



Lot Quality Assurance Sampling survey in Buikwe and Bukomansimbi Districts, Uganda

QUESTIONNAIRE FOR MOTHERS OF CHILDREN (0 - 11 MONTHS)

IDENTIFICATION	CODES
QUESTIONNAIRE IDENTIFICATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LQAS NUMBER OUT OF 19 _____	<input type="text"/> <input type="text"/>
SUPERVISION AREA _____	<input type="text"/> <input type="text"/>
District _____	
County _____	
Sub-County _____	
Parish _____	
L.C. 1 (Village, Zone) _____	
Household Head _____	
Name of Respondent _____	
Mobile No Respondent: _____	
Interviewer : _____	
Mobile No Interviewer: _____	
Date of Interview ----- / ----- / ----- Day / Mo / Yr	
Checked by (Supervisor) _____	
Date checked ----- / ----- / ----- Day / Mo / Yr	

Name of Village Guide: _____ Phone Contact Guide: _____

- 1. Fill in the front sheet ONLY in pen. Use pencil for the rest of the questionnaire**
- 2. Fill in the front sheet neatly and clearly**
- 3. Draw a clear directional map at the back of the Questionnaire**



INTRODUCTION AND CONSENT

Greetings.

My name is _____ and I work with _____. We are conducting a survey about the health of people in our communities. We are interested in finding out health facts about mothers of infants, and will be talking to many mothers of infants in the area. This information will help us understand the health needs of your community, and will help us to find better ways to gather information on health of your community. The interview takes about **35 minutes** to complete. Participation is completely voluntary, no payment will be given, and if you don't wish to take part, you will not be penalised in any way.

If you agree to participate, someone will also come back in one week's time to ask more questions on the same subject.

The survey is being organised by Uganda Christian University (UCU), Uganda Martyrs University (UMU) and Liverpool University (LSTM) in the UK, and the supervisors are **Francis Cranmer Kyakulaga** and **Robert Anguyo**, from UCU and UMU respectively.

We very much appreciate your participation in this survey and I would like to ask you some questions concerning several health issues, including Malaria, tuberculosis, HIV and other sexually transmitted infections. Some of the questions will be of a personal nature. You are free to refuse to answer any questions if you don't want to. Whatever information you provide will be kept strictly confidential, and we won't include your name anywhere in the finished report.

At this time, do you want to ask me anything about the survey? Do you agree to participate in this survey?

YES.....

NO.....

**GO TO THE NEXT
HOUSE AND INFORM
SUPERVISOR OF
REFUSAL**

THANK YOU

Signature of Interviewer: _____

Date: _____

**VERIFY THE MOTHER HAS A CHILD OF 0-11 MONTHS OF AGE.
YOU CAN USE THE VACCINATION CARD OR MATERNAL CARD/BOOK TO
VERIFY.**

**FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ OUT THE PROVIDED
OPTIONS/RESPONSES UNLESS THE INSTRUCTIONS STATE SO. WAIT FOR
THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE OR
TICK THE APPROPRIATE OPTION/RESPONSE.**



RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
101	What is the name of your youngest Child NAME_____		
102	What is the sex of [NAME]?	MALE.....1 FEMALE.....2	
103	When was [NAME] born? IF CHILD WAS BORN MORE THAN 12 MONTHS AGO FIND ANOTHER HOUSE IF MOTHER DOES NOT KNOW DATE ENTER 88	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	IF MOTHER DOES NOT KNOW (NAME'S) BIRTHDAY How old is (NAME?)	CHILD'S AGE IN <input type="text"/> <input type="text"/> COMPLETED MONTHS	
105	When were you born? IF MOTHER DOES NOT KNOW DATE ENTER 88	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
106	IF MOTHER DOES NOT KNOW HER BIRTHDAY THEN ASK How old are you?	MOTHER'S AGE IN <input type="text"/> <input type="text"/> COMPLETED YEARS	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
107	What is your current marital status? PROBE FOR SPECIFIC STATUS	SINGLE, NO PARTNER.....1 SINGLE, NON REGULAR PARTNER....2 SINGLE WITH REGULAR PARTNER...3 MARRIED.....4 COHABITING.....5 WIDOWED.....6 DIVORCED/SEPARATED.....7	
108	What is your highest level of education?	NEVER ATTENDED.....1 FUNCTIONAL ADULT LITERACY.....2 INCOMPLETE PRIMARY.....3 COMPLETE PRIMARY.....4 O-LEVEL.....5 A-LEVEL.....6 POST-SECONDARY.....7 VOCATIONAL TRAINING.....8	

