

Multidimensional Poverty Index Questionnaire

vs. 2020.1

General Notes:

- This questionnaire is a prototype for collecting only the information required for the computation of the global Multidimensional Poverty Index (MPI) (Alkire, Kanagaratnam, Nogales and Suppa, 2020; Alkire and Santos 2010; UNDP Human Development Reports 2010-2014).
- The document was produced to meet the demand of those who wish to incorporate only those questions that would be required to construct an MPI into a questionnaire that may also cover other topics.
- The global MPI is mainly computed using the Demographic and Healthy Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) (Alkire, Kanagaratnam and Suppa, 2020).
- There are four different questionnaires aimed at four different categories of respondents within the household:
 - Household Questionnaire
 - Child Questionnaire
 - Women's Questionnaire
 - Men's Questionnaire
- The questionnaires draw on both the DHS and MICS questionnaires. The DHS and MICS were designed to gather comprehensive information on various economic and health factors.
- This questionnaire is designed to collect information on the 10 indicators of the MPI:
 - Education for every individual of the household
 - Living Standard of the Household – electricity, cooking fuel, water, sanitation, flooring and assets
 - Child Mortality
 - Child Anthropometry for all children between 0-5 years of age
 - Women's Anthropometry for all women between 15-49 years of age
 - Male Anthropometry (if possible) for all men between 15-59 years of age
- The questionnaire indicates who within the household should (ideally) respond.

References

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Cover Sheet – Household Questionnaire

Town/City/Village/: _____

HH ID: _____

Survey Date 1: ____ / ____ / _____

Survey Date 2 (if revisit): ____ / ____ / _____

Surveyor 1 ID (Male): ____

Surveyor 2 ID (Female): ____

Start Time: _____

End Time: _____

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government to plan services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 25 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

Date: _____

(Signature of Respondent if literate)

MPI Indicator Code

The following codes are used alongside questions presented below in order to illustrate their purpose in MPI calculation. Codes are as follows:

[GQ]: General Quality Check

[GIQ]: Indicator-Specific Quality Check

[YS]: Education Indicator - Years of Schooling

[SCA]: Education Indicator – School attendance

[CHH]: Health Indicator – Child Malnutrition

[ADH]: Health Indicator – Adult BMI

[CM]: Health Indicator – Child Mortality

[HSG]: Standard of Living Indicator – Housing

[TO]: Standard of Living Indicator – Improved Sanitation

[WA]: Standard of Living Indicator – Improved Water

[CF]: Standard of Living Indicator – Cooking Fuel

[EL]: Standard of Living Indicator – Electricity

[AS]: Standard of Living Indicator – Assets

I. Household Questionnaire

- **The purpose of the roster** is to document the age, gender of all household members in order to process relevant information on education and health for them. Malnutrition calculations based on anthropometry require the age and gender of the person observed. Information from the roster also allows for quality control during data cleaning and preparation for MPI computation
- **Respondent for the section** – Adult (man or woman) most knowledgeable about the household and available at the time of the survey
- **Who in the household should be included in the roster?** The MPI looks at deprivations of members who ‘usually’ live in the household. Temporary ‘guests’ of household, who happened to have spent the night before the interview, are not included in calculation. Thus, the roster should include all ‘usual members’¹ of the household defined as a person who usually lives in the household and shares food from a common source.

Roster, Education and Living Standards

	MPI Indicator	Household Roster			
	Interviewer Instruction	<i>Interviewer.</i> Please tell me the name of each person who usually lives here, starting with the head of the household. [List the each member in a separate column. After completing the roster, fill checkpoint 6a]			
1	Line Number [GQ]	Member 01	Member 02	Member 03	Member 04
2	Name [GQ]	Name	Name	Name	Name
3	Age [GQ; GIQ]	Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/> Months: <input type="text"/> <input type="text"/>
4	Gender [GQ; GIQ]	Male1 Female2	Male1 Female2	Male1 Female2	Male1 Female2

¹ In DHS and MICS, the term used for usual members of the household is ‘de jure’ members (DHS Bangladesh Country Report 2011: 11; MICS Bosnia and Herzegovina Country Report 2011-12: 4)

