

Salud Mesoamérica Initiative (SMI)
LQAS Survey
0%

Collection: LOGIN
Contains: DATSTAT_ALTPID

Salud Mesoamérica Initiative (SMI)
Homepage of the LQAS Survey

Question: DATSTAT_ALTPID
Required


 ID:

Collection: LQAS_SURVEY
Contains: FRONTCOVER, LQAS

Collection: FRONTCOVER
Contains: INTERVIEW_LOC, MUNICIP, ID_INTERVIEWER_HH, ID_SUPERVISOR_HH, LANG

Cover page information


Custom Layout Question: TODAY_DATE

 1. What is today's date?
Day Month Year

Question: INTERVIEW_LOC
Required

Scale Summary

Code	Label	Show-If
1	Marketplace	
2	Household	
3	Other, please specify:	

 2. Where is this interview being conducted?
☐ Marketplace
☐ Household
☐ Other, please specify:

Question: MUNICIP
Required

Scale Summary

Code	Label	Show-If

99 Other (specify):

3. Identification of the community

☐ Other (specify):





Scale Summary

Code	Label	Show-If
1	English	
2	Spanish	
3	Belizean Creole / Kriol	
995	Other (specify)	



6. What language is this interview conducted in?

- ☐ English
☐ Spanish
☐ Belizean Creole / Kriol
☐ Other (specify)

Interviewer: Please ask to talk to a woman between the age of 15-49 years whose birthday was most recent

Collection: LQAS

Contains: CONSENT, NUM_WOMAN, ELIGIBLE

Basic respondent information

Question: CONSENT

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



7. Did the respondent provide signed consent to participate in this interview?

- ☐ Yes
☐ No

Jump-To: JMP2

Description:

Jump-To-Item: END

Jump-If: (CONSENT = 0:[No])

Question: NUM_WOMAN

Required

Scale Summary		
Code	Label	Show-If
1	Under 15 years old	
2	15-49 years	
3	50 years or older	



8. What is your age?

¿Qué edad tiene?

Interviewer: If there are no women 15-49 years old, or children 0-59 months old, thank the respondent and move on to the next respondent

- ☐ Under 15 years old
☐ 15-49 years
☐ 50 years or older

Collection: ELIGIBLE

Contains: BASIC_INFORMATION, LAST_2YEARS, CONTRACEPTION, CHILD_HEALTH, DEMOGRAPHICS, COMMENTS

Show if: (NUM_WOMAN = 2:[15-49 years])

Collection: BASIC_INFORMATION

Contains: AGE_WOMAN, MAR_STATUS, EDU_WOM, INCOME_HOUSE, NUM_CHILDREN_ALL, NUM_CHILDREN, NUM_OTHCHILD

Question: AGE_WOMAN
Required

Scale Summary		
Code	Label	Show-If
1	Age:	
-2	Decline to respond	



9. How old are you?
¿Qué edad tiene?

- ☐ Age:
- ☐ Decline to respond

Question: MAR_STATUS
Required

Scale Summary		
Code	Label	Show-If
1	Never married / <i>Nunca se casó</i>	
2	Married / <i>Casada</i>	
3	Partner / Common Law / Open Union / <i>Pareja / Concubino / Relación abierta</i>	
4	Divorced / <i>Divorciada</i>	
5	Separated / <i>Separada</i>	
6	Widowed / <i>Viuda</i>	
7	Other / <i>Otro</i>	
-1	Don't know / <i>No sabe</i>	
-2	Decline to respond / <i>No responde</i>	



10. What is your present marital status?
¿Cuál es su estado civil actual?

- ☐ Never married / *Nunca se casó*
- ☐ Married / *Casada*
- ☐ Partner / Common Law / Open Union / *Pareja / Concubino / Relación abierta*
- ☐ Divorced / *Divorciada*
- ☐ Separated / *Separada*
- ☐ Widowed / *Viuda*
- ☐ Other / *Otro*
- ☐ Don't know / *No sabe*
- ☐ Decline to respond / *No responde*

Question: EDU_WOM
Required

Scale Summary		
Code	Label	Show-If
1	Primary / <i>Primaria</i>	
2	Secondary / <i>Secundaria</i>	
3	University / <i>Universidad</i>	
4	Literacy course / <i>Curso de alfabetización</i>	
-1	Don't know / <i>No sabe</i>	
-2	Decline to respond / <i>No responde</i>	



11. What is the highest level of school you attended: primary (elementary school), secondary (high school), or university?
¿Cuál es el nivel más alto de escuela que atendió: primaria (escuela primaria), secundaria (high school), o universidad?

- ☐ Primary / *Primaria*

- ☐ Secondary / *Secundaria*
- ☐ University / *Universidad*
- ☐ Literacy course / *Curso de alfabetización*
- ☐ Don't know / *No sabe*
- ☐ Decline to respond / *No responde*

Question: INCOME_HOUSE

Required

Scale Summary		
Code	Label	Show-If
1	Less than / Menos de 600 BZD	
2	600 - 1000 BZD	
3	1001 - 2000 BZD	
4	2001 - 3000 BZD	
5	3001 - 5000 BZD	
6	5001 - 7000 BZD	
7	7001 - 10000 BZD	
8	10001 - 13000 BZD	
9	More than / Mas de 13000 BZD	



12. What is your household monthly income?

¿Cuál es su ingreso familiar mensual?

- ☐ Less than / Menos de 600 BZD
- ☐ 600 - 1000 BZD
- ☐ 1001 - 2000 BZD
- ☐ 2001 - 3000 BZD
- ☐ 3001 - 5000 BZD
- ☐ 5001 - 7000 BZD
- ☐ 7001 - 10000 BZD
- ☐ 10001 - 13000 BZD
- ☐ More than / Mas de 13000 BZD

Question: NUM_CHILDREN_ALL

Required

Scale Summary		
Code	Label	Show-If
1	Enter the number of children under the age of 18:	
0	None	



13. How many biological or non-biological children do you have under the age of 18?

(Biological children are born from your pregnancy.)

¿Cuántos niños tiene que sea biológicos o no biológicos que tiene menos de 18 años? (Los niños biológicos nacen de su embarazo.)

- ☐ Enter the number of children under the age of 18:
- ☐ None

Question: NUM_CHILDREN

Required

Scale Summary		
Code	Label	Show-If
1	Yes, enter the number of children ages 0-59 months:	
0	No children ages 0-59 months	

14. Do you have biological children who are between the ages of 0 and 59 months? How



many? (Biological children are born from your pregnancy.)

¿Tiene hijos biológicos menores de los 5 años de edad? ¿Cuántos? (Los niños biológicos nacen de su embarazo.)

(SELECT ONE)

- ☐ Yes, enter the number of children ages 0-59 months:
- ☐ No children ages 0-59 months

Question: NUM_OTHCHILD

Required

Scale Summary		
Code	Label	Show-If
1	Yes, enter the number of children ages 0-59 months:	
0	No children ages 0-59 months	



15. Do you take care of any children (for example, grandchildren or adopted children) who are between the ages of 0 and 59 months? How many ?

¿Cuida a otros niños (por ejemplo, nietos o hijos adoptivos que sean menores de 5 años? ¿Cuántos?

(SELECT ONE)

- ☐ Yes, enter the number of children ages 0-59 months:
- ☐ No children ages 0-59 months

Collection: LAST_2YEARS

Contains: BIO_LAST_2YEARS, OTH_LAST_2YEARS, INT_PREG_, INT_DANGER

Show if: (NUM_CHILDREN.SPEC >= 1) or (NUM_OTHCHILD.SPEC >= 1)

Collection: BIO_LAST_2YEARS

Contains: ANY_KIDS_LAST_2_YEARS, NUM_KIDS_LAST_2_YEARS, KID

Show if: (NUM_CHILDREN.SPEC >= 1)

Question: ANY_KIDS_LAST_2_YEARS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Don't know	
-2	Decline to respond	



16. Do you have any biological children who are less than two years old? (Biological children are born from your pregnancy.)

¿Tiene hijos biológicos menores de los 2 años de edad? (Los niños biológicos nacen de su embarazo.)

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: NUM_KIDS_LAST_2_YEARS

Required

Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If

1	1	
2	2	
-1	Don't know	
-2	Decline to respond	



17. How many biological children below the age of two do you have? (Biological children are born from your pregnancy.)

¿Cuántos hijos biológicos menores de 2 años tiene? (Los niños biológicos nacen de su embarazo.)

(SELECT ONE)

- ☐ 1
- ☐ 2
- ☐ Don't know
- ☐ Decline to respond

Collection: KID

Contains: KID1, KID2

Show if: (NUM_KIDS_LAST_2_YEARS is-any-of 1:[1] or 2:[2])

Collection: KID1

Contains: KID1_NAME, KID1_AGE, PREG_TEST, ANC1, ANC_TIMES, ANC_SKILLED, ANC_SKILLED_NUM, DEL, DEL_WHERE, DEL_FACNAME, BF_EVER1, BF_START1

Show if: (NUM_KIDS_LAST_2_YEARS is-any-of 1:[1] or 2:[2]) and (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Question: KID1_NAME

Required



18. What is the name of your child from your most recent birth in the last two years?

¿Cuál es el nombre del último hijo que tuvo en los últimos dos años?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KID1_AGE

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



19. How old is in months?

¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age:
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KID1_DOB1



20. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question: PREG_TEST

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



21. Did you take a pregnancy test when you were pregnant with ?

¿Se hizo o le hicieron alguna prueba de embarazo cuando estaba embarazada de ?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ANC1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



22. When you were pregnant with , did you receive prenatal care?

Cuando estaba embarazada de , ¿recibió cuidados prenatales?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ANC_TIMES

Required

Show if: (ANC1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



23. How many times did you receive prenatal care during this pregnancy?

¿Cuántas veces recibió cuidados prenatales durante ese embarazo?

(SELECT ONE)

Enter number of times:

- ☐
- ☐ Don't know
- ☐ Decline to respond

Question: ANC_SKILLED

Required

Show if: (ANC1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



24. Were any of these visits attended by a doctor or nurse?

¿Fueron algunas de estas visitas realizadas por un médico o una enfermera?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: ANC_SKILLED_NUM

Required

Show if: (ANC_SKILLED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of visits:	
-1	Don't know	
-2	Decline to respond	



25. How many of these visits were attended by a doctor or nurse?

¿En cuántas de estas visitas fue atendida por un médico o enfermera?

- ☐ Enter number of visits:
- ☐ Don't know
- ☐ Decline to respond

Question Block: DEL

Contains: DEL_DOC_W1, DEL_PRONUR_W1, DEL_AUXNUR_W1, DEL_LABTECH_W1, DEL_PMW_W1, DEL_MW_W1, DEL_CHW_W1, DEL_PHARM_W1, DEL_TRAD_W1, DEL_REL_W1, DEL_OTH_W1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



26. Who assisted with the delivery of ?

¿Quién la ayudó en el parto de ?

(SELECT ALL THAT APPLY)

Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.

(a) Medical doctor / <i>Médico</i>	-- Select One -- ▾
(b) Professional nurse (college degree) / <i>Enfermera profesional (título universitario)</i>	-- Select One -- ▾
(c) Auxiliary nurse (no college degree, basic level) / <i>Enfermera auxiliar (sin título universitario, nivel básico)</i>	-- Select One -- ▾
(d) Lab technician / <i>Técnico de laboratorio</i>	-- Select One -- ▾
(e) Professional Midwife / <i>Partera Profesional</i>	-- Select One -- ▾
(f) Midwife/comadrona (health worker at community level, no formal training) / <i>Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)</i>	-- Select One -- ▾
(g) Community health worker / <i>Trabajador/a de la salud comunitario/a</i>	-- Select One -- ▾
(h) Pharmacy assistant / <i>Asistente de farmacia</i>	-- Select One -- ▾
(i) Traditional healer / <i>Homeópata</i>	-- Select One -- ▾
(j) Relative / <i>Pariente</i>	-- Select One -- ▾
(k) Other / <i>Otro</i>	-- Select One -- ▾

Question: DEL_WHERE
Required

Scale Summary		
Code	Label	Show-If
1	Your home	
2	Other home	
3	Public hospital	
4	Public health unit	
5	Public health center / clinic	
20	Polyclinic	
6	Public mobile clinic	
7	Other public health facility	
8	Private hospital	
9	Private health center / clinic	
10	Private office	
11	Private mobile clinic	
12	Other private health facility	
13	Pharmacy	
14	Community health worker	
15	Traditional healer	
16	Other	
-1	Don't know	
-2	Decline to respond	



37. Where did you give birth to ?
¿Adónde dio a luz a ?

(SELECT ONE)

- ☐ Your home
- ☐ Other home
- ☐ Public hospital
- ☐ Public health unit
- ☐ Public health center / clinic
- ☐ Polyclinic
- ☐ Public mobile clinic
- ☐ Other public health facility
- ☐ Private hospital
- ☐ Private health center / clinic
- ☐ Private office
- ☐ Private mobile clinic
- ☐ Other private health facility
- ☐ Pharmacy
- ☐ Community health worker
- ☐ Traditional healer
- ☐ Other
- ☐ Don't know
- ☐ Decline to respond

Question: DEL_FACNAME

Show if: (DEL_WHERE is-any-of 3:[Public hospital] or 4:[Public health unit] or 5:[Public health center / clinic] or 6:[Public mobile clinic] or 7:[Other public health facility])

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
41	Orange Walk Town / Orange Walk Health Center (Urban)	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
16	Corozal Town / Corozal Community Hospital	
42	Corozal Town / Corozal Health Center (Urban)	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progreso Village / Progreso Health Center	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center (Urban)	
30	Valley of Peace Village / Valley of Peace Health Center	
36	San Ignacio / San Ignacio Community Hospital	
45	San Ignacio / San Ignacio Health Center (Urban)	
37	Benque Viejo Del Carmen / Mopan Clinic Health Center	
38	Georgeville / Georgeville Health Center	
995	Other (specify):	



38. What is the name of the facility where you gave birth to ?

(SELECT ONE)

"¿Cómo se llama la unidad de salud donde dio a luz a ?

(INDAQUE EL NOMBRE DE LA UNIDAD)

- ☐ Orange Walk Town / Northern Regional Hospital
- ☐ Orange Walk Town / Orange Walk Health Center (Urban)
- ☐ San Jose Village / Zenobia Meggs Health Center
- ☐ San Felipe Village / San Felipe Health Center
- ☐ August Pine Ridge Village / August Pine Ridge Health Center
- ☐ Guinea Grass Village / Guinea Grass Health Center
- ☐ Corozal Town / Corozal Community Hospital
- ☐ Corozal Town / Corozal Health Center (Urban)
- ☐ San Narciso Village / San Narciso Health Center
- ☐ Caledonia Village / Caledonia Health Center
- ☐ Libertad Village / Libertad Health Center
- ☐ Sarteneja Village / Sarteneja Health Center
- ☐ Progreso Village / Progreso Health Center
- ☐ Belmopan City / Western Regional Hospital
- ☐ Belmopan City / Belmopan Health Center (Urban)
- ☐ Valley of Peace Village / Valley of Peace Health Center
- ☐ San Ignacio / San Ignacio Community Hospital
- ☐ San Ignacio / San Ignacio Health Center (Urban)
- ☐ Benque Viejo Del Carmen / Mopan Clinic Health Center
- ☐ Georgeville / Georgeville Health Center
- ☐ Other (specify):

Question: BF_EVER1**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



39. Did you ever breastfeed ?
¿Amamantó a alguna vez?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: BF_START1**Required****Show if:** (BF_EVER1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of hours:	
2	Enter number of days:	
3	I put to breast immediately after the birth	
-1	Don't know	
-2	Decline to respond	

40. How long after birth did you first put to the breast?



¿Cuánto tiempo después del nacimiento le dio el pecho a por primera vez?