II. HCT/EMTCT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
II a. HCT:			
201a	Do you know the nearest place where you can be tested for HIV?	YES.....1 NO.....2	→202
201b	IF YES, RECORD NAME OF THE PLACE: _____ DISTANCE TO THE PLACE (KM) _____ where one can be tested for HIV	LESS THAN 1 KM1 1 TO 5 KM2 OVER 5 KM (> 3 MILES).....3	
202	Do you know any benefit of having an HIV test?	YES.....1 NO.....2	→204



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
203	What are the benefits of having an HIV test? CIRCLE AS MANY RESPONSES AS MENTIONED	PLAN FUTURE1 AVOID INFECTION2 PROTECT UNBORN.....3 GO FOR ART4 LEARN TO LIVE POSITIVELY5 FOOD SUPPORT.....6 MATERIAL SUPPORT.....7 HIV CARE.....8 OTHER.....9 <hr/> (SPECIFY) DON'T KNOW88	
II b. EMTCT:			
204	Can the virus that causes AIDS be transmitted from a mother to her baby?	YES.....1 NO.....2 DON'T KNOW.....88	→ 209 → 209
205	When can the virus that causes AIDS be transmitted from mother to her baby? CIRCLE AS MANY RESPONSES AS MENTIONED	DURING PREGNANCY1 DURING DELIVERY2 BREASTFEEDING.....3 OTHER.....4 <hr/> (SPECIFY) DON'T KNOW88	
206	Can the risk of a child getting the HIV infection from an infected mother be reduced?	YES.....1 NO.....2 DON'T KNOW.....88	→ 208a → 208a



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
207	<p>What are the methods of reducing HIV infection from the mother to child</p> <p>CIRCLE ALL RESPONSES MENTIONED</p>	<p>MOTHER DELIVERY IN THE HANDS OF A TRAINED HEALTH WORKER1</p> <p>USING ARVs.....2</p> <p>TESTING AND RECEIVING RESULTS FOR HIV.....3</p> <p>PREVENTION OF MALARIA DURING PREGNANCY.....4</p> <p>BY OPERATING THE MOTHER (CAESERIAN SECTION).....5</p> <p>STI SCREENING, PREVENTION AND TREATMENT.....6</p> <p>ATTENDING ANC.7</p> <p>BABY</p> <p>USING ARV SYRUP8</p> <p>SUPPLEMENTATION OF VITAMIN A & DEWORMING TABLETS.....9</p> <p>REPLACEMENT FEEDING.....10</p> <p>EXCLUSIVE BREAST FEEDING FOR FIRST SIX MONTHS.....11</p> <p>OTHER12</p> <hr/> <p>(SPECIFY)</p> <p>DON'T KNOW88</p>	
208a	<p>Do you know a nearest place where you can get information and services related to reducing the risk of mother-to-child transmission of HIV?</p> <hr/>	<p>YES.....1</p> <p>NO.....2</p>	→209
208b	<p>IF YES, RECORD NAME OF THE PLACE: _____</p> <p>DISTANCE TO THE PLACE (KM) _____</p>	<p>LESS THAN 1 KM.....1</p> <p>1 TO 5 KM2</p> <p>OVER 5 KM (> 3 MILES).....3</p>	
209	<p>Did you go to a health facility for Antenatal Care when you were pregnant with (NAME)?</p>	<p>YES.....1</p> <p>NO.....2</p>	→219a