<p>Interviewer Checkpoint: Following question on adult education is for members 5 years or older. Record class/ level completed by individual. Record 00 if less than 1 year. For those who are younger than 5, code N/A</p>					
5	<p>Education (adult) [YS]</p>	<p>What is the highest level of school (NAME) has attended [See Code Below]</p> <p><input type="text"/><input type="text"/></p> <p>What is the highest grade (NAME) completed at that level</p> <p><input type="text"/><input type="text"/></p>	<p>What is the highest level of school (NAME) has attended [See Code Below]</p> <p><input type="text"/><input type="text"/></p> <p>What is the highest grade (NAME) completed at that level</p> <p><input type="text"/><input type="text"/></p>	<p>What is the highest level of school (NAME) has attended [See Code Below]</p> <p><input type="text"/><input type="text"/></p> <p>What is the highest grade (NAME) completed at that level</p> <p><input type="text"/><input type="text"/></p>	<p>What is the highest level of school (NAME) has attended [See Code Below]</p> <p><input type="text"/><input type="text"/></p> <p>What is the highest grade (NAME) completed at that level</p> <p><input type="text"/><input type="text"/></p>
<p>Interviewer Checkpoint: Following question on school attendance is for members 5-24 years of age. For those outside of the age range, code N/A</p>					
6	<p>Education (child) [SCA]</p>	<p>Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?</p> <p>Yes1 No2 Don't know.....98 N/A99</p>	<p>Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?</p> <p>Yes1 No2 Don't know.....98 N/A99</p>	<p>Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?</p> <p>Yes1 No2 Don't know.....98 N/A99</p>	<p>Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?</p> <p>Yes1 No2 Don't know.....98 N/A99</p>
6a	<p>Interviewer Checkpoint [GI; GIQ]</p> <p>Just to make sure that I have completed listing: are there any other persons such as child or infants, domestic servants or friends who usually live here:</p> <p>Yes1 → Add to Roster No2</p>				

Code for Question 5 – Level:

1=Primary 6=Pre-Primary
2= Secondary 98=Don't Know
3=Higher 99= N/A (for ineligible member)

Code for Question 5 – Grade:

00=Less than 1 year completed
98= Don't know
99= N/A (for ineligible members)

Q. No.	MPI Indicator	Question
7.	House Flooring <i>[HSG]</i>	<i>Interviewer Observe: Main material for the dwelling Floor</i> Code: Natural floor Earth/sand.....11 Dung.....12 Rudimentary floor Wood planks.....21 Palm/bamboo.....22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips.....32 Ceramic tiles.....33 Cement.....34 Carpet.....35 Other (<i>specify</i>)_____ 96
8.	House Walls <i>[HSG]</i>	<i>Interviewer Observe: Main material for the dwelling Wall</i> Code: Natural walls No walls.....11 Cane/palm/trunks.....12 Dirt.....13 Rudimentary walls Bamboo with mud.....21 Stone with mud.....22 Uncovered adobe.....23 Plywood.....24 Cardboard.....25 Reused wood.....26 Finished walls Cement.....31 Stone with lime/cement.....32 Bricks.....33 Cement blocks.....34 Covered adobe.....35 Wood planks/shingles.....36 Other (<i>specify</i>)_____ 96
9.	House Roofing <i>[HSG]</i>	<i>Interviewer Observe: Main material for the dwelling Roof</i> Code: Natural roofing No roof.....11 Thatch/palm/leaf.....12 Sod.....13 Rudimentary roofing Rustic mat.....21 Palm/bamboo.....22 Wood planks.....23 Cardboard.....24

		<p>Finished roofing</p> <ul style="list-style-type: none"> Metal.....31 Wood.....32 Calamine/cement fiber.....33 Ceramic tiles.....34 Cement.....35 Roofing shingles.....36 <p>Other (<i>specify</i>) _____ 96</p>
10.	Sanitation [TO]	<p><i>What kind of toilet facility do members of your household usually use?</i></p> <p>Code:</p> <p>Flush / pour flush</p> <ul style="list-style-type: none"> Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK where.....15 <p>Pit Latrine</p> <p>Ventilated Improved Pit latrine (VIP).....21</p> <p>Pit latrine with slab.....22</p> <p>Pit latrine without slab / open pit...23</p> <p>Composting toilet.....31</p> <p>Bucket.....41</p> <p>Hanging toilet/hanging latrine.....51</p> <p>No facilities or bush or field.....61</p> <p>Other (<i>specify</i>) _____ 96</p>
10a.	Sanitation: Sharing Facility [TO]	<p><i>Do you share this toilet facility with other households?</i></p> <p>Yes1</p> <p>No2</p>
11.	Cooking Fuel [CF]	<p><i>What type of fuel does your household mainly use for cooking?</i></p> <ul style="list-style-type: none"> Electricity.....01 Liquid Propane Gas (LPG).....02 Natural gas.....03 Biogas.....04 Kerosene.....05 Coal / Lignite.....06 Charcoal.....07 Wood.....08 Straw/shrubs/grass.....09 Agricultural crop.....10 Animal dung.....11 No Food Cooked in Household.....95 <p>Other (<i>specify</i>) _____ 96</p>

