

Revised 13/6/2013



Ministry of Health
&
Ministry of Planning/Central Statistics Organization
In Iraq

In collaboration With
WHO/Iraq Office

Detection of Congenital Birth Defect Survey
2012



Household Questionnaire

Household Questionnaire

HOUSEHOLD INFORMATION PANEL

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Household number :HH2	Cluster number :HH1 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Name and number of local supervisor :HH4 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> No. _____ Name _____	Name and number of field surveyor :HH3 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> No. _____ Name _____
_____ name of household head :HH5	
Location :HH7 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Governorate .1 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ District .2 <input style="width: 40px; height: 20px;" type="text"/> _____ Sub-District(Nahyah) .3 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of Mahala (locality) .4 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of Mukatta (province) .5 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Name and No. of village .6 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Block No. .7 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> _____ Census Building No. .8 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Environment :HH6 1..... Urban 2..... Rural

We are from Ministry of Health and Central Statistic Organization. We are conducting a survey on the health of families, women and children concentrating on newborns with congenital birth defects because we believe that family health is the base of community health. We want to talk with you about this subject and we will take some of your time. All the information we get will be confidential, and no other persons will know of your answers. We will talk to the head of the household or an alternative member of the household and all the women of child bearing age. Your answers will help us to develop our health policies and plans to improve the health of all Iraqi families.

May I start now? (**If you are given the permission start the interview**)

Interviewer Visits				
Final Visit	3	2	1	Visit number
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> :Day <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> :Month <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> :Year <input style="width: 40px; height: 20px;" type="text"/> :Final Result	-----/-----/----- <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	-----/-----/----- <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	-----/-----/----- <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Date *Result
Total No. of visits <input style="width: 40px; height: 20px;" type="text"/>		-----/-----/-----	-----/-----/-----	Date :Next Visit
:* Interview Result Completed -01 No household member at home or no competent respondent at home -02 Entire household is absent for an extended period of time-03 Partially completed- 04 _____Refused 05				

	Dwelling was vacant or address was not a dwelling- 06 Dwelling was destroyed – 07 Dwelling was not found – 08 Inability to reach the dwelling - 09 Others(specify) – 10
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Tick here if continuation sheet for household questionnaire was used

Interviewer Information Panel

After Completing all Questionnaires For The Household ,Fill inThe Following Information:

<p>Total No. of household members :HH9</p> <p align="center"><input type="text"/> <input type="text"/></p>	<p align="right">:HH8</p> <p>Name of respondent to household questionnaire</p> <p align="center">_____ Name</p> <p align="right"><input type="text"/> <input type="text"/> Line No.</p>
<p>No. of completed women questionnaires :HH11</p> <p align="center"><input type="text"/> <input type="text"/></p>	<p align="right">No. of eligible women(15-49yr) :HH10</p> <p align="center"><input type="text"/> <input type="text"/></p>
<p>No. of completed modules of care providers for those with congenital birth defects : HH13</p> <p align="center"><input type="text"/></p>	<p align="right">No .of care providers for those with congenital birth defects (from within the household) : HH12</p> <p align="center"><input type="text"/></p>
<p>No. of completed questionnaires for those born with congenital birth defects :HH15</p> <p align="center"><input type="text"/></p>	<p align="right">No. of those born with congenital birth defects :HH14</p> <p align="center"><input type="text"/></p>
<p align="right">Data Entry(name and no.) :HH16</p> <p align="center"><input type="text"/> <input type="text"/> :No. _____ : Name</p>	

Household Roster

HHL12	HHL11	HHL10	HHL9	HHL8	HHL7		HHL6	HHL5	HHL4	HHL3	HHL2	HHL1																				
Eligible women	What is the name of the main person responsible for caring for (name)?	For the last 12 months, did (name) need for a special care?	Is (name) having CBD?	Marital status(15 yr and more)	Education(5 yr and more)		age	Date of birth	sex	Relation to head of household	Permanent residents and visitors	Line no.																				
Circle the line no. of eligible women(15-49 yrs)who are currently or were previously married	Record the line no. of the (name)if he\she was from the household record 98 if he\she was from outside the household	1= yes 2=no ↓ HHL12	1=yes 2=no ↓ HHL12	single = 1 married= 2 widower = 3 divorced= 4 = 5 separated\abandoned	What is the highest level of school (name) has completed **?d	Has (name) ever attended school or kindergarten? 1 = yes 2 =no ↓ HHL8	record age - in completed months for children less than 5 yrs in - completed years for persons of 5 yrs or more for - newborns record 00	(98) Day unknown Month unknown (98) Year unknown (9998) <table style="display: inline-table; border-collapse: collapse; vertical-align: middle;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> day mo yr									Is (name) male or female ? male= 1 female 2 =	What is the relationship of (name) to the head of the household?*	Please give me the names of all persons who usually live in your household and guests of household who stayed here for the last 30 days or more ,including children and infants													
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0	1																															
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04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	day mo yr	male= 1 female 2 =	<input type="text"/>	<input type="text"/>	04
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relation to head of household HHL3 (* question's key)