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
210	<p>Can I please see your Maternal Card/Book for your pregnancy with NAME?</p> <p>INDICATE WHAT WAS PRESENTED CARD <input type="checkbox"/> or BOOK <input type="checkbox"/></p>	<p>SHOWS CARD/BOOK1 LOST CARD/BOOK2 NEVER HAD CARD/BOOK3 CARD/BOOK IN OTHER LOCATION4 OTHER.5</p> <hr/> <p>(SPECIFY)</p>	<p>→211b →211b →211b →211b</p>
211a	<p>RECORD THE NUMBER OF ANC VISITS RECORDED ON THE MATERNAL CARD/BOOK DURING THE PREGNANCY WITH (NAME)</p> <p>____ / ____ / ____ DD MM YY</p> <p>____ / ____ / ____ DD MM YY</p> <p>____ / ____ / ____ DD MM YY</p> <p>____ / ____ / ____ DD MM YY</p> <p>____ / ____ / ____ DD MM YY</p>	<p>_____ # OF VISITS</p>	<p>→212</p>
211b	<p>CHECK QUESTION 209; IF THE MOTHER ATTENDED ANTENATAL BUT DOES NOT HAVE A CARD/BOOK, ASK IF SHE CAN REMEMBER THE NUMBER OF VISITS AND RECORD THEM</p>	<p>_____ # OF VISITS</p>	
212	<p>During your pregnancy with [NAME] were you counseled about services that can reduce the risk of a mother transmitting the virus that causes AIDS to her child?</p>	<p>YES.....1 NO.....2</p>	
213	<p>Were you counseled to take an HIV test during your pregnancy with [NAME]?</p>	<p>YES.....1 NO.....2</p>	<p>→219a</p>
214a	<p>I do not want to know the results but when you were counseled did you take the HIV test?</p>	<p>YES.....1 NO.....2</p>	<p>→218</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
214b	Were you tested for HIV with your husband/partner and given the test results together?	YES.....1 NO.....2	
215a	You said you tested for HIV, where was the test done? PLACE _____	HEALTH FACILITY.....1 COMMUNITY.....2 OTHER3 _____ (SPECIFY)	
215b	DISTANCE TO THE PLACE IN KM WHERE THE HIV TEST WAS DONE PLACE : _____ DISTANCE : _____	LESS THAN 1 KM1 1 TO 5 KM2 OVER 5 KM (> 3 MILES).....3	
216	I do not want you to tell me the results of the test, but did you find out the test result?	YES.....1 NO.....2	→219a
217	Why did you not find out the result? CIRCLE AS MANY RESPONSES AS MENTIONED	HAD TO COME BACK FOR RESULT.1 AFRAID 2 ATTITUDE OF CLINIC STAFF.....3 DID NOT WANT TO KNOW.....4 NO RESPONSE5 OTHER6 _____ (SPECIFY) DO NOT KNOW88	
218	ASK ONLY IF ANSWER FOR QUESTION 214a IS NO: RESPONDENT DID NOT TAKE HIV TEST, THOUGH COUNSELLED TO DO SO You said you did not take an HIV test, what could be the reasons for not taking a test? CIRCLE AS MANY RESPONSES AS MENTIONED	LONG DISTANCE1 NOT INTERESTED.....2 I DO NOT HAVE HIV3 COST OF SERVICE.....4 NOT NECESSARY5 AFRAID.....6 TOO MUCH TIME.....7 DON'T KNOW WHERE TO GO.....8 SERVICES NOT AVAILABLE.....9 STIGMA.....10 OTHER11 _____ (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
219a	Where did you give birth to [NAME] ?	HOME: MY HOME1 OTHER HOME2 HEALTH FACILITY: HOSPITAL3 HEALTH CENTER (GOVT/ PNFP)4 CLINIC (PRIVATE).....5 OTHER6 <hr/> (SPECIFY)	 →220 →220
219b	IF RESPONSE IN QUESTION 219a IS HOSPITAL, HEALTH CENTER, OR CLINIC, RECORD NAME OF THE PLACE: _____ AND DISTANCE TO THE PLACE (KM) _____	LESS THAN 1 KM1 1 TO 5 KM2 OVER 5 KM (> 3 MILES).....3	
220	Who assisted you during the delivery of [NAME]	DOCTOR1 CLINICAL OFFICER/ MEDICAL ASSISTANT.....2 NURSE/ MIDWIFE3 NURSING AID.....4 TBA.....5 RELATIVE/FRIEND.....6 NO ONE7 OTHER8 <hr/> (SPECIFY)	



III. SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
301	Have you ever heard of a sexually transmitted disease other than HIV/AIDS?	YES.....1 NO.....2	→ 401
302	If a woman has a sexually transmitted disease, other than HIV/AIDS what signs/symptoms might she have? CIRCLE AS MANY RESPONSES AS MENTIONED	LOWER ABDOMINAL PAIN.....1 ABNORMAL GENITAL DISCHARGE.....2 FOUL SMELLING DISCHARGE.....3 BURNING PAIN ON URINATION.....4 BLOOD IN URINE.....5 SWELLING IN GENITAL AREA.....6 GENITAL SORES / HERPES.....7 GENITAL ITCHING.....8 GENITAL WARTS.....9 OTHER.....10 (SPECIFY) DON'T KNOW.....88	
303	If a man has a sexually transmitted disease, other than HIV/AIDS, what signs/symptoms might he have? CIRCLE AS MANY RESPONSES AS ARE MENTIONED	LOWER ABDOMINAL PAIN.....1 ABNORMAL GENITAL DISCHARGE.....2 FOUL SMELLING DISCHARGE.....3 BURNING PAIN ON URINATION.....4 BLOOD IN URINE.....5 SWELLING IN GENITAL AREA.....6 GENITAL SORES/HERPES.....7 GENITAL ITCHING.....8 GENITAL WARTS.....9 OTHER.....10 (SPECIFY) DON'T KNOW.....88	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
304	<p>What actions should one take when s/he has a sexually transmitted infection?</p> <p>CIRCLE AS MANY RESPONSES AS MENTIONED</p>	<p>GO FOR TREATMENT.....1</p> <p>NOTIFY PARTNER(S).....2</p> <p>COMPLETE TREATMENT.....3</p> <p>USE CONDOM TILL CURED.....4</p> <p>ABSTAIN FROM SEX TILL CURED.....5</p> <p>OTHER.....6</p> <hr/> <p>(SPECIFY)</p> <p>DON'T KNOW.....88</p>	
305a	<p>Do you know where you could receive STI treatment if you had one?</p>	<p>YES.....1</p> <p>NO.....2</p>	→401
305b	<p>IF YES, RECORD NAME OF THE PLACE: _____</p> <p>DISTANCE TO THE PLACE (KM) _____</p> <p>WHERE STI CAN BE TREATED</p>	<p>LESS THAN 1 KM1</p> <p>1 TO 5 KM2</p> <p>OVER 5 KM (>3 MILES).....3</p>	



IV. HIV KNOWLEDGE AND BEHAVIOURAL CHANGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO																												
401	<p>Can you tell me the ways in which one can prevent the sexual transmission of HIV?</p> <p>CIRCLE AS MANY RESPONSES AS MENTIONED</p>	<p>ABSTINENCE.....1 BEING FAITHFUL.....2 CONDOM USE.....3</p> <hr/> <p>OTHER.....4</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....88</p>																													
402	<p>Can HIV be transmitted through the following ways?</p> <p>READ OPTION RESPONSES BELOW TO THE RESPONDENT</p> <p>1. Mosquito bites 2. Touching an infected person 3. Sharing food with infected person 4. Sharing utensils with infected person.... 5. Sharing toilets with infected person 6. Witchcraft</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1. Mosquito bites</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>2. Touching an infected person</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>3. Sharing food with infected person</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>4. Sharing utensils with infected person....</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>5. Sharing toilets with infected person</td> <td>1</td> <td>2</td> <td>88</td> </tr> <tr> <td>6. Witchcraft</td> <td>1</td> <td>2</td> <td>88</td> </tr> </tbody> </table>		YES	NO	DK	1. Mosquito bites	1	2	88	2. Touching an infected person	1	2	88	3. Sharing food with infected person	1	2	88	4. Sharing utensils with infected person....	1	2	88	5. Sharing toilets with infected person	1	2	88	6. Witchcraft	1	2	88	
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6. Witchcraft	1	2	88																												
403	<p>Have you ever used either a male or female condom with a partner?</p>	<p>YES.....1 NO.....2</p>	→405																												