(SELECT ONE)

- ☐ Enter number of hours:
- ☐ Enter number of days:
- ☐ I put to breast immediately after the birth
- ☐ Don't know
- ☐ Decline to respond

Collection: KID2

Contains: KID2_NAME, KID2_AGE, PREG_TEST2, ANC2, ANC2_TIMES, ANC2_SKILLED, ANC2_SKILLED_NUM, DEL2, DEL2_WHERE, DEL2_FACNAME, BF_EVER2, BF_START2

Show if: (NUM_KIDS_LAST_2_YEARS = 2:[2]) and (ANY_KIDS_LAST_2_YEARS = 1:[Yes])

Question: KID2_NAME

Required



41. What is the name of your next most recent child born in the last two years?

¿Cuál es el nombre de su siguiente hijo más reciente que haya nacido en los últimos dos años?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KID2_AGE

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



42. How old is in months?

¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age:
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KID2_DOB1



43. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question: PREG_TEST2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

-1	Don't know	
-2	Decline to respond	



44. Did you take a pregnancy test when you were pregnant with ?

¿Se hizo o le hicieron alguna prueba de embarazo cuando estaba embarazada de ?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ANC2
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



45. When you were pregnant with , did you receive prenatal care?

Cuando estaba embarazada de , ¿recibió cuidados prenatales?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ANC2_TIMES

Required

Show if: (ANC2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



46. How many times did you receive prenatal care during this pregnancy?

¿Cuántas veces recibió cuidados prenatales durante ese embarazo?

(SELECT ONE)

- ☐ Enter number of times:
☐ Don't know
☐ Decline to respond

Question: ANC2_SKILLED

Required

Show if: (ANC2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

-1	Don't know	
-2	Decline to respond	



47. Were any of these visits attended by a doctor or nurse?

¿Fueron algunas de estas visitas realizadas por un médico o una enfermera?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: ANC2_SKILLED_NUM

Required

Show if: (ANC2_SKILLED = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of visits:	
-1	Don't know	
-2	Decline to respond	



48. How many of these visits were attended by a doctor or nurse?

¿En cuántas de estas visitas fue atendida por un médico o enfermera?

- ☐ Enter number of visits:
☐ Don't know
☐ Decline to respond

Question Block: DEL2

Contains: DEL_DOC_W2, DEL_PRONUR_W2, DEL_AUXNUR_W2, DEL_LABTECH_W2, DEL_PMW_W2, DEL_MW_W2, DEL_CHW_W2, DEL_PHARM_W2, DEL_TRAD_W2, DEL_REL_W2, DEL_OTH_W2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



49. Who assisted with the delivery of ?

¿Quién la ayudó en el parto de ?

(SELECT ALL THAT APPLY)

Interviewer: Probe to identify each type of person and record all mentioned. If the respondent does not know what type of professional assisted with the delivery, select "I don't know" for all.

(a) Medical doctor / Médico	-- Select One --
(b) Professional nurse (college degree) / Enfermera profesional (título universitario)	-- Select One --
(c) Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	-- Select One --
(d) Lab technician / Técnico de laboratorio	

	-- Select One --
(e) Professional Midwife / <i>Partera Profesional</i>	-- Select One --
(f) Midwife/comadrona (health worker at community level, no formal training) / <i>Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)</i>	-- Select One --
(g) Community health worker / <i>Trabajador/a de la salud comunitario/a</i>	-- Select One --
(h) Pharmacy assistant / <i>Asistente de farmacia</i>	-- Select One --
(i) Traditional healer / <i>Homeópata</i>	-- Select One --
(j) Relative / <i>Pariente</i>	-- Select One --
(k) Other / <i>Otro</i>	-- Select One --

Question: DEL2_WHERE
Required

Scale Summary		
Code	Label	Show-If
1	Your home	
2	Other home	
3	Public hospital	
4	Public health unit	
5	Public health center / clinic	
20	Polyclinic	
6	Public mobile clinic	
7	Other public health facility	
8	Private hospital	
9	Private health center / clinic	
10	Private office	
11	Private mobile clinic	
12	Other private health facility	
13	Pharmacy	
14	Community health worker	
15	Traditional healer	
16	Other	
-1	Don't know	
-2	Decline to respond	



60. Where did you give birth to ?
¿Adónde dio a luz a ?

(SELECT ONE)

- ☐ Your home
- ☐ Other home
- ☐ Public hospital
- ☐ Public health unit
- ☐ Public health center / clinic
- ☐ Polyclinic
- ☐ Public mobile clinic
- ☐ Other public health facility

- ☐ Private hospital
- ☐ Private health center / clinic
- ☐ Private office
- ☐ Private mobile clinic
- ☐ Other private health facility
- ☐ Pharmacy
- ☐ Community health worker
- ☐ Traditional healer
- ☐ Other
- ☐ Don't know
- ☐ Decline to respond

Question: DEL2_FACNAME

Show if: (DEL2_WHERE is-any-of 3:[Public hospital] or 4:[Public health unit] or 5:[Public health center / clinic] or 6:[Public mobile clinic] or 7:[Other public health facility])

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
41	Orange Walk Town / Orange Walk Health Center (Urban)	
2	San Jose Village / Zenobia Meggs Health Center	
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17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progreso Village / Progreso Health Center	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center (Urban)	
30	Valley of Peace Village / Valley of Peace Health Center	
36	San Ignacio / San Ignacio Community Hospital	
45	San Ignacio / San Ignacio Health Center (Urban)	
37	Benque Viejo Del Carmen / Mopan Clinic Health Center	
38	Georgeville / Georgeville Health Center	
995	Other (specify):	



61. What is the name of the facility where you gave birth to ?

(SELECT ONE)

"¿Cómo se llama la unidad de salud donde nació ?

(INDAGUE EL NOMBRE DE LA UNIDAD)

- ☐ Orange Walk Town / Northern Regional Hospital
- ☐ Orange Walk Town / Orange Walk Health Center (Urban)
- ☐ San Jose Village / Zenobia Meggs Health Center
- ☐ San Felipe Village / San Felipe Health Center
- ☐ August Pine Ridge Village / August Pine Ridge Health Center
- ☐ Guinea Grass Village / Guinea Grass Health Center
- ☐ Corozal Town / Corozal Community Hospital
- ☐ Corozal Town / Corozal Health Center (Urban)

- ☐ San Narciso Village / San Narciso Health Center
- ☐ Caledonia Village / Caledonia Health Center
- ☐ Libertad Village / Libertad Health Center
- ☐ Sarteneja Village / Sarteneja Health Center
- ☐ Progreso Village / Progreso Health Center
- ☐ Belmopan City / Western Regional Hospital
- ☐ Belmopan City / Belmopan Health Center (Urban)
- ☐ Valley of Peace Village / Valley of Peace Health Center
- ☐ San Ignacio / San Ignacio Community Hospital
- ☐ San Ignacio / San Ignacio Health Center (Urban)
- ☐ Benque Viejo Del Carmen / Mopan Clinic Health Center
- ☐ Georgeville / Georgeville Health Center
- ☐ Other (specify):

Question: BF_EVER2**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



62. Did you ever breastfeed ?
¿Amamantó a alguna vez?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: BF_START2**Required****Show if:** (BF_EVER2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of hours:	
2	Enter number of days:	
3	I put to breast immediately after the birth	
-1	Don't know	
-2	Decline to respond	



63. How long after birth did you first put to the breast?
¿Cuánto tiempo después del nacimiento le dio el pecho a por primera vez?

(SELECT ONE)

- ☐ Enter number of hours:
- ☐ Enter number of days:
- ☐ I put to breast immediately after the birth
- ☐ Don't know

☐ Decline to respond

Collection: OTH_LAST_2YEARS

Contains: ANY_OKIDS_LAST_2_YEARS, NUM_OKIDS_LAST_2_YEARS, OTHKID

Show if: (NUM_OTHCHILD.SPEC >= 1)

Question: ANY_OKIDS_LAST_2_YEARS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Don't know	
-2	Decline to respond	



64. Do you take care of any children (for example grandchildren or adopted children) who are less than two years old?

¿Cuida a otros niños (por ejemplo, nietos o hijos adoptivos que sean menores de 2 años?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: NUM_OKIDS_LAST_2_YEARS

Required

Show if: (ANY_OKIDS_LAST_2_YEARS = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	1	
2	2	
-1	Don't know	
-2	Decline to respond	



65. How many children below the age of two do you take care of?

¿Cuántos niños menores de 2 años cuida?

(SELECT ONE)

- ☐ 1
- ☐ 2
- ☐ Don't know
- ☐ Decline to respond

Collection: OTHKID

Contains: OTHKID1, OTHKID2

Show if: (NUM_OKIDS_LAST_2_YEARS is-any-of 1:[1] or 2:[2])

Collection: OTHKID1

Contains: OTHKID1_NAME, OTHKID1_AGE, OTHDEL, DEL_WHEREOTH, DEL_FACNAMEOTH, BF_EVER1OTH

Show if: (NUM_OKIDS_LAST_2_YEARS is-any-of 1:[1] or 2:[2])

Question: OTHKID1_NAME

Required



66. What is the name of the child from the most recent birth in the last two years?

¿Cómo se llama el niño más pequeño que vive en su hogar, nacido en los últimos 2 años?

Interviewer: Please record only the first two letters of the first name and the first two

letters of the last name.

Question: OTHKID1_AGE

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



67. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age:
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: OTHKID1_DOB1


68. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question Block: OTHDEL

Contains: OTHDEL_DOC_W1, OTHDEL_PRONUR_W1, OTHDEL_AUXNUR_W1, OTHDEL_LABTECH_W1, OTHDEL_PMW_W1, OTHDEL_MW_W1, OTHDEL_CHW_W1, OTHDEL_PHARM_W1, OTHDEL_TRAD_W1, OTHDEL_REL_W1, OTHDEL_OTH_W1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



69. Who assisted with the delivery of ?
¿Quién la ayudó en el parto de ?

(SELECT ONE)

Interviewer: Probe to identify each type of person and record all mentioned.

(a) Medical doctor / Médico	-- Select One -- <input type="text"/>
(b) Professional nurse (college degree) / Enfermera profesional (título universitario)	-- Select One -- <input type="text"/>
(c) Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	-- Select One -- <input type="text"/>
(d) Lab technician / Técnico de laboratorio	-- Select One -- <input type="text"/>
(e) Professional Midwife / Partera Profesional	-- Select One -- <input type="text"/>

(f) Midwife/comadrona (health worker at community level, no formal training) / <i>Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)</i>	-- Select One -- ▼
(g) Community health worker / <i>Trabajador/a de la salud comunitario/a</i>	-- Select One -- ▼
(h) Pharmacy assistant / <i>Asistente de farmacia</i>	-- Select One -- ▼
(i) Traditional healer / <i>Homeópata</i>	-- Select One -- ▼
(j) Relative / <i>Pariente</i>	-- Select One -- ▼
(k) Other / <i>Otro</i>	-- Select One -- ▼

Question: DEL_WHEREOTH
Required

Scale Summary		
Code	Label	Show-If
1	Your home	
2	Other home	
3	Public hospital	
4	Public health unit	
5	Public health center / clinic	
6	Public mobile clinic	
7	Other public health facility	
8	Private hospital	
9	Private health center / clinic	
10	Private office	
11	Private mobile clinic	
12	Other private health facility	
13	Pharmacy	
14	Community health worker	
15	Traditional healer	
16	Other	
-1	Don't know	
-2	Decline to respond	



80. Where was born?
¿Dónde nació ?

(SELECT ONE)

- ☐ Your home
- ☐ Other home
- ☐ Public hospital
- ☐ Public health unit
- ☐ Public health center / clinic
- ☐ Public mobile clinic
- ☐ Other public health facility
- ☐ Private hospital
- ☐ Private health center / clinic
- ☐ Private office
- ☐ Private mobile clinic
- ☐ Other private health facility

- ☐ Pharmacy
☐ Community health worker
☐ Traditional healer
☐ Other
☐ Don't know
☐ Decline to respond

Question: DEL_FACNAMEOTH

Required

Show if: (DEL_WHEREOTH is-any-of 3:[Public hospital] or 4:[Public health unit] or 5:[Public health center / clinic] or 6:[Public mobile clinic] or 7:[Other public health facility])



81. What is the name of the facility where was born?

"¿Cómo se llama la unidad de salud donde nació ?

Question: BF_EVER1OTH

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



82. Was ever breastfed?

¿Alguna vez le dio pecho (amamantó) a ?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: OTHKID2

Contains: OTHKID2_NAME, OTHKID2_AGE, OTHDEL2, DEL2_WHEREOTH, DEL2_FACNAMEOTH, BF_EVER2OTH

Show if: (NUM_OKIDS_LAST_2_YEARS = 2:[2])

Question: OTHKID2_NAME

Required



83. What is the name of the child from the next most recent birth in the last two years?

¿Cómo se llama el niño siguiente al más pequeño que vive en su hogar, nacido en los últimos 2 años?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: OTHKID2_AGE

Required

Scale Summary		

Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



84. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age:
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: OTHKID2_DOB1



85. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question Block: OTHDEL2

Contains: OTHDEL_DOC_W2, OTHDEL_PRONUR_W2, OTHDEL_AUXNUR_W2, OTHDEL_LABTECH_W2, OTHDEL_PMW_W2, OTHDEL_MW_W2, OTHDEL_CHW_W2, OTHDEL_PHARM_W2, OTHDEL_TRAD_W2, OTHDEL_REL_W2, OTHDEL_OTH_W2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



86. Who assisted with the delivery of ?
¿Quién la ayudó en el parto de ?

(SELECT ONE)

Interviewer: Probe to identify each type of person and record all mentioned.

(a) Medical doctor / Médico	-- Select One -- <input type="text"/>
(b) Professional nurse (college degree) / Enfermera profesional (título universitario)	-- Select One -- <input type="text"/>
(c) Auxiliary nurse (no college degree, basic level) / Enfermera auxiliar (sin título universitario, nivel básico)	-- Select One -- <input type="text"/>
(d) Lab technician / Técnico de laboratorio	-- Select One -- <input type="text"/>
(e) Professional Midwife / Partera Profesional	-- Select One -- <input type="text"/>
(f) Midwife/comadrona (health worker at community level, no formal training) / Partera/Comadrona (trabajadora de la salud comunitaria, sin capacitación formal)	-- Select One -- <input type="text"/>
(g) Community health worker / Trabajador/a de la salud comunitario/a	-- Select One -- <input type="text"/>

(h) Pharmacy assistant / <i>Asistente de farmacia</i>	-- Select One -- ▾
(i) Traditional healer / <i>Homeópata</i>	-- Select One -- ▾
(j) Relative / <i>Pariente</i>	-- Select One -- ▾
(k) Other / <i>Otro</i>	-- Select One -- ▾

Question: DEL2_WHEREOTH
Required

Scale Summary		
Code	Label	Show-If
1	Your home	
2	Other home	
3	Public hospital	
4	Public health unit	
5	Public health center / clinic	
6	Public mobile clinic	
7	Other public health facility	
8	Private hospital	
9	Private health center / clinic	
10	Private office	
11	Private mobile clinic	
12	Other private health facility	
13	Pharmacy	
14	Community health worker	
15	Traditional healer	
16	Other	
-1	Don't know	
-2	Decline to respond	



97. ¿Dónde nació ?

