGE 1.)		MEASURE THE LENGTH OF EACH CHILD LYING DOWN. (TO NEAREST 0.1 CM)	MEASURE THE LENGTH OF EACH CHILD LYING DOWN FOR THE SECOND TIME. (TO NEAREST 0.1 CM)MEASURE THE ARM CIRCUMFERENCE OF EACH CHILD. (TO NEAREST 0.1 CM)	MEASURE THE ARM CIRCUMFERENCE OF EACH CHILD. (TO NEAREST 0.1 CM)	MEASURE THE ARM CIRCUMFERENCE OF EACH CHILD FOR THE SECOND TIME. (TO NEAREST 0.1 CM)	MEASURE THE HEAD CIRCUMFERENCE OF EACH CHILD. (TO NEAREST 0.1 CM)	MEASURE THE HEAD CIRCUMFERENCE OF EACH CHILD FOR THE SECOND TIME. (TO NEAREST 0.1 CM)	FOR CHILDREN BETWEEN THE AGES OF 6 MONTHS, 0 DAYS TO 23 MONTHS, 31 DAYS OF AGE: RECORD HEMOGLOBIN LEVEL HERE. (TO NEAREST 0.1)	RESULT OF HEMOGLOBIN MEASUREMENT MEASURED.....1 UNDER 6 MONTHS OF AGE.....2 REFUSED.....-98
ID	NAME	cm	cm	cm	cm	cm	cm	g / dl	
C									
O									
D									
E									
									1 2 -98 -95
									1 2 -98 -95
									1 2 -98 -95
									1 2 -98 -95
									1 2 -98 -95
									1 2 -98 -95
00	Totals								

Formatted Table

32. Interviewer Completion Checklist

Interviewer response only.

G.32.1.	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES..... NO	1 2	
G.32.4.	HAS THE CHILD HEALTH CALENDAR (SECTION 19) BEEN COMPLETED FOR EVERY CHILD UNDER THE AGE OF FIVE YEARS?	YES..... NO	1 2	
G.32.5.	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT?	YES..... NO	1 2	
G.32.6.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>SIGNATURE</div>		

Supervisor response only.

G.32.7.	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES..... NO	1 2	
G.32.10.	HAS THE CHILD HEALTH CALENDAR (SECTION 19) BEEN COMPLETED FOR EVERY CHILD UNDER THE AGE OF FIVE YEARS?	YES..... NO	1 2	
G.32.11.	WAS THE HOUSEHOLD GIVEN THEIR COMPENSATION GIFT?	YES..... NO	1 2	
G.32.12.	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>SIGNATURE</div>		