Initial questions and introduction

Good morning / afternoon, how are you? My name is **(say your name)** and I am working with the Institute for Clinical Effectiveness and Health Policy and CESCAS. This survey is part of an investigation that intends to analyze the effects of indoor pollution on the health of children and pregnant women. To see if you may be selected to complete this survey I need to know:

Num.	*Questions and Filters*	*Categories and Codes*			*Go to*
A	Are there any women living in this house who have been pregnant in the past three years? (since January 2010)	Yes	1	☐	
		No	2	☐ →	*Question C*
B	That/those woman/women who was/were pregnant in the past three years is/are now at home?	Yes	1	☐	
		No	2	☐ →	*Arrange appointment*
C	Are there any children under 5 years of age living in this house?	Yes	1	☐	
		No	2	☐ →	*Question E*
D	Is mother or caregiver of children at home now?	Yes	1	☐	
		No	2	☐ →	*Arrange appointment*
E	Do you have time to the answer questions now? The complete survey takes about 30 minutes	Yes	1	☐	
		No	2	☐ →	*Arrange appointment*

• The household is eligible only if the answer to questions A and / or C is "Yes".
• "Section 1: Home" must be asked in every case.
• If the answer to question A is "Yes", "Section 2: Pregnancies" must be asked .
• If the answer to question C is "Yes", "Section 3: Children under 5 years of age" must be asked .
• If the answer to either questions B, D and / or E is "No", arrange an appointment to go back to the participant's home on a time and date when it is possible to complete the survey.

ATTENTION, the following questions should be asked only if households is NOT eligible:

F	In the past five years, has any child younger than five years of age living in this house died?	Yes	1	☐	
		No	2	☐ →	*Not elegible*

Elegible household: Only ask sections 1:"Household" and 5: "Children deaths"

Household identification number

Section 1: Household

HOGAR

iew Date / / Interviewer Code

HOG_03_ HOG_03_2 HOG_03_3 HOG_0

Instructions: Before beg ed consent form to participant participant(s) ask about their doubts. Then complete this questionnaire data. It is important to complete all data, including contact information. Select a family member who will serve as a contact.

I am going to ask yout personal data. Please remember that any information you provide us is confidential and only CESCAS study certified personnel will have access to it.

A. Family contact information

1 Name and Last name

2 HOG_SECA_2 Gender Male 1 Fem 2

3 Current Address

a_ Street Name

b_Number

c_Block/Unit

d_Floor e_Department/apartment

f_District/villa/condo

g_City

h_Zip Code

4 Main telephone number

a_What is the best time of day to call this number? Morning 1 Afternoor 2 Evening 3

5 Cell Phone Number

a_What is the best time of day to call this number? Morning 1 Afternoor 2 Evening 3

Before we begin, I am going to ask you to name all the people living in this house. **(List ALL the inhabitants of the house)**

B LIST OF PEOPLE LIVING IN THE HOUSE

a_# order	b _ Name	c_ Gender	d_ Age (complete years. Months only in those under one year of age)	e_ Relationship to head of household (inster code)
HOG_SECB_P1_	ID_Pers1	Male HOG_SECB_P1_	HOG_SECB_P1_D_M HOG_SECB_P1_D_	HOG_SECB_P1_E
HOG_SECB_P2_	ID_Pers2	Male HOG_SECB_P2_	HOG_SECB_P2_D_ HOG_SECB_P2_D_	HOG_SECB_P2_E
HOG_SECB_P3_	ID_Pers3	Male HOG_SECB_P3_	HOG_SECB_P3_D_ HOG_SECB_P3_D_	HOG_SECB_P3_E
	ID_Pers4	Male		