(SELECT ONE)

- ☐ Your home
- ☐ Other home
- ☐ Public hospital
- ☐ Public health unit
- ☐ Public health center / clinic
- ☐ Public mobile clinic
- ☐ Other public health facility
- ☐ Private hospital
- ☐ Private health center / clinic
- ☐ Private office
- ☐ Private mobile clinic
- ☐ Other private health facility
- ☐ Pharmacy
- ☐ Community health worker
- ☐ Traditional healer
- ☐ Other
- ☐ Don't know
- ☐ Decline to respond

Question: DEL2_FACNAMEOTH

Required

Show if: (DEL2_WHEREOTH is-any-of 3:[Public hospital] or 4:[Public health unit] or 5:[Public health center / clinic] or 6:[Public mobile clinic] or 7:[Other public health facility])



98. What is the name of the facility where was born?

"¿Cómo se llama la unidad de salud donde nació ?

Question: BF_EVER2OTH

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



99. Was ever breastfed?

¿Alguna vez le dio pecho (amamantó) a ?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: INT_PREG_

Minimum checks: 1

Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes])



100. What warnings signs indicate that a pregnant woman needs medical attention?

Interviewer: Do no read the response options

(SELECT ALL OPTIONS MENTIONED)

¿Qué signos de peligro indican que una mujer embarazada necesita atención médica?

Entrevistador: No lea las opciones de respuesta.

(SELECCIONE TODAS LAS OPCIONES QUE MENCIONE)

- ☐ Bleeding / Sangrado
☐ Fever / Fiebre
☐ Headache / Dolor de cabeza
☐ Stomach pains / Dolor en vientre
☐ Swelling of the hands and feet / Hinchazón de manos y pies
☐ The baby does not move / El bebe no se mueve
☐ Unusual discharge / Salida de liquido
☐ Vomiting / Vómito
☐ Other / Otro:
☐ Other / Otro:
☐ Other / Otro:
☐ Other / Otro:

- ☐ Other / Otro:
- ☐ Decline to respond / Negarse a responder
- ☐ Don't know / No se

Question: INT_DANGER

Minimum checks: 1

Show if: (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) or (ANY_OKIDS_LAST_2_YEARS = 1:[Yes])



101. Can you list any signs of danger for infants that require medical care? What signs?
¿Puede nombrar cualquier síntoma que indique peligro en los bebés y que necesite atención médica? ¿Cuáles?

Any others?
¿Algunos otros?

Interviewer: Do not read response options. Record only the danger signs that the respondent provides.

- ☐ Feeding problems / *Problemas para alimentarse*
- ☐ Reduced activity / *menor actividad*
- ☐ Difficulty breathing / *Dificultades para respirar*
- ☐ Fever / *Fiebre*
- ☐ Fits / *Ataques*
- ☐ Convulsions / *Convulsiones*
- ☐ Cold to the touch / *Frío al tacto*
- ☐ Don't know / *No sabe*
- ☐ Decline to respond / *No responde*
- ☐ Other
- ☐ Other
- ☐ Other

Collection: CONTRACEPTION

Contains: PREG1_W1, C_FP1_W1, C_FP2_W1, FP_NOUSE_W1, PRECON, PRECON_HIST, PRECON_HIST_FAM, PRECON_LF_BH, PRECON_PAP, PRECON_BREAST_EXAM, PRECON_FOLIC, PRECON_BP, PRECON_GLU, PAP_EVER, PAP_LAST_WHEN, PAP_LAST_RESULT, PAP_LAST_FOLLOWUP, PAP_LAST_TREAT

Show if: (MAR_STATUS is-any-of 2:[Married / Casada] or 3:[Partner / Common Law / Open Union / Pareja / Concubino / Relación abierta])

Contraception

Interviewer read: Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

Entrevistador lee: Ahora quisiera hablar sobre la planificación familiar, es decir, los diferentes métodos que una pareja puede usar para atrasar o evitar el embarazo.

Question: PREG1_W1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

102. Are you pregnant now?



¿Está usted embarazada en este momento?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_FP1_W1

Contains: M1_FST_HEARD_W1, M2_MST_HEARD_W1, M3_IUD_HEARD_W1, M4_INJ_HEARD_W1, M5_IMP_HEARD_W1, M6_OCP_HEARD_W1, M7_CON_HEARD_W1, M8_FCO_HEARD_W1, M9_DIA_HEARD_W1, M10_SPO_HEARD_W1, M11_LAM_HEARD_W1, M12_RHY_HEARD_W1, M13_WDR_HEARD_W1, M14 EMC_HEARD_W1, M15_OMO_HEARD_W1, M16_OTR_HEARD_W1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



103. Have you ever heard of [METHOD]?

¿Ha escuchado alguna vez hablar sobre :[METHOD]?

(SELECT ONE)

	Yes	No	Don't know	Decline to respond
(a) Female sterilization. <i>PROBE: Women can have an operation to avoid having any more children. / Esterilización femenina. SONDEAR: Las mujeres pueden ser operadas para evitar tener más hijos.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Male sterilization. <i>PROBE: Men can have an operation to avoid having any more children. / Esterilización masculina.. SONDEAR: Los hombres pueden ser operados para evitar tener más hijos.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) IUD. <i>PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse. / DIU. SONDEAR: Los médicos o enfermeras pueden colocar un espiral o dispositivo en el útero.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Injectables. <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. / Inyecciones. SONDEAR: Las mujeres pueden aplicarse una inyección que evita que queden embarazadas durante uno o más meses.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Implants. <i>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. / Implantes. SONDEAR: Las mujeres pueden hacerse implantar por un médico una o dos varillas pequeñas en el antebrazo para evitar el embarazo</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>por uno o más años.</i>				
(f)	Pill. <i>PROBE: Women can take a pill every day to avoid becoming pregnant. / Píldora.SONDEAR: Las mujeres pueden tomar una píldora todos los días para evitar el embarazo.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g)	Condom. <i>PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant. / Condón. SONDEAR: Los hombres pueden colocarse una funda elástica en su pene antes de tener relaciones sexuales.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h)	Female condom. <i>PROBE: Women can place a sheath in their vagina before sexual intercourse. / Condón femenino. SONDEAR: Las mujeres pueden colocarse una funda elástica en su vagina antes de tener relaciones sexuales.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i)	Diaphragm. <i>PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing. / Diafragma. SONDEAR: Este método consiste en un anillo metálico flexible con una membrana de látex que se inserta en la vagina y evita que pasen los espermatozoides..</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j)	Sponge, spermicide. <i>PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator. / Espermicida.SONDEAR: Este método consiste en un gel que se aplica en la vagina con un aplicador pequeño.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k)	Lactational amenorrhea method (LAM). <i>PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding. / Método de Lactancia-Amenorrea (MELA). SONDEAR: Se refiere al período natural de infertilidad que ocurre después del parto, cuando la mujer no menstrúa debido a que está amamantando.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l)	Rhythm method. <i>PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. / Método del ritmo. SONDEAR: Todos los meses en los que la mujer es sexualmente activa, puede evitar el embarazo evitando tener relaciones sexuales durante aquellos días en los que puede quedar embarazada.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m)	Withdrawal. <i>PROBE: Men can be careful and pull out before climax. / Eyaculación externa.. SONDEAR: Los hombres pueden ser cuidadosos y eyacular fuera de la vagina antes del clímax.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n)	Emergency contraception. <i>PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take</i>				

<i>special pills to prevent pregnancy. / Anticonceptivo de emergencia. SONDEAR: Como medida de emergencia, durante los tres días posteriores a una relación sexual sin protección, las mujeres pueden tomar píldoras especiales para evitar el embarazo.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Other, modern method. / Otro, método moderno.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) Other, traditional method. / Otro, método tradicional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question Block: C_FP2_W1

Contains: M1_FST_USENOW_W1, M2_MST_USENOW_W1, M3_IUD_USENOW_W1, M4_INJ_USENOW_W1, M5_IMP_USENOW_W1, M6_OCP_USENOW_W1, M7_CON_USENOW_W1, M8_FCO_USENOW_W1, M9_DIA_USENOW_W1, M10_SPO_USENOW_W1, M11_LAM_USENOW_W1, M12_RHY_USENOW_W1, M13_WDR_USENOW_W1, M14 EMC_USENOW_W1, M15_OMO_USENOW_W1, M16_OTR_USENOW_W1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



119. Are you currently using [METHOD]?
¿Está usted usando [METHOD] actualmente?

(SELECT ONE)

	Yes	No	Don't know	Decline to respond
(a) Have you undergone female sterilization? <i>PROBE: Women can have an operation to avoid having any more children. / Esterilización femenina. SONDEAR: Las mujeres pueden ser operadas para evitar tener más hijos.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Has your partner undergone male sterilization? <i>PROBE: Men can have an operation to avoid having any more children. / Esterilización masculina.. SONDEAR: Los hombres pueden ser operados para evitar tener más hijos.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) IUD. <i>PROBE: Women can have a loop or coil placed inside of them by a doctor or nurse. / DIU. SONDEAR: Los médicos o enfermeras pueden colocar un espiral o dispositivo en el útero.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Injectables. <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. / Inyecciones. SONDEAR: Las mujeres pueden aplicarse una inyección que evita que queden embarazadas durante uno o más meses.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Implants. <i>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more</i>				

	years. / Implantes. <i>SONDEAR: Las mujeres pueden hacerse implantar por un médico una o dos varillas pequeñas en el antebrazo para evitar el embarazo por uno o más años.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f)	Pill. <i>PROBE: Women can take a pill every day to avoid becoming pregnant. / Píldora. SONDEAR: Las mujeres pueden tomar una píldora todos los días para evitar el embarazo.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g)	Condom. <i>PROBE: Men can put a rubber sheath on their penis to avoid becoming pregnant. / Condón. SONDEAR: Los hombres pueden colocarse una funda elástica en su pene antes de tener relaciones sexuales.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h)	Female condom. <i>PROBE: Women can place a sheath in their vagina before sexual intercourse. / Condón femenino. SONDEAR: Las mujeres pueden colocarse una funda elástica en su vagina antes de tener relaciones sexuales.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i)	Diaphragm. <i>PROBE: This method consists of a flexible metal ring with a latex membrane that is inserted into the vagina and prevents sperm from passing. / Diafragma. SONDEAR: Este método consiste en un anillo metálico flexible con una membrana de látex que se inserta en la vagina y evita que pasen los espermatozoides..</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j)	Sponge, spermicide. <i>PROBE: This method consists of a jelly that is applied inside the vagina with a small applicator. / Espermicida. SONDEAR: Este método consiste en un gel que se aplica en la vagina con un aplicador pequeño.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k)	Lactational amenorrhea method (LAM). <i>PROBE: This refers to the natural period of infertility that occurs after a delivery when a woman is not menstruating due to breastfeeding. / Método de Lactancia-Amenorrea (MELA). SONDEAR: Se refiere al período natural de infertilidad que ocurre después del parto, cuando la mujer no menstrúa debido a que está amamantando.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l)	Rhythm method. <i>PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. / Método del ritmo. SONDEAR: Todos los meses en los que la mujer es sexualmente activa, puede evitar el embarazo evitando tener relaciones sexuales durante aquellos días en los que puede quedar embarazada.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m)	Withdrawal. <i>PROBE: Men can be careful and pull out before climax. / Eyaculación externa.. SONDEAR: Los hombres pueden ser cuidadosos y eyacular fuera de la vagina antes del clímax.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(n) Emergency contraception. <i>PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. / Anticonceptivo de emergencia. SONDEAR: Como medida de emergencia, durante los tres días posteriores a una relación sexual sin protección, las mujeres pueden tomar píldoras especiales para evitar el embarazo.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Other, modern method. / Otro, método moderno.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) Other, traditional method. / Otro, método tradicional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: FP_NOUSE_W1

Minimum checks: 1

Show if: (M1_FST_USENOW_W1 ≠ 1:[Yes]) and (M2_MST_USENOW_W1 ≠ 1:[Yes]) and (M3_IUD_USENOW_W1 ≠ 1:[Yes]) and (M4_INJ_USENOW_W1 ≠ 1:[Yes]) and (M5_IMP_USENOW_W1 ≠ 1:[Yes]) and (M6_OCP_USENOW_W1 ≠ 1:[Yes]) and (M7_CON_USENOW_W1 ≠ 1:[Yes]) and (M8_FCO_USENOW_W1 ≠ 1:[Yes]) and (M9_DIA_USENOW_W1 ≠ 1:[Yes]) and (M10_SPO_USENOW_W1 ≠ 1:[Yes]) and (M11_LAM_USENOW_W1 ≠ 1:[Yes]) and (M12_RHY_USENOW_W1 ≠ 1:[Yes]) and (M13_WDR_USENOW_W1 ≠ 1:[Yes]) and (M14 EMC_USENOW_W1 ≠ 1:[Yes]) and (M15_OMO_USENOW_W1 ≠ 1:[Yes]) and (M16_OTR_USENOW_W1 ≠ 1:[Yes])



135. Interviewer: This question only pertains to women who are not using any methods at the time of the interview.

Interviewer: Do not read options. If the woman asks, read all of the options.

Can you tell me the main reason why you are not using a method to prevent pregnancy?
Any other reason?

¿Puede decirme cuál es la razón principal por la que no usa ningún método para evitar el embarazo? ¿Alguna otra razón?

(SELECT ALL THAT APPLY)

- ☐ Unmarried
- ☐ Married
- ☐ Does not have sexual relations
- ☐ Virgin
- ☐ Has sexual relations infrequently
- ☐ Menopausal
- ☐ Hysterectomy / surgery on the uterus
- ☐ Cannot become pregnant
- ☐ Did not have a menstrual period since last birth
- ☐ Was breastfeeding
- ☐ Goes against religion
- ☐ Respondent is opposed to use
- ☐ Husband/partner is opposed to use
- ☐ Others are opposed to use
- ☐ Knows no method
- ☐ Knows no source for getting method
- ☐ Concerned about side effects
- ☐ Facility is too far

- ☐ Could not find transportation to facility
- ☐ Could not afford transportation to facility
- ☐ Costs too much
- ☐ Preferred method is not available
- ☐ No method is available
- ☐ Health facility has staff that are hard to deal with
- ☐ Don't trust facility staff at health facility
- ☐ Uncomfortable to use
- ☐ Interferes with normal body processes
- ☐ Affects her health / doesn't like them
- ☐ Was pregnant
- ☐ Wanted to become pregnant
- ☐ Other, specify:
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON

Required

Show if: (FP_NOUSE_W1 is-any-of) or (ANY_KIDS_LAST_2_YEARS = 1:[Yes]) or (PREG1_W1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



136. Did you visit a health facility for a preconception checkup? A preconception checkup is a visit to a health facility **before getting pregnant** where a doctor, nurse, or midwife looks at your overall health and discusses with you your plans to get pregnant.