12.	Primary Source of Drinking Water <i>[WA]</i>	<i>What is the main source of drinking water for the household members?</i> Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole.....21 Dug well Protected well.....31 Unprotected well.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Bottled Water.....91 Other (<i>specify</i>) _____ 96		
12a	Primary Source of Non-Drinking Water <i>[WA]</i>	<i>What is the main source of water used by your household for other purposes such as cooking and handwashing?²</i> Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe.....13 Tubewell/borehole.....21 Dug well Protected well.....31 Unprotected well.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank/drum.....71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Other (<i>specify</i>) _____ 96		
12b	Primary Source of Water: Distance to Water Source <i>[WA]</i>	<i>How long does it take to get to the water source, get water and come back?</i> Minutes <input type="text"/> <input type="text"/> <input type="text"/> Water on Premises.....995 Don't Know.....998		
13.	Assets <i>[EL; AS]</i>	<i>Does your household have?:</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Electricity</td> <td style="width: 40%;">Yes1</td> </tr> </table>	Electricity	Yes1
Electricity	Yes1			

² In DHS, question on source of non-drinking water is not present in the sample questionnaire available online for round 6. However, in the case of a few freshly available datasets (like Peru), data on non-drinking water source is available in the household data file

	[EL]	No2
	Radio	Yes1
	[AS]	No2
	Refrigerator	Yes1
	[AS]	No2
	Television	Yes1
	[AS]	No2
	Non-mobile Telephone	Yes1
	[AS]	No2
	Mobile Telephone	Yes1
	[AS]	No2
	Bicycle	Yes1
	[AS]	No2
	Motorbike/ Scooter	Yes1
	[AS]	No2
	Car	Yes1
	[AS]	No2
	Truck	Yes1
	[AS]	No2
	Computer	Yes1
	[AS]	No2
	Animal-drawn Cart	Yes1
	[AS]	No2

Cover Sheet – Child Questionnaire

Town/City/Village/: _____

HH ID: _____

Survey Date 1: ____ / ____ / _____

Survey Date 2 (if revisit): ____ / ____ / _____

Surveyor 1 ID (Male): ____

Surveyor 2 ID (Female): ____

Start Time: _____

End Time: _____

Interviewer Checkpoint: Please ask for consent for administering the child questionnaire from the mother of the child or an adult caregiver available at the time of survey

Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to measure your child's (children's) height and weight. Measurements usually take about 10 to 15 minutes. All of the collected here will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to participate since your information gathered on the children of the household is important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

_____ Date: _____

(Signature of Respondent if literate)

II. CHILDREN'S QUESTIONNAIRE

- **Purpose of the Questionnaire³:** The child health indicator of the MPI focuses on child undernourishment. This questionnaire records anthropometric information for children between 0-5 years of age in order to determine if a child is undernourished. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?⁴** All children between 0-5 years of age listed in the roster⁴

	Question	Child 1	Child 2	Child 3	Child 4	Child 5	
1	Interviewer Checkpoint: list line number from roster Roster ID/Name <i>[GIQ]</i>	Line Number: ____ ____ Name: _____	Line Number: ____ ____ Name: _____	Line Number: ____ ____ Name: _____	Line Number: ____ ____ Name: _____	Line Number: ____ ____ Name: _____	
2	Child Weight <i>in kilograms</i> <i>[CHH]</i>	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/> Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994

³ The roster for child health is based on DHS and MICS questionnaire for child anthropometry (DHS Phase 6 Household Questionnaire; MICS3 Questionnaire for Children Under 5)

⁴ Ideally, information for all children between 0-5 years of age in the household should be collected. Where resource constraints allow for only sub-sample of children in the household, the number of children is determined such that the sample is representative at the necessary geographic level