Household identification number

Section 1: Household

a_# order	b _ Name	c_ Gender	d_ Age (complete years. Months only in those under one year of age)	e_ Relationship to head of household **(write code)**
HOG_SECB_P4_	ID_Pers4	Male	HOG_SECB_P4_	HOG_SECB_P4_D_ HOG_SECB_P4_D_ HOG_SECB_P4_E
HOG_SECB_P5_	ID_Pers5	Male	HOG_SECB_P5_	HOG_SECB_P5_D_ HOG_SECB_P5_D_ HOG_SECB_P5_E
HOG_SECB_P6_A	ID_Pers6	Male	HOG_SECB_P6_	HOG_SECB_P6_D_ HOG_SECB_P6_D_ HOG_SECB_P6_E
HOG_SECB_P7_	ID_Pers7	Male	HOG_SECB_P7_	HOG_SECB_P7_D_ HOG_SECB_P7_D_ HOG_SECB_P7_E
HOG_SECB_P8_	ID_Pers8	Male	HOG_SECB_P8_	HOG_SECB_P8_D_ HOG_SECB_P8_D_ HOG_SECB_P8_E
HOG_SECB_P9_	ID_Pers9	Male	HOG_SECB_P9_	HOG_SECB_P9_D_ HOG_SECB_P9_D_ HOG_SECB_P9_E
HOG_SECB_P10_A	D_Pers1	Male	HOG_SECB_P10_C	HOG_SECB_P10_D_ OG_SECB_P10_D_ HOG_SECB_P10_
HOG_SECB_P11_A	ID_Pers11	Male	HOG_SECB_P11_C	HOG_SECB_P11_D_M HOG_SECB_P11_D_ HOG_SECB_P11_

In this house, in the past five years, has any child died? (if the child died immediately after birth, ask if he/she was born alive. Just register live births here)

C LIST OF DEAD CHILDREN

a_# order	b _ Name	c_ Gender	d_ Age at death **(complete months in younger than one year of age, and write 00 in younger than a month of age)**	e_ Relationship to head of household **(write code)**
HOG_SECC_F50_ ID_Pers50		Ma HOG_SECC_F50_	HOG_SECC_F50_D_ HOG_SECC_F50_D_A	HOG_SECC_F50_E
51		Male 1 ☐ Fem 2 ☐	Months ☐☐ Years ☐☐	☐☐
52		Male 1 ☐ Fem 2 ☐	Months ☐☐ Years ☐☐	☐☐
53		Male 1 ☐ Fem 2 ☐	Months ☐☐ Years ☐☐	☐☐
54		Male 1 ☐ Fem 2 ☐	Months ☐☐ Years ☐☐	☐☐

Complete only if the answer to question 28 is that she had a stillbirth (baby of 22 weeks or older, or that weighed 500 grams or more) and use that number to identify it in the history of pregnancy.

D STILLBIRTHS LIST

a_ # order	b_ Sexo	c_ Relationship to head of household (write code)	
HOG_SECD_FM90_A HOG_SECD_FM90_B		HOG_SECD_FM90_C	ID_Pers90
91	Male 1 ☐ Fem 2 ☐	☐☐	
92	Male 1 ☐ Fem 2 ☐	☐☐	

Select elegible woman/women and child/ren (circle the order number) and identify them on ALL the questionnaire using the order number given here.

• If no children are living there, but women who were pregnant in the last three years do, do not interview more than two per household.

• If there are children and women in the household, choose a mother or caregiver and all children under 5 years of age she takes care of.

• If there are several groups of children under the care of different caregivers, choose the largest group or the group willing to respond.

TM_1 Total elegible women ☐ HOG_TOT_MUJ

05: Grandchild 10: other relative

Household identification number

Section 1: Household

TN_1 Total elegible children

TF_1 Total dead children under 5 years of age

Complete a death form for each one

HOG_TOT_NIN

HOG_TOT_NINF

06: Parent
07:Father/Mother-in-law
11: unrelated
12: don't know
Sibling
04:Son/daughter-in-law
09:Adopted child, Foster child, Stepson/stepdaughter

Now I am going to ask you about the household and their inhabitants.