(SELECT ONE)

¿Visitó un centro de salud para un chequeo de preconcepción? Un chequeo de preconcepción es una visita a un centro de salud antes de quedar embarazada donde un médico, enfermera o partera revisa su salud en general y discute con usted sus planes para quedar embarazada.

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_HIST

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



137. During your preconception visit, were you asked about your personal medical history? In other words, were you asked about your health problems and/or previous surgeries?

(SELECT ONE)

Durante su visita de preconcepción, ¿le preguntaron acerca de su historia médica personal? En otras palabras, ¿le preguntaron acerca de sus problemas de salud y/o cirugías previas?

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_HIST_FAM

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



138. During your preconception visit, were you asked about your family medical history? In other words, were you asked if your parents, grandparents, or siblings had relevant health problems?

(SELECT ONE)

Durante su visita de preconcepción, ¿le preguntaron sobre la historia médica de su familia? En otras palabras, ¿se le preguntó si sus padres, abuelos o hermanos tenían problemas de salud relevantes?

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_LF_BH

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



139. During your preconception visit, where you asked about your lifestyle and behaviors? For example, where you asked questions regarding the food you eat, your living environment, or if you drink or smoke?

(SELECT ONE)

Durante su visita de preconcepción, ¿le preguntaron sobre su estilo de vida y sus comportamientos? Por ejemplo, le hicieron preguntas sobre los alimentos que usted come, su ambiente de vida, o si bebe o fuma?

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_PAP

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



140. During your preconception visit, did a doctor, nurse, or other health professional perform a PAP smear or PAP test?

A Pap smear is a test where a healthcare worker puts a small stick inside the vagina to wipe the cervix, and sends the sample to the laboratory to check for cervical cancer.

(SELECT ONE)

"Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud realizó una prueba de Papanicolau o PAP?
Una prueba de Papanicolau es un examen donde un trabajador de la salud inserta una pequeña espátula dentro de la vagina para tomar una muestra del cuello uterino y enviarla al laboratorio para detectar el cáncer cervical."

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_BREAST_EXAM

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



141. During your preconception visit, did a doctor, nurse, or other health professional perform a clinical breast exam?

During a clinical breast exam, your healthcare provider checks your breasts' appearance. You may be asked to raise your arms over your head, let them hang by your sides, or press your hands against your hips. These postures allow your healthcare provider to

look for differences in size or shape between your breasts.

(SELECT ONE)

Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud realizó un examen clínico de los senos?

Durante un examen clínico de los senos, su proveedor de atención médica verifica la apariencia de sus senos. Es posible que se le pida que levante los brazos sobre su cabeza, que los relaje acostado, o que ponga las manos en las caderas. Estas posturas permiten a su proveedor de atención médica buscar diferencias en tamaño o forma entre sus senos.

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_FOLIC

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



142. During your preconception visit, did a doctor, nurse, or other health professional prescribe folic acid supplementation for you?

These are pills or tablets taken daily to help the healthy development of the baby.

(SELECT ONE)

¿Durante su visita de preconcepción, un médico, enfermera u otro profesional de la salud le prescribieron suplementos de ácido fólico?

Estas son pastillas o tabletas que se toman diariamente para ayudar al desarrollo saludable del bebé.

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PRECON_BP

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



143. During your preconception visit, did you have your blood pressure checked by a doctor, nurse, or other health professional?

(SELECT ONE)

Durante su visita de preconcepción, ¿un médico, enfermera u otro profesional de la salud le tomó su presión arterial?

(SELECCIONAR UNO)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: PRECON_GLU

Required

Show if: (PRECON = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



144. During your preconception visit, did you have a blood test for high blood sugar or diabetes?

(SELECT ONE)

Durante su visita de preconcepción, ¿le hicieron una prueba de sangre para medirle el azúcar o la diabetes?

(SELECCIONAR UNO)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: PAP_EVER

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



145. Have you ever had a PAP smear or a PAP test?

A Pap smear is a test where a healthcare worker puts a small stick inside the vagina to wipe the cervix, and sends the sample to the laboratory to check for cervical cancer.

(SELECT ONE)

¿Alguna vez ha tenido una prueba de Papanicolau o PAP?

Una prueba de Papanicolau es un examen donde un trabajador de la salud inserta una


pequeña espátula dentro de la vagina para tomar una muestra del cuello uterino y enviarla al laboratorio para detectar el cáncer cervical.

(SELECCIONAR UNO)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: PAP_LAST_WHEN
Show if: (PAP_EVER = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Within the last year	
2	1 - 2 years ago	
3	2 - 3 years ago	
4	4 - 5 years ago	
5	Over 5 years ago	
-1	Don't know	
-2	Refused to respond	

 146. When did you have your most recent PAP test?

(SELECT ONE)


¿Cuándo le hicieron su última prueba de PAP?

(SELECCIONAR UNO)

- ☐ Within the last year
- ☐ 1 - 2 years ago
- ☐ 2 - 3 years ago
- ☐ 4 - 5 years ago
- ☐ Over 5 years ago
- ☐ Don't know
- ☐ Refused to respond

Question: PAP_LAST_RESULT
Required
Show if: (PAP_EVER = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Normal (negative) / Normal (negativo)	
2	Abnormal (positive) / Anormal (positivo)	
3	Suspect cancer / Sospechoso de cancer	
4	Inconclusive / Inconcluso	
-1	Don't know / No se	
-2	Decline to respond / Negarse a responder	
0		Never Shown

 147. What was the result of your last PAP test?

(SELECT ONE)

¿Cuál fue el resultado de su última prueba de PAP?

(SELECCIONAR UNO)

- ☐ Normal (negative) / Normal (negativo)
☐ Abnormal (positive) / Anormal (positivo)
☐ Suspect cancer / Sospechoso de cancer
☐ Inconclusive / Inconcluso
☐ Don't know / No se
☐ Decline to respond / Negarse a responder
☐

Question: PAP_LAST_FOLLOWUP**Show if:** (PAP_LAST_RESULT = 2:[Abnormal (positive) / Anormal (positivo)])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



148. Did you go to a follow-up visit because of your PAP test result?

(SELECT ONE)

¿Debido a su resultado de la prueba de PAP, fue a una cita de seguimiento?

(SELECCIONAR UNO)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: PAP_LAST_TREAT**Required****Show if:** (PAP_LAST_RESULT = 2:[Abnormal (positive) / Anormal (positivo)])

Scale Summary		
Code	Label	Show-If
1	Yes, I did receive treatment	
0	No, I did not receive treatment	
-1	Don't know	
-2	Decline to respond	



149. Did you receive any treatment to your cervix because of your PAP test result?

(SELECT ONE)

¿Recibió algún tratamiento en el cuello uterino debido a su resultado de la prueba de PAP?

(SELECCIONAR UNO)

- ☐ Yes, I did receive treatment
☐ No, I did not receive treatment
☐ Don't know
☐ Decline to respond

Collection: CHILD_HEALTH**Contains:** CHILD_HEALTH_1, CHILD_HEALTH_2, CHILD_HEALTH_3, CHILD_HEALTH_4, CHILD_HEALTH_5,

CHILD_HEALTH_6, CHILD_HEALTH_7, CHILD_HEALTH_8, CHILD_HEALTH_9, CHILD_HEALTH_10

Show if: (TOTAL_CHILDREN >= 1)

Children's health

Interviewer: These questions will be repeated for each child age 0-59 months (both biological and not) reported by the caregiver.

Now I would like to ask questions about health status of all children in the household aged 0-59 months.

Ahora me gustaría preguntar sobre el estado de salud de todos los niños en la casa entre 0-59 meses.

Collection: CHILD_HEALTH_1

Contains: KIDS_NAME_1, KIDS_AGE_1, KIDS_BIO_1, FOOD_BF_1, FOOD_OTH_1, FOOD_OTH_DRINKS_1, DIARRHEA_1, C_DIARRHEA_1, DIARRHEA4_1, C_DIARRHEA_RX_1, MICRO_CONS_1, MICRO_CONS_NUM_1, MICRO_CONS_EXPL_1, WORMS_1, WORMS_TIMES_1, IN_HOUSE_1, VACANY_1, VACCINE_1

Show if: (TOTAL_CHILDREN = 1) or (TOTAL_CHILDREN = 2) or (TOTAL_CHILDREN = 3) or (TOTAL_CHILDREN = 4) or (TOTAL_CHILDREN = 5) or (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_1

Required



150. Interviewer: Start with the youngest child.

What is the child's name?

¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_1

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



151. How old is in months?

¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_1



152. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_1

Required

Scale Summary		

Code	Label	Show-If
1	Yes	
0	No	



153. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

☐ Yes

☐ No

Question: FOOD_BF_1

Required

Show if: (KIDS_AGE_1.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



154. Interviewer: Only ask the following question if the child is aged 0-5 months.

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
*Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.*

I am interested in whether your child had the item I mention even if it was combined with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?
Ayer o anoche, bebió leche materna?

(SELECT ONE)

☐ Yes

☐ No

☐ Don't know

☐ Decline to respond

Question: FOOD_OTH_1

Required

Show if: (FOOD_BF_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



155. ***Yesterday or last night***, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

☐ Yes

☐ No

- ☐
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_1

Required

Show if: (FOOD_BF_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



156. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió] alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



157. Now I am going to ask you about the **past 2 weeks**.

*Ahora voy a preguntarle sobre las **dos últimas semanas**.*

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_1

Contains: DIARRHEA_DRINK1_1, DIARRHEA_DRINK2_1, DIARRHEA_DRINK3_1

Required

Show if: (DIARRHEA_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



158. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_1

Required

Show if: (DIARRHEA_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



161. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_1

Contains: DIARRHEA_RX1_1, DIARRHEA_RX2_1, DIARRHEA_RX3_1, DIARRHEA_RX4_1, DIARRHEA_RX5_1, DIARRHEA_RX11_1, DIARRHEA_RX12_1, DIARRHEA_RX13_1, DIARRHEA_RX14_1, DIARRHEA_RX15_1, DIARRHEA_RX6_1, DIARRHEA_RX7_1, DIARRHEA_RX8_1, DIARRHEA_RX9_1, DIARRHEA_RX10_1, DIARRHEA_RXOTH_1, DIARRHEA_RXDK_1

Required

Show if: (DIARRHEA_1 = 1:[Yes]) and (DIARRHEA4_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



162. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / <i>Píldora</i>	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --

(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▼
(c) Zinc	-- Select One -- ▼
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▼
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One -- ▼
<i>Syrup / Jarabe</i>	
(f) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▼
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▼
(h) Zinc	-- Select One -- ▼
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▼
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One -- ▼
<i>Injection / Inyección</i>	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▼
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One -- ▼
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One -- ▼
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One -- ▼
<i>Other / Otro</i>	
(o) Home remedy / herbal medicine / <i>Medicamento casero/ a base de hierbas</i>	-- Select One -- ▼
(p) Other / <i>Otro</i>	-- Select One -- ▼
(q) Don't know / <i>No sabe</i>	-- Select One -- ▼



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_1

Required

Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC >= 6) and (KIDS_AGE_1.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



179. *Interviewer: Only ask the following question if the child is aged 6-23 months.*

Now I am going to ask you about the **past 6 months**.
*Ahora voy a hacerle preguntas sobre **los últimos 6 meses**.*

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina.

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: MICRO_CONS_NUM_1

Required

Show if: (MICRO_CONS_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



180. ***In the past 6 months***, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_1

Required

Show if: (MICRO_CONS_NUM_1.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



181. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_1

Required

Show if: (KIDS_AGE_1 = 1:[Enter age:]) and (KIDS_AGE_1.SPEC ≥ 12) and (KIDS_AGE_1.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



182. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the ***past 12 months***.
 Ahora voy a preguntarle por ***los últimos 12 meses***.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: WORMS_TIMES_1

Required

Show if: (WORMS_1 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



183. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question Block: IN_HOUSE_1

Contains: INHOUSE_WORMS_1, INHOUSE_ORIS_1, INHOUSE_ZINC_1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



184. Do you currently have any of the following medications or treatments at your house?

¿Tiene usted actualmente alguna de las siguientes medicinas o tratamientos en casa?

	Yes	No	Don't know	Decline to respond
(a) Medicine for intestinal worms or parasites / Medicina para las lombrices o parásitos en el intestino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Oral rehydration salts for the treatment of diarrhea / Sales de rehidratacion oral para el tratamiento de diarrea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Zinc (pill or syrup) for the treatment of diarrhea / Zinc (comprimido o jarabe) para el tratamiento de la diarrea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACANY_1

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



187. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?
¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Collection: VACCINE_1

Contains: VAC_ANY_NUM_1, VACCARD_WHERE_1, VACCARD_NUM_TYPE_1

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_1 = 1:[Yes])

Question Block: VAC_ANY_NUM_1

Contains: VACANY_BCG_1, VACANY_PENTA_1, VACANY_POLIO_1, VACANY_DPT_1, VACANY_MMR_1, VACANY_HEPB_1, VACANY_ROTA_1, VACANY_PNEUM_1

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



188. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:
Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Haemophilus influenzae tipo b</i>				
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_1

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



196. Do you have a card where 's vaccinations are written down?

¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?

¿Me permite verla, por favor?

Question Block: VACCARD_NUM_TYPE_1

Contains: VACCARD_BCG_1, VACCARD_PENTA_1, VACCARD_POLIO_1, VACCARD_DPT_1, VACCARD_MMR_1, VACCARD_HEPB_1, VACCARD_ROTA_1, VACCARD_PNEUM_1

Show if: (VACCARD_WHERE_1 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



197. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination / <i>Vacuna neumocócica conjugada</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

Collection: CHILD_HEALTH_2

Contains: KIDS_NAME_2, KIDS_AGE_2, KIDS_BIO_2, FOOD_BF_2, FOOD_OTH_2, FOOD_OTH_DRINKS_2, DIARRHEA_2, C_DIARRHEA_2, DIARRHEA4_2, C_DIARRHEA_RX_2, MICRO_CONS_2, MICRO_CONS_NUM_2, MICRO_CONS_EXPL_2, WORMS_2, WORMS_TIMES_2, VACANY_2, VACCINE_2

Show if: (TOTAL_CHILDREN = 2) or (TOTAL_CHILDREN = 3) or (TOTAL_CHILDREN = 4) or (TOTAL_CHILDREN = 5) or (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_2

Required



205. Interviewer: Proceed to the second youngest child.

What is the child's name?

¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_2

Required

Scale Summary		

Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



206. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_2



207. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



208. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

- ☐ Yes
- ☐ No

Question: FOOD_BF_2

Required

Show if: (KIDS_AGE_2.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



209. Interviewer: Only ask the following question if the child is aged 0-5 months.

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
*Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.*

I am interested in whether your child had the item I mention even if it was combined with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?
Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FOOD_OTH_2

Required

Show if: (FOOD_BF_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



210. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FOOD_OTH_DRINKS_2

Required

Show if: (FOOD_BF_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



211. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió] alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DIARRHEA_2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



212. Now I am going to ask you about the **past 2 weeks**.

Ahora voy a preguntarle sobre las **dos últimas semanas**.