		Refused..... ...9995 Other9996	Refused..... ...9995 Other9996	Refused..... ...9995 Other9996	Refused..... ...9995 Other9996	Refused..... ...9995 Other9996
3	Child Height <i>in cm</i> [CHH]	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused..... ...9995 Other9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused..... ...9995 Other9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused..... ...9995 Other9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused..... ...9995 Other9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused..... ...9995 Other9996
4	Height/Length Method [CHH] <i>Interviewer</i> <i>Checkpoint:</i> Children under 2 years of age should be measure lying down	Lying Down1 Standing Up2 Not Measured..... 3	Lying Down1 Standing Up2 Not Measured..... .3	Lying Down1 Standing Up2 Not Measured..... .3	Lying Down1 Standing Up2 Not Measured..... .3	Lying Down1 Standing Up2 Not Measured..... .3

Cover Sheet – Women’s Questionnaire

Town/City/Village/: _____

HH ID: ___ ___ ___

Survey Date 1: ___ ___ / ___ ___ / ___ ___ ___ ___

Survey Date 2 (if revisit): ___ ___ / ___ ___ / ___ ___ ___ ___

Surveyor 1 ID (Female): ___ ___

Start Time: _____

End Time: _____

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about 10 to 15 minutes. All of the information collected will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

_____ **Date:** _____

(Signature of Respondent if literate)

III. WOMEN'S QUESTIONNAIRE

- **Purpose of the Questionnaire⁵:** The adult health indicator of the MPI focuses on adult undernourishment as determined by low BMI. This questionnaire records anthropometric information for women of reproductive age, i.e. between 15-49 years, in order to determine if a female adult is undernourished. It also collects information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?⁶** All women between 15-49 years of age who usually live in the household and are listed in the household roster⁶

	Question	Code
1	Interviewer Checkpoint: list from roster Line Number/Name [GIQ]	Line Number: ____ ____ Name _____
2	Weight <i>in kilograms</i> [ADH]	Weight : <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused.....9995 Other9996
3	Height <i>in cm</i> [ADH]	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused.....9995 Other9996
4a.	Have you ever given birth to a son or daughter who was born alive but later died? Interviewer Checkpoint: If no, probe – Any baby who cried or showed signs of life but did not survive? [CM]	Yes1 No2 Don't Know98 Will not answer88
4b.	How many boys have died? And how many girls have died? Interviewer: If none, record 0 [CM]	Boys Dead..... <input type="text"/> <input type="text"/> Girls Dead..... <input type="text"/> <input type="text"/>

⁵ The roster for women's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Woman's Questionnaire.

⁶ Ideally, information for all women between 15-49 years of age who usually live in the household should be collected. Where resource constraints allow for only a sub-sample of women in the household, the number of respondents is determined such that the sample is representative at the necessary geographic level

5 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN **6**. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). *[CM]*

6 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER <i>[CM]</i>	7 Is (NAME) A boy or girl? <i>[CM]</i>	8 Were any of these births twins? <i>[CM]</i>	9 In what month and year was (NAME) born? PROBE: When is his/her birthday? <i>[CM]</i>	10 Is (NAME) still alive? <i>[CM]</i>	11 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. <i>[CM]</i>	12 IF ALIVE: Is (NAME) living with you? <i>[CM]</i>	13 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). <i>[CM]</i>
01	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
02	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
03	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)

6	7	8	9	10	11	12	13
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER <i>[CM]</i>	Is (NAME) A boy or girl? <i>[CM]</i>	Were any of these births twins? <i>[CM]</i>	In what month and year was (NAME) born? PROBE: When is his/her birthday? <i>[CM]</i>	Is (NAME) still alive? <i>[CM]</i>	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. <i>[CM]</i>	IF ALIVE: Is (NAME) living with you? <i>[CM]</i>	IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). <i>[CM]</i>
04	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
05	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
06	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)

<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p>7</p> <p>Is (NAME) A boy or girl? [CM]</p>	<p>8</p> <p>Were any of these births twins? [CM]</p>	<p>9</p> <p>In what month and year was (NAME) born?</p> <p>PROBE: When is his/her birthday? [CM]</p>	<p>10</p> <p>Is (NAME) still alive? [CM]</p>	<p>11</p> <p>IF ALIVE: How old was (NAME) at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS. [CM]</p>	<p>12</p> <p>IF ALIVE: Is (NAME) living with you? [CM]</p>	<p>13</p> <p>IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). [CM]</p>
07	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇨ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
08	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇨ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)