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
404	If you have never used a condom, give reasons why? CIRCLE AS MANY RESPONSES AS MENTIONED	DON'T KNOW WHERE TO GET IT FROM.....1 NOT AVAILABLE IN MY AREA2 CULTURAL / RELIGIOUS INHIBITIONS.....3 PARTNER REFUSED.....4 BAD FOR MY HEALTH.....5 NOT NECESSARY6 COST.....7 OTHER.....8 _____ (SPECIFY)	
405a	Where is the nearest place you can get condoms from? PLACE _____	SHOP.....1 HOSPITAL.....2 HEALTH CENTRE.....3 PHARMACY/DRUG SHOP....4 COMMUNITY DISTRIBUTER.....5 FRIEND.....6 OTHER.....7 _____ (SPECIFY) DON'T KNOW.....88	 →501
405b	DISTANCE TO THE PLACE(IN KM) WHERE YOU CAN GET CONDOMS FROM	LESS THAN 1 KM1 1 TO 5 KM2 OVER 5 KM (> 3 MILES).....3	



IV. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
501	When you were pregnant with (NAME), were you given any medicine to prevent malaria? PROBE TO FIND OUT IF SHE TOOK MALARIA MEDICATION WHILE NOT HAVING MALARIA	YES.....1 NO.....2 DON'T KNOW88	→505 →505
502	Which medicine did you take during your pregnancy with (NAME) to prevent malaria?	SP/FANSIDAR.....1 CHLOROQUINE.....2 CHLOROQUINE WITH FANSIDAR.....3 QUININE.....4 HOMAPACK RED.....5 HOMAPACK GREEN.....6 COARTEM.....7 SEPTRIN/COTRIMOXAZOLE.8 DAPZONE.....9 OTHER10 (SPECIFY) DON'T KNOW 88	→505
503	How many times were you given the medicine to prevent malaria during pregnancy with [NAME]? PROBE TO FIND OUT HOW MANY TIMES MOTHER TOOK THE MEDICATION TO PREVENT MALARIA DURING PREGNANCY	NUMBER OF TIMES <input type="text"/> OTHER1 (SPECIFY)	
504	How many tablets were you given during your pregnancy with (NAME)?	<input type="text"/> <input type="text"/> # of TABLETS	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO		
505	How is malaria transmitted?	MOSQUITO BITES1 OTHER2 (SPECIFY) DON'T KNOW88			
506	How can you prevent malaria transmission? PROBE FOR MULTIPLE RESPONSES CIRCLE ALL MENTIONED	SLEEPING UNDER TREATED MOSQUITO NETS1 SLEEPING UNDER ANY MOSQUITO NET2 IN-DOOR HOUSE SPRAY3 PREVENTIVE TREATMENT...4 KEEPING HYGEINE IN COMPOUND5 OTHER6 (SPECIFY) DON'T KNOW88			
507	Do you have a mosquito net in this household?	YES.....1 NO.....2	→514		
508	How many mosquito nets does your household have?	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 40px; height: 20px;"></td></tr></table> # OF MOSQUITO NETS			
509	How long ago did your household obtain [NAME's] mosquito net? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS AGO _____			
510	What type of mosquito net is [NAME's] bednet? PLEASE OBSERVE [NAME's] BEDNET.	PERMANET.....1 SMARTNET.....2 OLYSET.....3 KO-Net.....4 SAFI-NET.....5 B52.....6 LUCKY NET.....7 PRETREATED NET.....8 ORDINARY NET.....9 OTHERS.....10 (SPECIFY)			
511	When you got [NAME's] net, was it already treated with an insecticide to kill or repel mosquitoes?	YES.....1 NO.....2 DON'T KNOW88			
512	Since you got [NAME's] mosquito net, was it ever soaked or dipped in an insecticide to kill/repel mosquitoes or bugs?	YES.....1 NO.....2 DON'T KNOW88	→514 →514		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
513	How long ago was [NAME's] net last soaked or dipped in an insecticide to repel mosquitoes? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO _____	
514	Did you sleep under a mosquito net when you were pregnant with [NAME]?	YES.....1 NO.....2	→END
515	How often did you sleep under a mosquito net when you were pregnant with [NAME]?	ALWAYS.....1 SOMETIMES.....2 DO NOT REMEMBER.....3	

THANK YOU -THE END

Directional map to the Household