Num	Questions and Filters	Categories and Codes		Go to
1 HOG_1	***Register who is answering household questions***	Order number		
2 HOG_2	If there is only a woman who has been pregnant and doesn't have children living there, ask her abour her educational level but don't call her "mother"	Yes No Doesn't know/ Isn't sure	1 2 99	***Quest . 5***
3 HOG_3	What was the highest level of education you attended?	Primary School Secondary School Higher education (tertiary / university)	1 2 3	
4 HOG_4	What was the highest grade or year of completed at that education level? ***f less than one year completed, register "0"***	Grade/year		
5 HOG_5	Anybody that lives in this house has or had tuberculosis in the past 3 years?	Yes No Does not know / not sure	1 2 99	
6 HOG_6	During the past 7 days, how many days did someone smoke inside your house?	0 days 1 to 2 days 3 to 4 days 5 to 6 days 7 days Does not know / no answer	1 2 3 4 5 99	
7	Does the mother or caregiver of children have health coverage? Which? (If there is only a woman who has been pregnant and doesn't have children living there, ask her abour her health coverage but don't call her "mother")	Social security (including PAMI) Private health insurance (Prepaga) Public insurance or plan (Plan Nacer) Servicio de emergencia médica	1 2 3 4	

Num	Questions and Filters	Categories and Codes			Go to
		Emergency Medical Service	5		
HOG_7_A HOG_7_C		Does not know / no answer	6		
8	Make this question only if there are elegible children: Do children have any Health Coverage?	Social security (including PAMI)	1		
		Private health insurance (Prepaga)	2		
		Public insurance or plan (Plan Nacer)	3		
		Servicio de emergencia médica	4		
		Emergency Medical Service	5		
HOG_8_A HOG_8_CH		Does not know / no answer	6		
9 HOG_9	How many rooms / bedrooms not shared with another family does this household have (excluding kitchen and bathroom)?	*Write number*			
10 HOG_10	How many of these rooms or bedrooms are usually used for sleeping?	*Write number*			
11	At this house, is cooking done indoors?	Yes	1		
		No	2		***Next section***
HOG_11		Does not know / does not want to answer	99		
12	Is there any window that can be opened in the room used for cooking?	Yes	1		
		No	2		
HOG_12		Does not know / does not want to answer	99		
	Now I'm going to ask if I can see the device you use for cooking				
13	***Register by direct observation the type of stove or oven, record ALL types of cooking devices in the house and the type of ventilation***	Open oven or stove WITH chimney or circulation	1	HOG_13_	
		Open oven or stove WITHOUT chimney or circulation	2	HOG_13_	
		Closed oven or stove WITH chimney or circulation	3	HOG_13_	
		Closed oven or stove WITHOUT chimney or circulation	4	HOG_13_	
		Gas oven	5	HOG_13_	
		Electric stove	6	HOG_13_	
		No cooking device indoors	7	HOG_13_	***section***
		Refuses to show the kitchen	99	HOG_13_99	
	Now I'm going to ask about fuel used for cooking and for heating the house				

Now I'm going to ask about fuel used for cooking and for heating the house

Nro.	Questions and Filters	Firewood / Coal	Kerosene	Gas (natural or carafe) / Electricity	Others like crop waste or animal dung
14	In the past five, was (read each of the options) used for cooking? ***From here to the question 19 only read those options in which the answer to question 14 was "yes"***	Yes 1 ☐ No 2 ☐ HOG_14_	Yes 1 ☐ No 2 ☐ HOG_14_	Yes 1 ☐ No 2 ☐ HOG_14_C	Yes 1 ☐ No 2 ☐ HOG_14_
15	In the past five years, for how many years **(option)** was used for cooking?	Years HOG_15A HOG_15A_	Years HOG_15B HOG_15B_	Years HOG_15C HOG_15C_	Years HOG_15D HOG_15D_
16	For how many hours in a day do/did you cooked/ cook with **(option)**?	Hours HOG_16A_HS Minutes HOG_16A_MIN HOG_16A_N	Hours HOG_16B_HS Minutes HOG_16B_MIN HOG_16B_N	Hours HOG_16C_HS Minutes HOG_16C_MIN HOG_16C_N	Hours HOG_16D_HS Minutes HOG_16D_MI HOG_16D_N
17	Do you use / used **(option)** every day?	Yes 1 ☐ HOG_17A_A No 2 ☐ Ns/Nc 99 ☐	Yes 1 ☐ HOG_17B_A No 2 ☐ Ns/Nc 99 ☐	Yes 1 ☐ HOG_17C_A No 2 ☐ Ns/Nc 99 ☐	Yes 1 ☐ HOG_17D_A No 2 ☐ Ns/Nc 99 ☐
18	How many days a week is/was **(option)** used?	days HOG_18A HOG_18A_N	days HOG_18B HOG_18B_N	days HOG_18C HOG_18C_N	days HOG_18D HOG_18D_N
19	In the last five years was **(read each of the options)** used to heat or warm the house? ***From here on, just read the options in which the anser to the question 19 was "yes".***	HOG_19A No 2 ☐ DK/NR 99 ☐	HOG_19B No 2 ☐ DK/NR 99 ☐	HOG_19C No 2 ☐ DK/NR 99 ☐	HOG_19 No 2 ☐ DK/NR 99 ☐
20	In the past five years, for how many years (option) was used to heat or warm the house?	Years HOG_20A HOG_20A_N	Years HOG_20B HOG_20B_	Years HOG_20C HOG_20C_N	Years HOG_20D HOG_20D_