In the last 2 weeks, has had diarrhea?
Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_2

Contains: DIARRHEA_DRINK1_2, DIARRHEA_DRINK2_2, DIARRHEA_DRINK3_2

Required

Show if: (DIARRHEA_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



213. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_2

Required

Show if: (DIARRHEA_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



216. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No

- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_RX_2

Contains: DIARRHEA_RX1_2, DIARRHEA_RX2_2, DIARRHEA_RX3_2, DIARRHEA_RX4_2, DIARRHEA_RX5_2, DIARRHEA_RX11_2, DIARRHEA_RX12_2, DIARRHEA_RX13_2, DIARRHEA_RX14_2, DIARRHEA_RX15_2, DIARRHEA_RX6_2, DIARRHEA_RX7_2, DIARRHEA_RX8_2, DIARRHEA_RX9_2, DIARRHEA_RX10_2, DIARRHEA_RXOTH_2, DIARRHEA_RXDK_2

Required

Show if: (DIARRHEA_2 = 1:[Yes]) and (DIARRHEA4_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



217. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / Píldora	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(c) Zinc	-- Select One --
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One --
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One --
Syrup / Jarabe	
(f) Antibiotic / <i>Antibiótico</i>	-- Select One --
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(h) Zinc	-- Select One --
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One --
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One --
Injection / Inyección	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One --
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One --
(m) Unknown injection / <i>Inyección de origen desconocido</i>	

	-- Select One --
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One --
Other / Otro	
(o) Home remedy / herbal medicine / <i>Medicamento casero/ a base de hierbas</i>	-- Select One --
(p) Other / <i>Otro</i>	-- Select One --
(q) Don't know / <i>No sabe</i>	-- Select One --



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_2
Required
Show if: (KIDS_AGE_2 = 1:[Enter age:]) and (KIDS_AGE_2.SPEC >= 6) and (KIDS_AGE_2.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



234. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the **past 6 months**.
 Ahora voy a hacerle preguntas sobre **los últimos 6 meses**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_2

Required

Show if: (MICRO_CONS_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



235. **In the past 6 months**, did consume any supplemental nutrition packets like these?

En los últimos 6 meses, consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_2

Required

Show if: (MICRO_CONS_NUM_2.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



236. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_2

Required

Show if: (KIDS_AGE_2 = 1:[Enter age:]) and (KIDS_AGE_2.SPEC ≥ 12) and (KIDS_AGE_2.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



237. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the ***past 12 months***.
Ahora voy a preguntarle por los últimos 12 meses.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_2

Required

Show if: (WORMS_2 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



238. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_2

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



239. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_2

Contains: VAC_ANY_NUM_2, VACCARD_WHERE_2, VACCARD_NUM_TYPE_2

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_2 = 1:[Yes])

Question Block: VAC_ANY_NUM_2

Contains: VACANY_BCG_2, VACANY_PENTA_2, VACANY_POLIO_2, VACANY_DPT_2, VACANY_MMR_2, VACANY_HEPB_2, VACANY_ROTA_2, VACANY_PNEUM_2

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



240. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomieltis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomieltis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una</i>	<input type="radio"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<i>inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="text"/>			
(f)	Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g)	Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h)	Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_2

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



248. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_2

Contains: VACCARD_BCG_2, VACCARD_PENTA_2, VACCARD_POLIO_2, VACCARD_DPT_2, VACCARD_MMR_2, VACCARD_HEPB_2, VACCARD_ROTA_2, VACCARD_PNEUM_2

Show if: (VACCARD_WHERE_2 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



249. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomiélitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination / <i>Vacuna neumocócica conjugada</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

Collection: CHILD_HEALTH_3

Contains: KIDS_NAME_3, KIDS_AGE_3, KIDS_BIO_3, FOOD_BF_3, FOOD_OTH_3, FOOD_OTH_DRINKS_3, DIARRHEA_3, C_DIARRHEA_3, DIARRHEA4_3, C_DIARRHEA_RX_3, MICRO_CONS_3, MICRO_CONS_NUM_3, MICRO_CONS_EXPL_3, WORMS_3, WORMS_TIMES_3, VACANY_3, VACCINE_3

Show if: (TOTAL_CHILDREN = 3) or (TOTAL_CHILDREN = 4) or (TOTAL_CHILDREN = 5) or (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_3
Required



257. Interviewer: Proceed to the third youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_3
Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



258. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_3



259. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year **Question:** KIDS_BIO_3**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



260. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

☐ Yes☐ No**Question:** FOOD_BF_3**Required****Show if:** (KIDS_AGE_3.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



261. Interviewer: Only ask the following question if the child is aged 0-5 months.

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
*Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.*

I am interested in whether your child had the item I mention even if it was combined with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?
Ayer o anoche, bebió leche materna?

(SELECT ONE)

☐ Yes☐ No☐ Don't know☐ Decline to respond**Question:** FOOD_OTH_3**Required****Show if:** (FOOD_BF_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



262. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_3

Required

Show if: (FOOD_BF_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



263. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió] alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_3

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



264. Now I am going to ask you about the **past 2 weeks**.

*Ahora voy a preguntarle sobre **las dos últimas semanas**.*

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_3

Contains: DIARRHEA_DRINK1_3, DIARRHEA_DRINK2_3, DIARRHEA_DRINK3_3

Required

Show if: (DIARRHEA_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



265. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_3

Required

Show if: (DIARRHEA_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



268. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_3

Contains: DIARRHEA_RX1_3, DIARRHEA_RX2_3, DIARRHEA_RX3_3, DIARRHEA_RX4_3, DIARRHEA_RX5_3, DIARRHEA_RX11_3, DIARRHEA_RX12_3, DIARRHEA_RX13_3, DIARRHEA_RX14_3, DIARRHEA_RX15_3, DIARRHEA_RX6_3, DIARRHEA_RX7_3, DIARRHEA_RX8_3, DIARRHEA_RX9_3, DIARRHEA_RX10_3, DIARRHEA_RXOTH_3, DIARRHEA_RXDK_3

Required

Show if: (DIARRHEA_3 = 1:[Yes]) and (DIARRHEA4_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



269. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / Píldora	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(c) Zinc	-- Select One --
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One --
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One --
Syrup / Jarabe	
(f) Antibiotic / <i>Antibiótico</i>	-- Select One --
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(h) Zinc	-- Select One --
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One --
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One --
Injection / Inyección	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One --
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One --
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One --
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One --
Other / Otro	
(o) Home remedy / herbal medicine / <i>Medicamento casero/a base de hierbas</i>	-- Select One --
(p) Other / <i>Otro</i>	-- Select One --
(q) Don't know / <i>No sabe</i>	-- Select One --



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_3

Required

Show if: (KIDS_AGE_3 = 1:[Enter age:]) and (KIDS_AGE_3.SPEC >= 6) and (KIDS_AGE_3.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



286. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the **past 6 months**.
 Ahora voy a hacerle preguntas sobre **los últimos 6 meses**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_3**Required****Show if:** (MICRO_CONS_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



287. ***In the past 6 months***, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_3**Required****Show if:** (MICRO_CONS_NUM_3.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



288. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_3**Required****Show if:** (KIDS_AGE_3 = 1:[Enter age:]) and (KIDS_AGE_3.SPEC ≥ 12) and (KIDS_AGE_3.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



289. Interviewer: Only ask the following question if the child is aged 12-59 months.

Now I am going to ask you about the **past 12 months**.
Ahora voy a preguntarle por los últimos 12 meses.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_3

Required

Show if: (WORMS_3 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



290. **In the last 12 months**, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_3

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



291. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_3**Contains:** VAC_ANY_NUM_3, VACCARD_WHERE_3, VACCARD_NUM_TYPE_3**Show if:** (INTERVIEW_LOC = 2:[Household]) and (VACANY_3 = 1:[Yes])**Question Block:** VAC_ANY_NUM_3**Contains:** VACANY_BCG_3, VACANY_PENTA_3, VACANY_POLIO_3, VACANY_DPT_3, VACANY_MMR_3, VACANY_HEPB_3, VACANY_ROTAV_3, VACANY_PNEUM_3

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



292. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles,				

mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_3

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



300. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_3

Contains: VACCARD_BCG_3, VACCARD_PENTA_3, VACCARD_POLIO_3, VACCARD_DPT_3, VACCARD_MMR_3, VACCARD_HEPB_3, VACCARD_ROTA_3, VACCARD_PNEUM_3
 Show if: (VACCARD_WHERE_3 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



301. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la</i>		

<i>poliomyelitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination / <i>Vacuna neumocócica conjugada</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

Collection: CHILD_HEALTH_4

Contains: KIDS_NAME_4, KIDS_AGE_4, KIDS_BIO_4, FOOD_BF_4, FOOD_OTH_4, FOOD_OTH_DRINKS_4, DIARRHEA_4, C_DIARRHEA_4, DIARRHEA4_4, C_DIARRHEA_RX_4, MICRO_CONS_4, MICRO_CONS_NUM_4, MICRO_CONS_EXPL_4, WORMS_4, WORMS_TIMES_4, VACANY_4, VACCINE_4

Show if: (TOTAL_CHILDREN = 4) or (TOTAL_CHILDREN = 5) or (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_4

Required



309. Interviewer: Proceed to the fourth youngest child.

What is the child's name?

¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_4

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



310. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_4



311. What is the birthdate of ?

¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_4

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



312. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

☐ Yes

☐ No

Question: FOOD_BF_4

Required

Show if: (KIDS_AGE_4.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



313. Interviewer: Only ask the following question if the child is aged 0-5 months.

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió ayer o anoche.

I am interested in whether your child had the item I mention even if it was combined with other food.
Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?
Ayer o anoche, bebió leche materna?

(SELECT ONE)

☐ Yes

☐ No

☐ Don't know

☐ Decline to respond

Question: FOOD_OTH_4

Required

Show if: (FOOD_BF_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



314. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_4**Required****Show if:** (FOOD_BF_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



315. ***Yesterday or last night***, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió] alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_4**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



316. Now I am going to ask you about the ***past 2 weeks***.

Ahora voy a preguntarle sobre las dos últimas semanas.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_4**Contains:** DIARRHEA_DRINK1_4, DIARRHEA_DRINK2_4, DIARRHEA_DRINK3_4**Required****Show if:** (DIARRHEA_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If

1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



317. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One -- ▾
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One -- ▾
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One -- ▾

Question: DIARRHEA4_4

Required

Show if: (DIARRHEA_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



320. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_4

Contains: DIARRHEA_RX1_4, DIARRHEA_RX2_4, DIARRHEA_RX3_4, DIARRHEA_RX4_4, DIARRHEA_RX5_4, DIARRHEA_RX11_4, DIARRHEA_RX12_4, DIARRHEA_RX13_4, DIARRHEA_RX14_4, DIARRHEA_RX15_4, DIARRHEA_RX6_4, DIARRHEA_RX7_4, DIARRHEA_RX8_4, DIARRHEA_RX9_4, DIARRHEA_RX10_4, DIARRHEA_RXOTH_4, DIARRHEA_RXDK_4

Required

Show if: (DIARRHEA_4 = 1:[Yes]) and (DIARRHEA4_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



321. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / Píldora	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▾
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▾
(c) Zinc	-- Select One -- ▾
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▾
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One -- ▾
Syrup / Jarabe	
(f) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▾
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▾
(h) Zinc	-- Select One -- ▾
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▾
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One -- ▾
Injection / Inyección	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▾
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One -- ▾
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One -- ▾
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One -- ▾
Other / Otro	
(o) Home remedy / herbal medicine / <i>Medicamento casero/a base de hierbas</i>	-- Select One -- ▾
(p) Other / <i>Otro</i>	-- Select One -- ▾
(q) Don't know / <i>No sabe</i>	-- Select One -- ▾



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_4

Required

Show if: (KIDS_AGE_4 = 1:[Enter age:]) and (KIDS_AGE_4.SPEC >= 6) and (KIDS_AGE_4.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



338. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the **past 6 months**.
 Ahora voy a hacerle preguntas sobre **los últimos 6 meses**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_4**Required****Show if:** (MICRO_CONS_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



339. ***In the past 6 months***, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_4**Required****Show if:** (MICRO_CONS_NUM_4.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



340. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_4**Required****Show if:** (KIDS_AGE_4 = 1:[Enter age:]) and (KIDS_AGE_4.SPEC ≥ 12) and (KIDS_AGE_4.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



341. Interviewer: Only ask the following question if the child is aged 12-59 months.

Now I am going to ask you about the **past 12 months**.
Ahora voy a preguntarle por los últimos 12 meses.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_4

Required

Show if: (WORMS_4 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



342. **In the last 12 months**, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_4

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



343. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond



Collection: VACCINE_4
Contains: VAC_ANY_NUM_4, VACCARD_WHERE_4, VACCARD_NUM_TYPE_4
Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_4 = 1:[Yes])

Question Block: VAC_ANY_NUM_4
Contains: VACANY_BCG_4, VACANY_PENTA_4, VACANY_POLIO_4, VACANY_DPT_4, VACANY_MMR_4, VACANY_HEPB_4, VACANY_ROTA_4, VACANY_PNEUM_4

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



344. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm				

at the age of 9 months or older – to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_4

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



352. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_4

Contains: VACCARD_BCG_4, VACCARD_PENTA_4, VACCARD_POLIO_4, VACCARD_DPT_4, VACCARD_MMR_4, VACCARD_HEPB_4, VACCARD_ROTA_4, VACCARD_PNEUM_4

Show if: (VACCARD_WHERE_4 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



353. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination / <i>Vacuna neumocócica conjugada</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

Collection: CHILD_HEALTH_5

Contains: KIDS_NAME_5, KIDS_AGE_5, KIDS_BIO_5, FOOD_BF_5, FOOD_OTH_5, FOOD_OTH_DRINKS_5, DIARRHEA_5, C_DIARRHEA_5, DIARRHEA4_5, C_DIARRHEA_RX_5, MICRO_CONS_5, MICRO_CONS_NUM_5, MICRO_CONS_EXPL_5, WORMS_5, WORMS_TIMES_5, VACANY_5, VACCINE_5

Show if: (TOTAL_CHILDREN = 5) or (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_5

Required



361. Interviewer: Proceed to the fifth youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_5

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



362. How old is in months?

¿Cuántos meses tiene ?
(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_5



363. What is the birthdate of ? ¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_5**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



364. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

☐ Yes☐ No**Question:** FOOD_BF_5**Required****Show if:** (KIDS_AGE_5.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

365. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had yesterday or last night.
 Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió ayer o anoche.

I am interested in whether your child had the item I mention even if it was combined
 with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado
 con otros alimentos.

Yesterday or last night, did consume breast milk?

Ayer o anoche, bebió leche materna?