=08 'parent in law =07 'parent =06 'grandchild = 05 son in law or daughter in law = 04 'son or daughter = 03 'wife or husband = 02 '01 = head of household
 ' not related =14 ' other relative = 13 ' step child =12 ' adopted child =11 'brother or sister in law=10 son or daughter of brother or sister =09 'brother or sister
 don't know =98

level HHL7 (question's key)**

don't know = 8 'informal = 7 'postgraduate = 6 ,university = 5 ' diploma = 4 'secondary= 3 'intermediate = 2 'primary = 1 'kindergarten = 0 : (level)

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01									male= 1		Head of household	01

									female 2 =	0 1	_____	
02								day mo yr	male= 1 female 2 =		_____	02
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02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	day mo yr	male= 1 female 2 =	<input type="text"/>	_____	02
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	day mo yr	male= 1 female 2 =	<input type="text"/>	_____	03
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H			Housing
Coding	Categories	Questions	Q. No.
1 2 3 4 5 6 7 8 House Apartment Hut/Shed Tent Tin Hut Mud House Caravan Other(specify)	What type of dwelling unit does your household live in?	H1
1 2 3 4 5 6	..... Owned Joint ownership Rented Provided by employer illegally..Occupied Others(specify)	Do you own your dwelling ,or is it rented ,or others?	H2
<input type="text"/>	Number of rooms	How many bedrooms or other rooms used for sleeping?	H3

C			Cooking
Coding	Categories	Questions	Q. No.
1 2 3 4 5 6 7 8	.....Electricity Gas Kerosene Coal Wood Animal dung Agricultural waste Others(specify)	What is the main type of fuel do you currently use for cooking?	C1

L			Lighting
Coding	Categories	Questions	Q. No.
1 2 3 4 5	.....Electricity.....Kerosene.....Candles.....Others None	What is the main source of lighting in this dwelling?	L1

Drinking Water DW			
Coding	Categories	Questions	Q. No.
			DW1
1	Piped supply Piped to dwelling	What is the main source of drinking water for members of your household?	
2	..... Piped to yard of the dwelling	
3	.....Public tap	
4	Well connected with pipes		
5	cored well		
6	Protected well		
7	Unprotected		
8	.....well	
9	Spring water		
10	Protected spring		
11	.....	
12	Unprotected spring		
13	.....	
14	Rain water collection		
15	Mobile Tanker\Truck		
	Small carriage with tank		
	Surface water(river ,creek ,dike, lake ,irrigation canal)		
	Bottled water Water desalination plant (RO)		
	Others(specify)		

SD Swage Disposal			
Coding	Categories	Questions	Q. No.
			SD1
1	Flush Toilet Flush toilet connected to sewer	What type of toilet facilities is available for this household? For interviewer: probe the method of waste disposal?	
2	.....network	
3	Flush toilet connected to a septic		
4	.....tank	
5	..... Pit	
6	Flush to another.....place Flushed to unknown place\don't.....know Others(specify)		

CP 1					Module of care provider for those with CBD		
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-left: 5px;"></div> </div>					Record the name and line no. of care provider		
Categories					Questions	Q.No.	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Members' no.</div> </div>					How many household (HH) members who have congenital birth defects and you provide special care for them?		CP 1.1
5th mem	4th mem	3rd mem	2nd mem	1st mem	Now I want to ask you about household members who have congenital birth defects and you provide care for them. Record name and line no. of the person from HH roster	CP 1.2	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border-bottom: 1px solid black; width: 100%;"></div>			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Members' no.</div> </div>					Check the matching of Q.s CP1.1 &CP1.2and correct the answer		CP 1.3
<i>Household members provided with care</i>					<i>Following questions to be asked on each member in CP1.2</i>		Q.No.
1	1	1	1	1	What is the relationship to (name) you care for? <i>husband / wife=1</i> <i>son /daughter=2</i> <i>Grandchild=3;</i> <i>Brother/Sister=4;</i> <i>Son of brother/ sister=5</i> <i>father\mother=6</i> <i>Brother/ Sister in law=7</i> <i>Son or daughter in law=8</i> <i>Other relative=9</i>	CP 1.4	
2	2	2	2	2			
3	3	3	3	3			
4	4	4	4	4			
5	5	5	5	5			
6	6	6	6	6			
7	7	7	7	7			
8	8	8	8	8			
9	9	9	9	9			
1	1	1	1	1	Over the last 12 months, for how long didyou been provide care for (name)? Less than one month = 1 1-3 months = 2 More than 3 months and less than	CP 1.5	
2	2	2	2	2			
3	3	3	3	3			
4	4	4	4	4			