Good morning / afternoon, how are you? My name is **(say your name)** and I am working with the Institute for Clinical Effectiveness and Health Policy and CESCAS. This survey is part of an investigation that intends to analyze the effects of indoor pollution on the health of children and pregnant women. To see if you may be selected to complete this survey I need to know:

Num.	*Questions and Filters*	*Categories and Codes*			*Go to*
A	Are there any women living in this house who have been pregnant in the past three years? (since January 2010)	Yes	1	☐	
		No	2	☐ →	***Question C***
B	That/those woman/women who was/were pregnant in the past three years is/are now at home?	Yes	1	☐	
		No	2	☐ →	***Arrange appointment***
C	Are there any children under 5 years of age living in this house?	Yes	1	☐	
		No	2	☐ →	***Question E***
D	Is mother or caregiver of children at home now?	Yes	1	☐	
		No	2	☐ →	***Arrange appointment***
E	Do you have time to the answer questions now? The complete survey takes about 30 minutes	Yes	1	☐	
		No	2	☐ →	***Arrange appointment***

• The household is eligible only if the answer to questions A and / or C is "Yes".
• "Section 1: Home" must be asked in every case.
• If the answer to question A is "Yes", "Section 2: Pregnancies" must be asked .
• If the answer to question C is "Yes", "Section 3: Children under 5 years of age" must be asked .
• If the answer to either questions B, D and / or E is "No", arrange an appointment to go back to the participant's home on a time and date when it is possible to complete the survey.

ATTENTION, the following questions should be asked only if households is NOT eligible:

F	In the past five years, has any child younger than five years of age living in this house died?	Yes	1	☐	
		No	2	☐ →	***Not elegible***

Elegible household: Only ask sections 1:"Household" and 5: "Children deaths"

Household identification number ☐☐-☐☐-☐☐☐☐

Section 3: Pregnancies
Women who have been pregnant in the past three years

Woman order number EMB_ ☐☐

Now I'm going to ask you about your health and the pregnancies you have had in the past three years

Nro.	Questions and Filters	Categories and codes			Go to
21	¿Es usted diabética o le han dicho que tiene el azúcar alta en la sangre? Are you diabetic or have you been told you have high blood sugar? EMB_21	Yes No Does not know / not sure	1 2 99	☐ ☐ ☐	
22	Are you hypertensive or have you been told you have high blood pressure? EMB_22	Yes No Does not know / not sure	1 2 99	☐ ☐ ☐	
23	Do you have any other disease that make you regularly see a doctor or get medication every day?	Yes EMB_23 Which? Specify EMB_23_E EMB_23_E_ No Does not know / not sure	1 2 99	☐ ☐ ☐	
24	How many times have you been pregnant in the past 3 years?	Number of pregnancies EMB_24 None	1	☐ → Next section EMB_24_N	
25	Did any of these pregnancies ended in miscarriage, abortion or stillbirth? EMB_25	Yes No Does not know / not sure	1 2 99	☐ ☐ ☐	Quest. 28