(SELECT ONE)

☐ Yes☐ No☐ Don't know☐ Decline to respond**Question:** FOOD_OTH_5**Required****Show if:** (FOOD_BF_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

366. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: FOOD_OTH_DRINKS_5

Required

Show if: (FOOD_BF_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



367. ***Yesterday or last night***, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió {Response: KIDS_NAME_5} alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DIARRHEA_5

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



368. Now I am going to ask you about the ***past 2 weeks***.

Ahora voy a preguntarle sobre las dos últimas semanas.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_5

Contains: DIARRHEA_DRINK1_5, DIARRHEA_DRINK2_5, DIARRHEA_DRINK3_5

Required

Show if: (DIARRHEA_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If

1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



369. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / ¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / ¿Un líquido envasado llamado SRO? (Suero oral embotellado)	-- Select One --
(c) Homemade fluid recommended by health authorities? / ¿Líquido casero recomendado por las autoridades sanitarias?	-- Select One --

Question: DIARRHEA4_5

Required

Show if: (DIARRHEA_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



372. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_5

Contains: DIARRHEA_RX1_5, DIARRHEA_RX2_5, DIARRHEA_RX3_5, DIARRHEA_RX4_5, DIARRHEA_RX5_5, DIARRHEA_RX11_5, DIARRHEA_RX12_5, DIARRHEA_RX13_5, DIARRHEA_RX14_5, DIARRHEA_RX15_5, DIARRHEA_RX6_5, DIARRHEA_RX7_5, DIARRHEA_RX8_5, DIARRHEA_RX9_5, DIARRHEA_RX10_5, DIARRHEA_RXOTH_5, DIARRHEA_RXDK_5

Required

Show if: (DIARRHEA_5 = 1:[Yes]) and (DIARRHEA4_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



373. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / Pildora	
(a) Antibiotic / Antibiótico	-- Select One -- ▼
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▼
(c) Zinc	-- Select One -- ▼
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▼
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One -- ▼
Syrup / Jarabe	
(f) Antibiotic / Antibiótico	-- Select One -- ▼
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▼
(h) Zinc	-- Select One -- ▼
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▼
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One -- ▼
Injection / Inyección	
(k) Antibiotic / Antibiótico	-- Select One -- ▼
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One -- ▼
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One -- ▼
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One -- ▼
Other / Otro	
(o) Home remedy / herbal medicine / <i>Medicamento casero/a base de hierbas</i>	-- Select One -- ▼
(p) Other / <i>Otro</i>	-- Select One -- ▼
(q) Don't know / <i>No sabe</i>	-- Select One -- ▼



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_5

Required

Show if: (KIDS_AGE_5 = 1:[Enter age:]) and (KIDS_AGE_5.SPEC >= 6) and (KIDS_AGE_5.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



390. *Interviewer: Only ask the following question if the child is aged 6-23 months.*

Now I am going to ask you about the ***past 6 months***.
 Ahora voy a hacerle preguntas sobre los últimos 6 meses.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina.

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_5**Required****Show if:** (MICRO_CONS_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	

391. ***In the past 6 months***, how many of these packets did consume?

En los últimos 6 meses, ¿cuántos paquetes consumió ?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_5**Required****Show if:** (MICRO_CONS_NUM_5.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



392. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_5**Required****Show if:** (KIDS_AGE_5 = 1:[Enter age:]) and (KIDS_AGE_5.SPEC ≥ 12) and (KIDS_AGE_5.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

393. *Interviewer: Only ask the following question if the child is aged 12-59 months.*Now I am going to ask you about the ***past 12 months***.

Ahora voy a preguntarle por los últimos 12 meses.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: WORMS_TIMES_5

Required

Show if: (WORMS_5 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



394. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?
En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_5

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



395. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?
¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_5

Contains: VAC_ANY_NUM_5, VACCARD_WHERE_5, VACCARD_NUM_TYPE_5

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_5 = 1:[Yes])

Question Block: VAC_ANY_NUM_5

Contains: VACANY_BCG_5, VACANY_PENTA_5, VACANY_POLIO_5, VACANY_DPT_5, VACANY_MMR_5, VACANY_HEPB_5, VACANY_ROTA_5, VACANY_PNEUM_5

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



396. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter **-1** for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>diarrea en los niños.)</i>				
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_5

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



404. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_5

Contains: VACCARD_BCG_5, VACCARD_PENTA_5, VACCARD_POLIO_5, VACCARD_DPT_5, VACCARD_MMR_5, VACCARD_HEPB_5, VACCARD_ROTA_5, VACCARD_PNEUM_5

Show if: (VACCARD_WHERE_5 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



405. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination /	times	

Vacuna neumocócica conjugada

☐
☐

Collection: CHILD_HEALTH_6

Contains: KIDS_NAME_6, KIDS_AGE_6, KIDS_BIO_6, FOOD_BF_6, FOOD_OTH_6, FOOD_OTH_DRINKS_6, DIARRHEA_6, C_DIARRHEA_6, DIARRHEA4_6, C_DIARRHEA_RX_6, MICRO_CONS_6, MICRO_CONS_NUM_6, MICRO_CONS_EXPL_6, WORMS_6, WORMS_TIMES_6, VACANY_6, VACCINE_6

Show if: (TOTAL_CHILDREN = 6) or (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_6

Required



413. Interviewer: Proceed to the sixth youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_6

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



414. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_6



415. What is the birthdate of ? ¿En qué día, mes y año nació {Response: KIDS_NAME_6}

Day

Month

Year

Question: KIDS_BIO_6

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



416. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

- ☐ Yes
- ☐ No

Question: FOOD_BF_6**Required****Show if:** (KIDS_AGE_6.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

417. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
 Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió ayer o anoche.

I am interested in whether your child had the item I mention even if it was combined
 with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado
 con otros alimentos.

Yesterday or last night, did consume breast milk?

Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_6**Required****Show if:** (FOOD_BF_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

418. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_6**Required****Show if:** (FOOD_BF_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	

0	No	
-1	Don't know	
-2	Decline to respond	



419. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_6

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



420. Now I am going to ask you about the **past 2 weeks**.

Ahora voy a preguntarle sobre las dos últimas semanas.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_6

Contains: DIARRHEA_DRINK1_6, DIARRHEA_DRINK2_6, DIARRHEA_DRINK3_6

Required

Show if: (DIARRHEA_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



421. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / ¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)

-- Select One --



(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_6**Required****Show if:** (DIARRHEA_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



424. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_6

Contains: DIARRHEA_RX1_6, DIARRHEA_RX2_6, DIARRHEA_RX3_6, DIARRHEA_RX4_6, DIARRHEA_RX5_6, DIARRHEA_RX11_6, DIARRHEA_RX12_6, DIARRHEA_RX13_6, DIARRHEA_RX14_6, DIARRHEA_RX15_6, DIARRHEA_RX6_6, DIARRHEA_RX7_6, DIARRHEA_RX8_6, DIARRHEA_RX9_6, DIARRHEA_RX10_6, DIARRHEA_RXOTH_6, DIARRHEA_RXDK_6

Required**Show if:** (DIARRHEA_6 = 1:[Yes]) and (DIARRHEA4_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	
















425. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

<i>Pill / Píldora</i>	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(c) Zinc	-- Select One --
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento</i>	-- Select One --

<i>antimotilidad/andidiarreico, zinc)</i>	
(e) Unknown pill / <i>Píldora de origen desconocido</i>	-- Select One -- 
<i>Syrup / Jarabe</i>	
(f) Antibiotic / <i>Antibiótico</i>	-- Select One -- 
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- 
(h) Zinc	-- Select One -- 
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- 
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One -- 
<i>Injection / Inyección</i>	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One -- 
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One -- 
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One -- 
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One -- 
<i>Other / Otro</i>	
(o) Home remedy / herbal medicine / <i>Medicamento casero/a base de hierbas</i>	-- Select One -- 
(p) Other / <i>Otro</i>	-- Select One -- 
(q) Don't know / <i>No sabe</i>	-- Select One -- 



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_6

Required

Show if: (KIDS_AGE_6 = 1:[Enter age:]) and (KIDS_AGE_6.SPEC >= 6) and (KIDS_AGE_6.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



442. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the **past 6 months**.
Ahora voy a hacerle preguntas sobre los últimos 6 meses.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina.

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_6**Required****Show if:** (MICRO_CONS_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



443. ***In the past 6 months***, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_6**Required****Show if:** (MICRO_CONS_NUM_6.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



444. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_6**Required****Show if:** (KIDS_AGE_6 = 1:[Enter age:]) and (KIDS_AGE_6.SPEC ≥ 12) and (KIDS_AGE_6.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



445. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the ***past 12 months***.
 Ahora voy a preguntarle por los últimos 12 meses.

In the last 12 months, was given any deworming pills/medication for intestinal worms?
 En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_6**Required****Show if:** (WORMS_6 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



446. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?
 En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_6**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



447. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?
 ¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_6**Contains:** VAC_ANY_NUM_6, VACCARD_WHERE_6, VACCARD_NUM_TYPE_6**Show if:** (INTERVIEW_LOC = 2:[Household]) and (VACANY_6 = 1:[Yes])**Question Block:** VAC_ANY_NUM_6**Contains:** VACANY_BCG_6, VACANY_PENTA_6, VACANY_POLIO_6, VACANY_DPT_6, VACANY_MMR_6, VACANY_HEPB_6, VACANY_ROTAV_6, VACANY_PNEUM_6

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



448. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:
Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter **-1** for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Pneumococcal conjugate vaccination (to				

prevent meningitis) / *Vacuna neumocócica conjugada (para prevenir la meningitis)*

☐ times ☐ ☐ ☐

Question: VACCARD_WHERE_6

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



456. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_6

Contains: VACCARD_BCG_6, VACCARD_PENTA_6, VACCARD_POLIO_6, VACCARD_DPT_6, VACCARD_MMR_6, VACCARD_HEPB_6, VACCARD_ROTA_6, VACCARD_PNEUM_6
Show if: (VACCARD_WHERE_6 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



457. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(h) Pneumococcal conjugate vaccination / <i>Vacuna neumocócica conjugada</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

Collection: CHILD_HEALTH_7

Contains: KIDS_NAME_7, KIDS_AGE_7, KIDS_BIO_7, FOOD_BF_7, FOOD_OTH_7, FOOD_OTH_DRINKS_7, DIARRHEA_7, C_DIARRHEA_7, DIARRHEA4_7, C_DIARRHEA_RX_7, MICRO_CONS_7, MICRO_CONS_NUM_7, MICRO_CONS_EXPL_7, WORMS_7, WORMS_TIMES_7, VACANY_7, VACCINE_7

Show if: (TOTAL_CHILDREN = 7) or (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_7

Required



465. Interviewer: Proceed to the seventh youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_7

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



466. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_7



467. What is the birthdate of ? ¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_7

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



468. Is this your biological child? (Biological children are born from your pregnancy.) / ¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

- ☐ Yes
- ☐ No

Question: FOOD_BF_7

Required

Show if: (KIDS_AGE_7.SPEC < 6)

Scale Summary		
Code	Label	Show-If

1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



469. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió ayer o anoche.

I am interested in whether your child had the item I mention even if it was combined with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?

Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_7

Required

Show if: (FOOD_BF_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



470. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_7

Required

Show if: (FOOD_BF_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



471. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_7
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



472. Now I am going to ask you about the **past 2 weeks**.
Ahora voy a preguntarle sobre las **dos últimas semanas**.

In the last 2 weeks, has had diarrhea?
Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_7

Contains: DIARRHEA_DRINK1_7, DIARRHEA_DRINK2_7, DIARRHEA_DRINK3_7

Required

Show if: (DIARRHEA_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



473. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las</i>	-- Select One --


autoridades sanitarias?

Question: DIARRHEA4_7

Required

Show if: (DIARRHEA_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 476. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond


Question Block: C_DIARRHEA_RX_7

Contains: DIARRHEA_RX1_7, DIARRHEA_RX2_7, DIARRHEA_RX3_7, DIARRHEA_RX4_7, DIARRHEA_RX5_7, DIARRHEA_RX11_7, DIARRHEA_RX12_7, DIARRHEA_RX13_7, DIARRHEA_RX14_7, DIARRHEA_RX15_7, DIARRHEA_RX6_7, DIARRHEA_RX7_7, DIARRHEA_RX8_7, DIARRHEA_RX9_7, DIARRHEA_RX10_7, DIARRHEA_RXOTH_7, DIARRHEA_RXDK_7






Required

Show if: (DIARRHEA_7 = 1:[Yes]) and (DIARRHEA4_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

 477. What (else) was given to treat the diarrhea?
¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

<i>Pill / Píldora</i>	
(a) Antibiotic / Antibiótico	-- Select One -- 
(b) Anti-motility / Anti-diarrheal / Medicamento antimotilidad/antidiarreico	-- Select One -- 
(c) Zinc	-- Select One -- 
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One -- 
(e) Unknown pill / Píldora de origen desconocido	-- Select One -- 
<i>Syrup / Jarabe</i>	

(f) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▼
(g) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One -- ▼
(h) Zinc	-- Select One -- ▼
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / <i>Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)</i>	-- Select One -- ▼
(j) Unknown syrup / <i>Jarabe de origen desconocido</i>	-- Select One -- ▼
Injection / <i>Inyección</i>	
(k) Antibiotic / <i>Antibiótico</i>	-- Select One -- ▼
(l) Non-antibiotic / <i>No antibiótico</i>	-- Select One -- ▼
(m) Unknown injection / <i>Inyección de origen desconocido</i>	-- Select One -- ▼
(n) Intravenous therapy / <i>Terapia endovenosa</i>	-- Select One -- ▼
Other / <i>Otro</i>	
(o) Home remedy / herbal medicine / <i>Medicamento casero/ a base de hierbas</i>	-- Select One -- ▼
(p) Other / <i>Otro</i>	-- Select One -- ▼
(q) Don't know / <i>No sabe</i>	-- Select One -- ▼



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_7

Required

Show if: (KIDS_AGE_7 = 1:[Enter age:]) and (KIDS_AGE_7.SPEC >= 6) and (KIDS_AGE_7.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



494. *Interviewer: Only ask the following question if the child is aged 6-23 months.*

Now I am going to ask you about the **past 6 months**.
 Ahora voy a hacerle preguntas sobre los **últimos 6 meses**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of Incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina

(SELECT ONE)

- ☐ Yes
☐ No

- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_7

Required

Show if: (MICRO_CONS_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



495. ***In the past 6 months***, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_7

Required

Show if: (MICRO_CONS_NUM_7.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



496. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_7

Required

Show if: (KIDS_AGE_7 = 1:[Enter age:]) and (KIDS_AGE_7.SPEC ≥ 12) and (KIDS_AGE_7.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



497. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the ***past 12 months***.
Ahora voy a preguntarle por los ***últimos 12 meses***.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No

- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_7

Required

Show if: (WORMS_7 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



498. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_7

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



499. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_7

Contains: VAC_ANY_NUM_7, VACCARD_WHERE_7, VACCARD_NUM_TYPE_7

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_7 = 1:[Yes])

Question Block: VAC_ANY_NUM_7

Contains: VACANY_BCG_7, VACANY_PENTA_7, VACANY_POLIO_7, VACANY_DPT_7, VACANY_MMR_7, VACANY_HEPB_7, VACANY_ROTA_7, VACANY_PNEUM_7

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	

500. Please tell me if had any of the following vaccinations and specify the number of times



each vaccine was given:

Indíqueme si recibió [Response: KIDS_NAME_7} alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter **-1** for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>vacuna se proporciona para reducir la diarrea en los niños.)</i>				
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_7

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



508. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_7

Contains: VACCARD_BCG_7, VACCARD_PENTA_7, VACCARD_POLIO_7, VACCARD_DPT_7, VACCARD_MMR_7, VACCARD_HEPB_7, VACCARD_ROTA_7, VACCARD_PNEUM_7

Show if: (VACCARD_WHERE_7 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



509. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(h) Pneumococcal conjugate vaccination /
Vacuna neumocócica conjugada

☐ times

☐

Collection: CHILD_HEALTH_8

Contains: KIDS_NAME_8, KIDS_AGE_8, KIDS_BIO_8, FOOD_BF_8, FOOD_OTH_8, FOOD_OTH_DRINKS_8, DIARRHEA_8, C_DIARRHEA_8, DIARRHEA4_8, C_DIARRHEA_RX_8, MICRO_CONS_8, MICRO_CONS_NUM_8, MICRO_CONS_EXPL_8, WORMS_8, WORMS_TIMES_8, VACANY_8, VACCINE_8

Show if: (TOTAL_CHILDREN = 8) or (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_8

Required



517. Interviewer: Proceed to the eighth youngest child.

What is the child's name?

¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_8

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



518. How old is in months?

¿Cuántos meses tiene ?

(SELECT ONE)

☐ Enter age: months

☐ Don't know

☐ Decline to respond

Custom Layout Question: KIDS_DOB1_8



519. What is the birthdate of ? ¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_8

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



520. Is this your biological child? (Biological children are born from your pregnancy.) / ¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

☐ Yes

☐ No

Question: FOOD_BF_8**Required****Show if:** (KIDS_AGE_8.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

521. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
 Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.

I am interested in whether your child had the item I mention even if it was combined
 with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado
 con otros alimentos.

Yesterday or last night, did consume breast milk?

Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_8**Required****Show if:** (FOOD_BF_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

522. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_8**Required****Show if:** (FOOD_BF_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	

0	No	
-1	Don't know	
-2	Decline to respond	



523. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_8

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



524. Now I am going to ask you about the **past 2 weeks**.

Ahora voy a preguntarle sobre las dos últimas semanas.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_8

Contains: DIARRHEA_DRINK1_8, DIARRHEA_DRINK2_8, DIARRHEA_DRINK3_8

Required

Show if: (DIARRHEA_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



525. Was he/she given any of the following to drink at any time since he/she started having diarrhea?

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

- (a) A fluid made from a special packet called ORS? (Oral rehydration salts) / ¿Un líquido hecho con un preparado

<i>especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_8**Required****Show if:** (DIARRHEA_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



528. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_8

Contains: DIARRHEA_RX1_8, DIARRHEA_RX2_8, DIARRHEA_RX3_8, DIARRHEA_RX4_8, DIARRHEA_RX5_8, DIARRHEA_RX11_8, DIARRHEA_RX12_8, DIARRHEA_RX13_8, DIARRHEA_RX14_8, DIARRHEA_RX15_8, DIARRHEA_RX6_8, DIARRHEA_RX7_8, DIARRHEA_RX8_8, DIARRHEA_RX9_8, DIARRHEA_RX10_8, DIARRHEA_RXOTH_8, DIARRHEA_RXDK_8

Required**Show if:** (DIARRHEA_8 = 1:[Yes]) and (DIARRHEA4_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



529. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

<i>Pill / Píldora</i>	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --
(c) Zinc	-- Select One --

(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One -- ▾
(e) Unknown pill / Píldora de origen desconocido	-- Select One -- ▾
Syrup / Jarabe	
(f) Antibiotic / Antibiótico	-- Select One -- ▾
(g) Anti-motility / Anti-diarrheal / Medicamento antimotilidad/antidiarreico	-- Select One -- ▾
(h) Zinc	-- Select One -- ▾
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One -- ▾
(j) Unknown syrup / Jarabe de origen desconocido	-- Select One -- ▾
Injection / Inyección	
(k) Antibiotic / Antibiótico	-- Select One -- ▾
(l) Non-antibiotic / No antibiótico	-- Select One -- ▾
(m) Unknown injection / Inyección de origen desconocido	-- Select One -- ▾
(n) Intravenous therapy / Terapia endovenosa	-- Select One -- ▾
Other / Otro	
(o) Home remedy / herbal medicine / Medicamento casero / a base de hierbas	-- Select One -- ▾
(p) Other / Otro	-- Select One -- ▾
(q) Don't know / No sabe	-- Select One -- ▾



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_8

Required

Show if: (KIDS_AGE_8 = 1:[Enter age:]) and (KIDS_AGE_8.SPEC >= 6) and (KIDS_AGE_8.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



546. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the **past 6 months**.
 Ahora voy a hacerle preguntas sobre los **últimos 6 meses**.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of Incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina.

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

- ☐
- ☐ Decline to respond

Question: MICRO_CONS_NUM_8

Required

Show if: (MICRO_CONS_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



547. **In the past 6 months**, did consume any supplemental nutrition packets like these?
En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_8

Required

Show if: (MICRO_CONS_NUM_8.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



548. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_8

Required

Show if: (KIDS_AGE_8 = 1:[Enter age:]) and (KIDS_AGE_8.SPEC ≥ 12) and (KIDS_AGE_8.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



549. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the **past 12 months**.
 Ahora voy a preguntarle por los **últimos 12 meses**.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a {Response: KIDS_NAME_8} algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes

- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_8

Required

Show if: (WORMS_8 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



550. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses,¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_8

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



551. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_8

Contains: VAC_ANY_NUM_8, VACCARD_WHERE_8, VACCARD_NUM_TYPE_8

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_8 = 1:[Yes])

Question Block: VAC_ANY_NUM_8

Contains: VACANY_BCG_8, VACANY_PENTA_8, VACANY_POLIO_8, VACANY_DPT_8, VACANY_MMR_8, VACANY_HEPB_8, VACANY_ROTA_8, VACANY_PNEUM_8

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



552. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) /				

<i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la diarrea en los niños.)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_8

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



560. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_8

Contains: VACCARD_BCG_8, VACCARD_PENTA_8, VACCARD_POLIO_8, VACCARD_DPT_8, VACCARD_MMR_8, VACCARD_HEPB_8, VACCARD_ROTA_8, VACCARD_PNEUM_8
Show if: (VACCARD_WHERE_8 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



561. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(h) Pneumococcal conjugate vaccination /
Vacuna neumocócica conjugada

☐ times

☐

Collection: CHILD_HEALTH_9

Contains: KIDS_NAME_9, KIDS_AGE_9, KIDS_BIO_9, FOOD_BF_9, FOOD_OTH_9, FOOD_OTH_DRINKS_9, DIARRHEA_9, C_DIARRHEA_9, DIARRHEA4_9, C_DIARRHEA_RX_9, MICRO_CONS_9, MICRO_CONS_NUM_9, MICRO_CONS_EXPL_9, WORMS_9, WORMS_TIMES_9, VACANY_9, VACCINE_9

Show if: (TOTAL_CHILDREN = 9) or (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_9
Required



569. Interviewer: Proceed to the ninth youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_9
Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



570. How old is in months?
¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_9



571. What is the birthdate of ? ¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_9
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



572. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

- ☐ Yes
- ☐ No

Question: FOOD_BF_9

Required

Show if: (KIDS_AGE_9.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



573. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.

I am interested in whether your child had the item I mention even if it was combined with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado con otros alimentos.

Yesterday or last night, did consume breast milk?
Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_9

Required

Show if: (FOOD_BF_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



574. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_9**Required****Show if:** (FOOD_BF_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



575. ***Yesterday or last night***, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: DIARRHEA_9**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



576. Now I am going to ask you about the ***past 2 weeks***.

Ahora voy a preguntarle sobre las ***dos últimas semanas***.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_9**Contains:** DIARRHEA_DRINK1_9, DIARRHEA_DRINK2_9, DIARRHEA_DRINK3_9**Required****Show if:** (DIARRHEA_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



577. Was he/she given any of the following to drink at any time since he/she started having diarrhea?

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / <i>¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)</i>	-- Select One --
(b) A pre-packaged ORS liquid? (Bottled oral serum) / <i>¿Un líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One --
(c) Homemade fluid recommended by health authorities? / <i>¿Líquido casero recomendado por las autoridades sanitarias?</i>	-- Select One --

Question: DIARRHEA4_9**Required****Show if:** (DIARRHEA_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



580. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_9

Contains: DIARRHEA_RX1_9, DIARRHEA_RX2_9, DIARRHEA_RX3_9, DIARRHEA_RX4_9, DIARRHEA_RX5_9, DIARRHEA_RX11_9, DIARRHEA_RX12_9, DIARRHEA_RX13_9, DIARRHEA_RX14_9, DIARRHEA_RX15_9, DIARRHEA_RX6_9, DIARRHEA_RX7_9, DIARRHEA_RX8_9, DIARRHEA_RX9_9, DIARRHEA_RX10_9, DIARRHEA_RXOTH_9, DIARRHEA_RXDK_9

Required**Show if:** (DIARRHEA_9 = 1:[Yes]) and (DIARRHEA4_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



581. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

Pill / Píldora	
(a) Antibiotic / <i>Antibiótico</i>	-- Select One --
(b) Anti-motility / Anti-diarrheal / <i>Medicamento antimotilidad/antidiarreico</i>	-- Select One --

(c) Zinc	-- Select One --
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One --
(e) Unknown pill / Píldora de origen desconocido	-- Select One --
Syrup / Jarabe	
(f) Antibiotic / Antibiótico	-- Select One --
(g) Anti-motility / Anti-diarrheal Medicamento antimotilidad/antidiarreico	-- Select One --
(h) Zinc	-- Select One --
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One --
(j) Unknown syrup / Jarabe de origen desconocido	-- Select One --
Injection / Inyección	
(k) Antibiotic / Antibiótico	-- Select One --
(l) Non-antibiotic / No antibiótico	-- Select One --
(m) Unknown injection / Inyección de origen desconocido	-- Select One --
(n) Intravenous therapy / Terapia endovenosa	-- Select One --
Other / Otro	
(o) Home remedy / herbal medicine / Medicamento casero/ a base de hierbas	-- Select One --
(p) Other / Otro	-- Select One --
(q) Don't know / No sabe	-- Select One --



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_9

Required

Show if: (KIDS_AGE_9 = 1:[Enter age:]) and (KIDS_AGE_9.SPEC >= 6) and (KIDS_AGE_9.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



598. *Interviewer: Only ask the following question if the child is aged 6-23 months.*

Now I am going to ask you about the ***past 6 months***.
Ahora voy a hacerle preguntas sobre los ***últimos 6 meses***.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina.

En los últimos 6 meses, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina
(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: MICRO_CONS_NUM_9

Required

Show if: (MICRO_CONS_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	



599. **In the past 6 months**, how many of these packets did consume?

En los últimos 6 meses, consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_9

Required

Show if: (MICRO_CONS_NUM_9.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



600. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_9

Required

Show if: (KIDS_AGE_9 = 1:[Enter age:]) and (KIDS_AGE_9.SPEC ≥ 12) and (KIDS_AGE_9.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



601. *Interviewer: Only ask the following question if the child is aged 12-59 months.*

Now I am going to ask you about the **past 12 months**.
Ahora voy a preguntarle por los **últimos 12 meses**.

In the last 12 months, was given any deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No

- ☐ Don't know
- ☐ Decline to respond

Question: WORMS_TIMES_9

Required

Show if: (WORMS_9 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



602. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_9

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



603. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_9

Contains: VAC_ANY_NUM_9, VACCARD_WHERE_9, VACCARD_NUM_TYPE_9

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_9 = 1:[Yes])

Question Block: VAC_ANY_NUM_9

Contains: VACANY_BCG_9, VACANY_PENTA_9, VACANY_POLIO_9, VACANY_DPT_9, VACANY_MMR_9, VACANY_HEPB_9, VACANY_ROTA_9, VACANY_PNEUM_9

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	

604. Please tell me if had any of the following vaccinations and specify the number of times



each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>vacuna se proporciona para reducir la diarrea en los niños.)</i>				
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_9

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



612. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_9

Contains: VACCARD_BCG_9, VACCARD_PENTA_9, VACCARD_POLIO_9, VACCARD_DPT_9, VACCARD_MMR_9, VACCARD_HEPB_9, VACCARD_ROTA_9, VACCARD_PNEUM_9

Show if: (VACCARD_WHERE_9 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



613. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(h) Pneumococcal conjugate vaccination /
Vacuna neumocócica conjugada

☐ times

☐

Collection: CHILD_HEALTH_10

Contains: KIDS_NAME_10, KIDS_AGE_10, KIDS_BIO_10, FOOD_BF_10, FOOD_OTH_10, FOOD_OTH_DRINKS_10, DIARRHEA_10, C_DIARRHEA_10, DIARRHEA4_10, C_DIARRHEA_RX_10, MICRO_CONS_10, MICRO_CONS_NUM_10, MICRO_CONS_EXPL_10, WORMS_10, WORMS_TIMES_10, VACANY_10, VACCINE_10

Show if: (TOTAL_CHILDREN >= 10)

Question: KIDS_NAME_10

Required



621. Interviewer: Proceed to the tenth youngest child.

What is the child's name?
¿Cómo se llama el niño?

Interviewer: Please record only the first two letters of the first name and the first two letters of the last name.

Question: KIDS_AGE_10

Required

Scale Summary		
Code	Label	Show-If
1	Enter age:	
-1	Don't know	
-2	Decline to respond	



622. How old is in months?

¿Cuántos meses tiene ?

(SELECT ONE)

- ☐ Enter age: months
- ☐ Don't know
- ☐ Decline to respond

Custom Layout Question: KIDS_DOB1_10



623. What is the birthdate of ? ¿En qué día, mes y año nació ?

Day Month Year

Question: KIDS_BIO_10

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



624. Is this your biological child? (Biological children are born from your pregnancy.)

¿Es ésta su hijo/a biológico/a? (Los niños biológicos nacen de su embarazo.)

- ☐ Yes
- ☐ No

Question: FOOD_BF_10**Required****Show if:** (KIDS_AGE_10.SPEC < 6)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

625. *Interviewer: Only ask the following question if the child is aged 0-5 months.*

Now I would like to ask you about liquids or foods that had **yesterday or last night**.
 Ahora quisiera preguntarle sobre los líquidos o alimentos que ingirió **ayer o anoche**.

I am interested in whether your child had the item I mention even if it was combined
 with other food.

Me interesa saber si su niño comió o bebió lo que le menciono, aun si estuvo combinado
 con otros alimentos.

Yesterday or last night, did consume breast milk?

Ayer o anoche, bebió leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_10**Required****Show if:** (FOOD_BF_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

626. **Yesterday or last night**, did consume anything besides breast milk?

Ayer o anoche, consumió algo más, además de la leche materna?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: FOOD_OTH_DRINKS_10**Required****Show if:** (FOOD_BF_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	

-2 Decline to respond



627. **Yesterday or last night**, did consume any other drinks such as water, sugar water, or tea?

Ayer o anoche, bebió alguna otra bebida, como agua, agua azucarada o té?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: DIARRHEA_10

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



628. Now I am going to ask you about the **past 2 weeks**.

Ahora voy a preguntarle sobre las **dos últimas semanas**.

In the last 2 weeks, has had diarrhea?