					6 months = 3 6 months or more = 4	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	What type of personal care provided to (name)? Help .in... A= Bathing B = Eating C = Dressing D = Toileting E = Moving around F = Incontinence INTERVIEWE R: Read each choice and circle all that apply	CP 1.6
<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOUR :MIN DON'T KNOW =98						
					<i>As you are the main care provider, how much time per day on average did/do you usually spend providing care?</i>	CP 1.7
Don't know	no	yes	<i>In relation to providing care and support in the last 12 months, has your household received any help or assistance from outside the household?</i>			CP 1.8
3	2	1	<i>Financial, such as cash, paying for bills, fees, food or medicines, clothing or other provisions</i>			CP1.8 a
3	2	1	<i>Emotional, like social support, counseling, time with friends</i>			CP1.8 b
3	2	1	<i>Health, including providing health care, administering medicines, changing bandages, arranging health care provider visits</i>			CP1.8c
3	2	1	<i>Physical including household chores, transportation</i>			CP1.8d
3	2	1	<i>Personal care, help with bathing, eating, dressing, toileting, moving around</i>			CP1.8e
					<i>Other, specify</i>	CP1.8f
A Family outside household B Neighbors/community					Who provided this help or assistance?	CP 1.9

					C Government D Mosque/ Church E NGOs F Other(specify)..... G Nobody H Don't know	Anyone else? INTERVIEWER: Circle all answers that the respondent mentions	
Extreme difficulty	Sever difficulty	Moderate difficulty	Mild difficulty	No difficulty		Questions As a result of providing health care, over the last 12 months, did you have any difficulty?	CP1.10
5	4	3	2	1		getting enough sleep?	CP1.10 a
5	4	3	2	1		eating enough food?	CP1.10 b
5	4	3	2	1		having enough energy to do the extra work?	CP1.10 c
5	4	3	2	1		taking care of yourself and keeping your health, including impact of care giving on your own psychological status (such as, stress, fatigue, muscle strains, insomnia, anxiety, grief)?	CP1.10 d
5	4	3	2	1		paying for medication/treatments for your own ailments / chronic conditions?	CP1.10 e
5	4	3	2	1		visiting friends and relatives as much as was the case before you provide this level of care?	CP1.10 f
5	4	3	2	1		Securing enough money: financial problems due to loss of income, time available for paid employment, or increased costs or expenses?	CP1.10 g
5	4	3	2	1		Provision of the correct care for health problems for this person(s) (<i>for example, knowing the best treatment, getting access to medicines, laboratory investigations..etc</i>)	CP1.10h
5	4	3	2	1		knowing how to protect yourself, from getting the illness during care giving	CP1.10 i

5	4	3	2	1	<p>For (name)</p> <p>CPI.10j</p> <p>Dealing with others (like experiencing stigma or shame , receiving different or bad treatment from friends, community, or family members outside your household)?</p>	
<p>1 = MORE THAN BEFORE 2 =ABOUT THE SAME 3=LESS THAN BEFORE</p>					<p>Now I want to ask you about your assessment of your own health in the last 12 months during your care for persons with birth defects, is it: MORE THAN BEFORE, ABOUT THE SAME, LESS THAN BEFORE</p>	CPI.11

CP 1					Module of care provider for those with CBD	
<input type="text"/> <input type="text"/> _____					Record the name and line no. of care provider	
Categories					Questions	Q.No.
<input type="text"/> <input type="text"/> Members' no.					How many household (HH) members who have congenital birth defects and you provide special care for them?	CP 1.1
5th mem	4th mem	3rd mem	2nd mem	1st mem	Now I want to ask you about household members who have congenital birth defects and you provide care for them. Record name and line no. of the person from HH roster	CP 1.2
<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____		
<input type="text"/> <input type="text"/> Members' no.					Check the matching of Q.s CP1.1 & CP1.2 and correct the answer	CP 1.3
<i>Household members provided with care</i>					<i>Following questions to be asked on each member in CP1.2</i>	Q.No.
1	1	1	1	1	What is the relationship to (name) you care for? <i>husband / wife=1</i> <i>son /daughter=2</i> <i>Grandchild=3;</i> <i>Brother/Sister=4;</i> <i>Son of brother/ sister=5</i> <i>father\mother=6</i> <i>Brother/ Sister in law=7</i> <i>Son or daughter in law=8</i> <i>Other relative=9</i>	CP 1.4
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		
1	1	1	1	1	Over the last 12 months, for how long did you been provide care for (name)? Less than one month = 1 1-3 months = 2 More than 3 months and less than	CP 1.5
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		