Nro.	Questions and Filters	Last miscarriage / abortion or stillbirth	Second to last miscarriage / abortion or stillbirth	Third to last miscarriage / abortion or stillbirth
26	In which date did it happen?	EMB_26_ ☐☐ EMB_26_A ☐☐	Month ☐☐ Year ☐☐☐☐	Month ☐☐ Year ☐☐☐☐
27	*How many weeks or months pregnant were you?* ***(preferably weeks).*** *Do you remember if it was weighed?* ***Record the weight in grams***	EMB_27_S ☐☐ EMB_27_ ☐☐ EMB_27_P ☐☐	Weeks ☐☐ Months ☐ Weight ☐☐☐☐	Weeks ☐☐ Months ☐ Weight ☐☐☐☐

If she had a baby who was stillborn and weighed more than 500 grams or said that pregnancy was more than 22 weeks or five months, it should be considered for the following questions. Assign a order number to the child, returning to the home section (Stillbirths List).

Ahora voy a hacerle preguntas sobre los nacimientos de los últimos tres años (vivos o muertos).

Nro.	Preguntas y Filtros	Last Birth		Second to last Birth		Third to last Birth	
		Name EMB_O	Order numb	Name	Order numb	Name	Order numb
28	How many checks were performed during pregnancy? EMB_28 / EMB_28_N	99	☐	Quantity of controls Doesn't know / Not sure 99	☐	Quantity of controls Doesn't know / Not sure 99	☐
29	How many weeks or months pregnant were you when you made your first check? EMB_29_S		☐☐	Weeks Months	☐☐	Weeks Months	☐☐

EMB_23_E_1

Household identification number

Section 3: Pregnancies

Women who have been pregnant in the past three years

	made your first check? **(preferably weeks)**	EMB_29_ / EMB_29_N	99		Months / Doesn't know / Not sure	99		Months / Doesn't know / Not sure	99	
30	During pregnancy, have you ever told him you had: EMB_30	EMB_30_1	1		Diabetes or high blood sugar?	1		Diabetes or high blood sugar?	1	
		EMB_30_2	2		Hypertension?	2		Hypertension?	2	
		EMB_30_3	3		Preeclampsia?	3		Preeclampsia?	3	
		EMB_30_4	4		Eclampsia?	4		Eclampsia?	4	
31	While pregnant, did you sleep in the same room where you cook or cooked?	EMB_31 Yes	1		Yes	1		Yes	1	
		No	2		No	2		No	2	
		Doesn't know / Not sure	99		Doesn't know / Not sure	99		Doesn't know / Not sure	99	
32	(Name) was born early? Was it premature? If the answer is "yes," ask: How many weeks or months pregnant were you when he/she was born? **(preferably weeks)**	EMB_3 Yes	1		Yes	1		Yes	1	
		No	2		No	2		No	2	
		Doesn't know / Not sure	99		Doesn't know / Not sure	99		Doesn't know / Not sure	99	
		EMB_32_S			Weeks			Weeks		
		EMB_32_			Months			Months		
33	How much did (name) weight at birth? ***Record the weight that appears in the health book or health card in kilograms if available. Otherwise record the weight that the mother***	Kg in notebook EMB_33_L			Kg in notebook			Kg in notebook		
		Kg according to recall EMB_33_R			Kg according to recall			Kg according to recall		
		Doesn't recall / not weigh EMB_33_	99		Doesn't recall / not weighted	99		Doesn't recall / not weighted	99	

Nro.	*Questions and Filters*	*Last Birth*			*Second to last Birth*			*Third to last Birth*		
		Nombre		*Nro. orden*	*Nombre*		*Nro orden*	*Nombre*		*Nro orden*
34	Does the birth of (name) was by cesarean? EMB_34	Yes	1		Yes	1		Yes	1	
		No	2		No	2		No	2	
		Doesn't know / Not sure	99		Doesn't know / Not sure	99		Doesn't know / Not sure	99	
35	Please, tell me which of these best describes your experience with smoking while pregnant EMB_35	Never smoked in my life	1		Never smoked in my life	1		Never smoked in my life	1	
		I had quit smoking before pregnancy	2		I had quit smoking before pregnancy	2		I had quit smoking before pregnancy	2	
		I kept smoking, I never stopped	3		I kept smoking, I never stopped	3		I kept smoking, I never stopped	3	
		I quit smoking at some point but then returned to smoking	4		I quit smoking at some point but then returned to smoking	4		I quit smoking at some point but then returned to smoking	4	
		I kept smoking a while but			I kept smoking a while but			I kept smoking a while but		