Durante las dos últimas semanas, tuvo diarrea?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question Block: C_DIARRHEA_10

Contains: DIARRHEA_DRINK1_10, DIARRHEA_DRINK2_10, DIARRHEA_DRINK3_10

Required

Show if: (DIARRHEA_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



629. Was he/she given any of the following to drink at any time since he/she started having diarrhea:

¿Se le dio de beber alguno de los siguientes líquidos en cualquier momento desde que comenzó con la diarrea?

(SELECT ONE)

(a) A fluid made from a special packet called ORS? (Oral rehydration salts) / *¿Un líquido hecho con un preparado especial llamado SRO? (Sales de rehidratación oral)*

-- Select One --

(b) A pre-packaged ORS liquid? (Bottled oral serum) / *¿Un*

<i>líquido envasado llamado SRO? (Suero oral embotellado)</i>	-- Select One -- ▾
(c) Homemade fluid recommended by health authorities? /¿Líquido casero recomendado por las autoridades sanitarias?	-- Select One -- ▾

Question: DIARRHEA4_10

Required

Show if: (DIARRHEA_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



632. Was anything (else) given to treat the diarrhea?

¿Se le dio algo más para tratar la diarrea?

(SELECT ONE)

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question Block: C_DIARRHEA_RX_10

Contains: DIARRHEA_RX1_10, DIARRHEA_RX2_10, DIARRHEA_RX3_10, DIARRHEA_RX4_10, DIARRHEA_RX5_10, DIARRHEA_RX11_10, DIARRHEA_RX12_10, DIARRHEA_RX13_10, DIARRHEA_RX14_10, DIARRHEA_RX15_10, DIARRHEA_RX6_10, DIARRHEA_RX7_10, DIARRHEA_RX8_10, DIARRHEA_RX9_10, DIARRHEA_RX10_10, DIARRHEA_RXOTH_10, DIARRHEA_RXDK_10

Required

Show if: (DIARRHEA_10 = 1:[Yes]) and (DIARRHEA4_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



633. What (else) was given to treat the diarrhea?

¿Qué (más) se le dio para tratar la diarrea?

(SELECT ONE)

<div>Pill / Píldora</div>	
(a) Antibiotic / Antibiótico	-- Select One -- ▾
(b) Anti-motility / Anti-diarrheal / Medicamento antimotilidad/antidiarreico	-- Select One -- ▾
(c) Zinc	-- Select One -- ▾
(d) Other (not antibiotic, anti-motility / anti-diarrheal, or	

zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One --
(e) Unknown pill / Píldora de origen desconocido	-- Select One --
Syrup / Jarabe	
(f) Antibiotic / Antibiótico	-- Select One --
(g) Anti-motility / Anti-diarrheal / Medicamento antimotilidad/antidiarreico	-- Select One --
(h) Zinc	-- Select One --
(i) Other (not antibiotic, anti-motility / anti-diarrheal, or zinc) / Otro ((que no sea un antibiótico, medicamento antimotilidad/andidiarreico, zinc)	-- Select One --
(j) Unknown syrup / Jarabe de origen desconocido	-- Select One --
Injection / Inyección	
(k) Antibiotic / Antibiótico	-- Select One --
(l) Non-antibiotic / No antibiótico	-- Select One --
(m) Unknown injection / Inyección de origen desconocido	-- Select One --
(n) Intravenous therapy / Terapia endovenosa	-- Select One --
Other / Otro	
(o) Home remedy / herbal medicine / Medicamento casero/ a base de hierbas	-- Select One --
(p) Other / Otro	-- Select One --
(q) Don't know / No sabe	-- Select One --



This picture pertains to the next question about micronutrient packets. Please read the full text of the next question, and then show this picture.

Sample image of Incaparina Packet / Imagen del paquete de Incaparina

Question: MICRO_CONS_10

Required

Show if: (KIDS_AGE_10 = 1:[Enter age:]) and (KIDS_AGE_10.SPEC >= 6) and (KIDS_AGE_10.SPEC < 24)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



650. Interviewer: Only ask the following question if the child is aged 6-23 months.

Now I am going to ask you about the ***past 6 months***.
 Ahora voy a hacerle preguntas sobre los ***últimos 6 meses***.

Interviewer: Show the cards with pictures of micronutrient supplements and ask:

In the last 6 months, did consume any of these types of packets? You might know these supplements under the name of incaparina. ***En los últimos 6 meses***, ¿consumió alguno de estos tipos de suplementos? Podría conocer este suplemento como Incaparina

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_NUM_10**Required****Show if:** (MICRO_CONS_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of packets:	
-1	Don't know	
-2	Decline to respond	

651. ***In the past 6 months***, how many of these packets did consume?

En los últimos 6 meses, ¿consumió cualquier paquete de nutrición suplementaria como estos?

(SELECT ONE)

- ☐ Enter number of packets:
- ☐ Don't know
- ☐ Decline to respond

Question: MICRO_CONS_EXPL_10**Required****Show if:** (MICRO_CONS_NUM_10.SPEC ≠ 0)

Scale Summary		
Code	Label	Show-If
1	Incaparina	
0	Other (Write the name)	



652. What was the name or brand of the micronutrient packets consumed?

- ☐ Incaparina
- ☐ Other (Write the name)

Question: WORMS_10**Required****Show if:** (KIDS_AGE_10 = 1:[Enter age:]) and (KIDS_AGE_10.SPEC ≥ 12) and (KIDS_AGE_10.SPEC < 60)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	

653. *Interviewer: Only ask the following question if the child is aged 12-59 months.*Now I am going to ask you about the ***past 12 months***.Ahora voy a preguntarle por los ***últimos 12 meses***.***In the last 12 months***, was given any deworming pills/medication for intestinal worms?**En los últimos 12 meses**, ¿se le dio a algún medicamento contra los parásitos intestinales?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ Decline to respond

Question: WORMS_TIMES_10

Required

Show if: (WORMS_10 = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Enter number of times:	
-1	Don't know	
-2	Decline to respond	



654. ***In the last 12 months***, how many times was given deworming pills/medication for intestinal worms?

En los últimos 12 meses, ¿cuántas veces se le dio a medicamentos contra los parásitos intestinales?

(SELECT ONE)

- ☐ Enter number of times:
- ☐ Don't know
- ☐ Decline to respond

Question: VACANY_10

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



655. Did ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?

¿Recibió alguna vez una vacuna para evitar contraer alguna enfermedad, incluyendo vacunas recibidas en una campaña del día nacional de la inmunización?

(SELECT ONE)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline to respond

Collection: VACCINE_10

Contains: VAC_ANY_NUM_10, VACCARD_WHERE_10, VACCARD_NUM_TYPE_10

Show if: (INTERVIEW_LOC = 2:[Household]) and (VACANY_10 = 1:[Yes])

Question Block: VAC_ANY_NUM_10

Contains: VACANY_BCG_10, VACANY_PENTA_10, VACANY_POLIO_10, VACANY_DPT_10, VACANY_MMR_10, VACANY_HEPB_10, VACANY_ROTA_10, VACANY_PNEUM_10

Scale Summary		
Code	Label	Show-If
1	Yes:	
0	No	
-1	Don't know	
-2	Decline to respond	



656. Please tell me if had any of the following vaccinations and specify the number of times each vaccine was given:

Indíqueme si recibió alguna de las siguientes vacunas y ingrese la cantidad de veces que se administró cada vacuna:

Interviewer: If the child has definitely had the vaccine but the number is forgotten or unknown, please enter -1 for the number of vaccines.

	Yes:	No	Don't know	Decline to respond
(a) BCG vaccination against tuberculosis: that is an injection in the arm or shoulders that usually causes a scar / <i>Una vacuna de BCG (bacilo de Calmette-Guérin) contra la tuberculosis, que es un inyección en el brazo o en los hombros que suele provocar una cicatriz</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Pentavalent, that is, a vaccine that immunizes against five diseases: diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type b / <i>Pentavalente, es decir, una vacuna que inmuniza contra cinco enfermedades: difteria, tétanos, tos ferina, hepatitis y Haemophilus influenzae tipo b</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Polio vaccine, that is, drops in the mouth / <i>Vacuna contra la poliomielitis, es decir, gotas en la boca</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops / <i>La vacuna anti- difteria, tos ferina y tétanos (diphtheria, pertussis, tetanus, DTP), es decir, una inyección que se administra en el muslo o la nalga, a veces al mismo tiempo que las gotas contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) A measles and rubella injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles, mumps and rubella / <i>Una inyección contra el sarampión o la rubéola o una inyección anti- sarampión, paperas y rubéola (measles, mumps, rubella MMR), es decir, una vacuna en el brazo a los 9 meses o más, para impedir que contraiga sarampión</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Rotavirus vaccination (This vaccine is given to reduce diarrhea in children) / <i>Una vacuna contra el rotavirus (esta vacuna se proporciona para reducir la</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>diarrea en los niños.)</i>				
(h) Pneumococcal conjugate vaccination (to prevent meningitis) / <i>Vacuna neumocócica conjugada (para prevenir la meningitis)</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: VACCARD_WHERE_10

Scale Summary		
Code	Label	Show-If
1	Yes, observed	
2	Yes, not observed	
0	No card	
-1	Don't know	
-2	Decline to respond	



664. Do you have a card where 's vaccinations are written down?
¿Tiene la cartilla en donde están registradas las vacunas de ?

If yes, may I see it please?
¿Me permite verla, por favor?

-- Select One --

Question Block: VACCARD_NUM_TYPE_10

Contains: VACCARD_BCG_10, VACCARD_PENTA_10, VACCARD_POLIO_10, VACCARD_DPT_10, VACCARD_MMR_10, VACCARD_HEPB_10, VACCARD_ROTA_10, VACCARD_PNEUM_10

Show if: (VACCARD_WHERE_10 = 1:[Yes, observed])

Scale Summary		
Code	Label	Show-If
1	Enter number of times vaccine was given:	
-2	No place on card to note	



665. Interviewer: Note the number of times each type of vaccine is indicated as given on the card (with or without a date):

	Enter number of times vaccine was given:	No place on card to note
(a) BCG vaccine / <i>Vacuna BCG</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(b) Pentavalent / <i>Pentavalente</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(c) Polio vaccine / <i>Vacuna contra la poliomielitis</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(d) DPT vaccination / <i>Vacuna DTP</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(e) Measles & Rubella / MMR vaccine / <i>Vacuna contra el sarampión, rubeola/MMR</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(f) Hepatitis B vaccination / <i>Vacuna contra la hepatitis B</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>
(g) Rotavirus vaccination / <i>Vacuna contra el rotavirus</i>	<input type="radio"/> <input type="text"/> times	<input type="radio"/>

(h) Pneumococcal conjugate vaccination /
Vacuna neumocócica conjugada

☐ times

☐

Collection: DEMOGRAPHICS

Contains: DISTRICT, WOM_RES_YRS, WOM_RES_INT, WOM_RES_INTRA_WHERE, WOM_RES_INTER_WHERE, ETHNI_INDIG

Question: DISTRICT
Required

Scale Summary		
Code	Label	Show-If
1	Belize	
2	Cayo	
3	Corozal	
4	Orange Walk	
5	Stann Creek	
6	Toledo	
9	Other, specify	
-1	Don't know	
-2	Decline to respond	



673. In what district do you currently live?

¿En qué distrito vive actualmente?

- ☐ Belize
☐ Cayo
☐ Corozal
☐ Orange Walk
☐ Stann Creek
☐ Toledo
☐ Other, specify
☐ Don't know
☐ Decline to respond

Question: WOM_RES_YRS
Required

Show if: (DISTRICT is-none-of 9:[Other, specify] or -1:[Don't know] or -2:[Decline to respond])

Scale Summary		
Code	Label	Show-If
1	Enter number of years:	
-1	Don't know	
-2	Decline to respond	



674. How many years have you been living continuously in ?

0 = Less than one year

¿Cuántos años ha estado viviendo continuamente en ?

0= Menos de un ano

- ☐ Enter number of years:
☐ Don't know
☐ Decline to respond

Question: WOM_RES_INT**Required****Show if:** (WOM_RES_YRS = 1:[Enter number of years:]) and (WOM_RES_YRS.TEXT >= 0) and (WOM_RES_YRS.TEXT < 10)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Don't know	
-2	Decline to respond	



675. Just before you moved to , did you live in Belize?

Justo antes de mudarse a , ¿vivió usted en Belice?

- ☐ Yes
☐ No
☐ Don't know
☐ Decline to respond

Question: WOM_RES_INTRA_WHERE**Required****Show if:** (WOM_RES_INT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Belize	(DISTRICT # 1:[Belize])
2	Cayo	(DISTRICT # 2:[Cayo])
3	Corozal	(DISTRICT # 3:[Corozal])
4	Orange Walk	(DISTRICT # 4:[Orange Walk])
5	Stann Creek	(DISTRICT # 5:[Stann Creek])
6	Toledo	(DISTRICT # 6:[Toledo])
9	Other, specify	
-1	Don't know	
-2	Decline to respond	



676. Just before you moved to , in what district did you live?

Justo antes de mudarse a , ¿en qué distrito vivió?

- ☐ Belize
☐ Cayo
☐ Corozal
☐ Orange Walk
☐ Stann Creek
☐ Toledo
☐ Other, specify
☐ Don't know
☐ Decline to respond

Question: WOM_RES_INTER_WHERE**Required****Show if:** (WOM_RES_INT = 0:[No])

Scale Summary		
Code	Label	Show-If
2	Costa Rica	
3	El Salvador	

4	Guatemala	
5	Honduras	
6	Mexico	
7	Nicaragua	
8	Panama	
9	Other, specify	
-1	Don't know	
-2	Decline to respond	



677. Just before you moved to , in what country did you live?

Justo antes de mudarse a , ¿en qué país vivió?

- ☐ Costa Rica
- ☐ El Salvador
- ☐ Guatemala
- ☐ Honduras
- ☐ Mexico
- ☐ Nicaragua
- ☐ Panama
- ☐ Other, specify
- ☐ Don't know
- ☐ Decline to respond

Question: ETHNI_INDIG



678. With which of the following ethnic groups or Indigenous peoples do you identify?

Note: Indigenous peoples refer to ethnic groups that preserve traditional cultures.

(SELECT ALL THAT APPLY)

¿Con cuál de los siguientes grupos étnicos o pueblos indígenas le identifica?

Nota: Los pueblos indígenas se refieren a grupos étnicos que preservan las culturas tradicionales.

(SELECCIONAR TODOS QUE APLICAN)

- ☐ Creole
- ☐ East Indian
- ☐ Garifuna
- ☐ Chinese / Taiwanese
- ☐ Mayan (Mopan, Yucatec, Ketchi)
- ☐ Caucasian
- ☐ Mestizo
- ☐ Mennonite
- ☐ Other (specify)
- ☐ Don't know
- ☐ Decline to respond

Collection: COMMENTS

Contains: C_COMMENT1

Interviewer comments

Question: C_COMMENT1



679. *Interviewer: Enter your comments relevant to this survey. **Do not include any data (name, date of birth) that identifies participants.***

END OF THE SURVEY.

The interview is finished.

Click the "send" button to send your answers and close the survey. You cannot review the options after clicking the "send" button.

If you believe you have reached this page in error, click the "back" button and check your answers as required.

Thank you for the time that we have spent today.

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