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A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	What type of personal care provided to (name)? Help .in... A= Bathing B = Eating C = Dressing D = Toileting E = Moving around F = Incontinence INTERVIEWE R: Read each choice and circle all that apply	CP 1.6
<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> HOUR :MIN DON'T KNOW =98						
					<i>As you are the main care provider, how much time per day on average did/do you usually spend providing care?</i>	CP 1.7
Don't know	no	yes	<i>In relation to providing care and support in the last 12 months, has your household received any help or assistance from outside the household?</i>			CP 1.8
3	2	1	<i>Financial, such as cash, paying for bills, fees, food or medicines, clothing or other provisions</i>			CP1.8 a
3	2	1	<i>Emotional, like social support, counseling, time with friends</i>			CP1.8 b
3	2	1	<i>Health, including providing health care, administering medicines, changing bandages, arranging health care provider visits</i>			CP1.8c
3	2	1	<i>Physical including household chores, transportation</i>			CP1.8d
3	2	1	<i>Personal care, help with bathing, eating, dressing, toileting, moving around</i>			CP1.8e
					<i>Other, specify</i>	CP1.8f
A Family outside household B Neighbors/community					Who provided this help or assistance?	CP 1.9

				C Government D Mosque/ Church E NGOs F Other(specify)..... G Nobody H Don't know	Anyone else? INTERVIEWER: Circle all answers that the respondent mentions	
Extreme difficulty	Sever difficulty	Moderate difficulty	Mild difficulty	No difficulty	Questions As a result of providing health care, over the last 12 months, did you have any difficulty?	CP1.10
5	4	3	2	1	getting enough sleep?	CP1.10 a
5	4	3	2	1	eating enough food?	CP1.10 b
5	4	3	2	1	having enough energy to do the extra work?	CP1.10 c
5	4	3	2	1	taking care of yourself and keeping your health, including impact of care giving on your own psychological status (such as, stress, fatigue, muscle strains, insomnia, anxiety, grief)?	CP1.10 d
5	4	3	2	1	paying for medication/treatments for your own ailments / chronic conditions?	CP1.10 e
5	4	3	2	1	visiting friends and relatives as much as was the case before you provide this level of care?	CP1.10 f
5	4	3	2	1	Securing enough money: financial problems due to loss of income, time available for paid employment, or increased costs or expenses?	CP1.10 g
5	4	3	2	1	Provision of the correct care for health problems for this person(s) (<i>for example, knowing the best treatment, getting access to medicines, laboratory investigations..etc</i>)	CP1.10h
5	4	3	2	1	knowing how to protect yourself, from getting the illness during care giving	CP1.10 i

5	4	3	2	1	<p>For (name)</p> <p>CPI.10j</p> <p>Dealing with others (like experiencing stigma or shame , receiving different or bad treatment from friends, community, or family members outside your household)?</p>	
<p>3 = MORE THAN BEFORE 4 =ABOUT THE SAME 3=LESS THAN BEFORE</p>					<p>Now I want to ask you about your assessment of your own health in the last 12 months during your care for persons with birth defects, is it: MORE THAN BEFORE, ABOUT THE SAME, LESS THAN BEFORE</p>	CPI.11

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Categories					Questions	Q.No.	
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Don't know	no	yes			<i>In relation to providing care and support in the last 12 months, has your household received any help or assistance from outside the household?</i> INTERVIEWE R: Read each choice and circle all that apply	CP 1.8
3	2	1			<i>Financial, such as cash, paying for bills, fees, food or medicines, clothing or other provisions</i>	CP1.8 a
3	2	1			<i>Emotional, like social support, counseling, time with friends</i>	CP1.8 b
3	2	1			<i>Health, including providing health care, administering medicines, changing bandages, arranging health care provider visits</i>	CP1.8c
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	Field Interviewer
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 10%;"></div> <div style="width: 45%;"></div> </div>	Name ----- :Code -----/-----/-----Date: :Signature
	Local Supervisor
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 10%;"></div> <div style="width: 45%;"></div> </div>	Name: ----- :Code -----/-----/-----Date: :Signature
	Central supervisor
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 10%;"></div> <div style="width: 45%;"></div> </div>	Name: ----- :Code -----/-----/-----Date: Signature
	Central editor
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 10%;"></div> <div style="width: 45%;"></div> </div>	Name: ----- :Code -----/-----/-----Date: Signature
	Data entry
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 10%;"></div> <div style="width: 45%;"></div> </div>	Name: ----- :Code -----/-----/-----Date: Signature