6 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER <i>[CM]</i>	7 Is (NAME) A boy or girl? <i>[CM]</i>	8 Were any of these births twins? <i>[CM]</i>	9 In what month and year was (NAME) born? PROBE: When is his/her birthday? <i>[CM]</i>	10 Is (NAME) still alive? <i>[CM]</i>	11 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. <i>[CM]</i>	12 IF ALIVE: Is (NAME) living with you? <i>[CM]</i>	13 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). <i>[CM]</i>
09	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
10	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
11	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 2 ⇔ 14	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSE-HOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)

<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p>7</p> <p>Is (NAME) A boy or girl? [CM]</p>	<p>8</p> <p>Were any of these births twins? [CM]</p>	<p>9</p> <p>In what month and year was (NAME) born?</p> <p>PROBE: When is his/her birthday? [CM]</p>	<p>10</p> <p>Is (NAME) still alive? [CM]</p>	<p>11</p> <p>IF ALIVE: How old was (NAME) at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS. [CM]</p>	<p>12</p> <p>IF ALIVE: Is (NAME) living with you? [CM]</p>	<p>13</p> <p>IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). [CM]</p>
<p>12</p>	<p>BOY 1 GIRL 2</p>	<p>SGL 1 MLT 2</p>	<p>MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 NO ... 2</p> <p>2 ⇔ 14</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>YES ... 1 NO ... 2</p>	<p>HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)</p>
<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>			<p>14</p> <p>IF DEAD: How old was (NAME) when he/she died?</p> <p>If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]</p>		<p>15</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]</p>		
<p>01</p>			<p>DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		<p>YES ... 1 ⇔ ADD BIRTH NO ... 2 ⇔ NEXT BIRTH</p>		

<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p>14</p> <p>IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p>If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]</p>	<p>15</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]</p>
<p>02</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>03</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>04</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>05</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>

<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p>14</p> <p>IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p>If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]</p>	<p>15</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]</p>
<p>06</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>07</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>08</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>
<p>09</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇔ ADD BIRTH</p> <p>NO ... 2 ⇔ NEXT BIRTH</p>

<p>6</p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p>14</p> <p>IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p>If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]</p>	<p>15</p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]</p>
<p>10</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇨ ADD BIRTH</p> <p>NO ... 2 ⇨ NEXT BIRTH</p>
<p>11</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇨ ADD BIRTH</p> <p>NO ... 2 ⇨ NEXT BIRTH</p>
<p>12</p>	<p>DAYS ... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇨ ADD BIRTH</p> <p>NO ... 2 ⇨ NEXT BIRTH</p>

Cover Sheet – Men’s Questionnaire

Town/City/Village/: _____

HH ID: ___ ___ ___

Survey Date 1: ___ ___ / ___ ___ / _____

Survey Date 2 (if revisit): ___ ___ / ___ ___ / _____

Surveyor 1 ID (Male): ___ ___

Start Time: _____

End Time: _____

Consent: Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about 10 to 15 minutes. All of the information collected will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

_____ **Date:** _____

(Signature of Respondent if literate)

IV. MEN'S QUESTIONNAIRE

- **Purpose of the Questionnaire⁷:** The adult health indicator of the MPI focuses on adult undernourishment as determined by low BMI. This questionnaire records anthropometric information for men between 15-59 years of age⁸ in order to determine if a male adult is undernourished. It also collects information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?⁹** All men between 15-59 years of age who usually live in the household and are listed in the roster⁹

		Code
1	Interviewer: Note from Roster Roster ID/ Name [GIQ]	ID: ____ ____ Name _____
2	Weight <i>in kilograms</i> [ADH]	Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused.....9995 Other9996
3	Height <i>in cm</i> [ADH]	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> Not Present.....9994 Refused.....9995 Other9996
4a.	Have you ever fathered a son or daughter who was born alive but later died? Interviewer Checkpoint: If no, probe – Any baby who cried or showed signs of life but did not survive [CM]	Yes1 No2 Don't Know98

⁷ The roster for men's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Man's Questionnaire

⁸ For some countries, the DHS administers the surveys on all men between the age of 15 and 54 years in the household

⁹ Ideally, information for all men between 15-59 years of age who usually live in the household should be collected. Where resource constraints allow for only a sub-sample of men in the household, the number of respondents is determined such that the sample is representative at the necessary geographic level

4b.

How many boys have died?

And how many girls have died?

Interviewer: If none, record 0
[CM]

Boys Dead.....

Girls Dead.....