		then left to the end of pregnancy	5	☐	then left to the end of pregnancy	5	☐	then left to the end of pregnancy	5	☐
		When I found out I was pregnant I quit smoking and never smoked again	6	☐	When I found out I was pregnant I quit smoking and never smoked again	6	☐	When I found out I was pregnant I quit smoking and never smoked again	6	☐
		Does not know / doesn't want to answer	99	☐	Does not know / doesn't want to answer	99	☐	Does not know / doesn't want to answer	99	☐

Household identification number

Section 4: Children under 6 years of age

Now I would like to register all children living in this house that are not five years old yet. ***Record the name and order number of each of the children under 5 years of age selected. In case of twins or triplets list them in separate columns. E***

Nro.	*Questions and Filters*	*Name*	*Order number*	*Name*	*Order number*	*Name*	*Order number*
			NIN_O				
36	***(Name)*** *Is Male or Female?* NIN_36	Male 1 ☐ Female 2 ☐		Male 1 ☐ Female 2 ☐		Male 1 ☐ Female 2 ☐	
37	What date was ***(Name)*** born?	Date ☐☐ Month ☐☐ NIN_37_ NIN_37_M Year NIN_37_ ☐		Date ☐☐ Month ☐☐ Year ☐☐☐☐		Date ☐☐ Month ☐☐ Year ☐☐☐☐	
38	***Ask this question only if she did not anser about this child in question 33, Section 2 "Pregnancy". (Name)*** *was born early? Was he/she premature?* ***If the answer is "yes," ask: How many weeks or months pregnant were you when he/she were born? (preferably weeks)***	NIN_38 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ NIN_38_S NIN_38_M ☐☐		Yes 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ Weeks ☐☐ Months ☐		Yes 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ Weeks ☐☐ Months ☐	
39	***Ask this question only if she did not anser about this child in question 34, Section 2 "Pregnancy".*** How much did (name) weight at birth? ***Record the weight in kilograms that appears in the notebook or health card if available. Otherwise record the weight that the mother recalls***	Kg from health book NIN_39_L Kg by recall NIN_39_R Does not recall/ not weighed 99 ☐ NIN_39_		Kg from health book Kg by recall Does not recall/ not weighed 99 ☐		Kg from health book Kg by recall Does not recall/ not weighed 99 ☐	
40	Did you ever breastfeed **(Name)**? NIN_40	Yes 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ ***Quest. 42***		Yes 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ ***Quest. 42***		Yes 1 ☐ No 2 ☐ Does not know / not sure 99 ☐ ***Quest. 42***	
41	How long did you breastfed **(Name)**?	Months NIN_41 Still breastfeeding NIN_41_		Months ☐☐ Still breastfeeding 1 ☐		Months ☐☐ Still breastfeeding 1 ☐	
42	On an average day, about how many hours does **(Name)** spend in the kitchen while cooking?	Hours NIN_42 Does not know / not sure NIN_42_		Hours ☐☐ Does not know / not sure 99 ☐		Hours ☐☐ Does not know / not sure 99 ☐	
43	Does (Name) sleeps in the same	Yes		Yes 1 ☐		Yes 1 ☐	

	room where you cook?		NIN_43				
		No	2	No	2	No	2
		Does not know / not sure	99	Does not know / not sure	99	Does not know / not sure	99

Nro.	Questions and Filters	Name	Order number	Name	Order number	Name	Order number
44	*Does* ***(Name)*** *have the vaccine scheme complete?* ***Ask for the child's vaccination card and record whether the child has been vaccinated with the pneumococcal conjugate vaccine (Prevenar or Synflorix) and the number of doses received.***	Yes 1 NIN_44 No 2 Doesn't know / Not sure 99 NIN_44_ 1 ☐ 2 ☐ 3 ☐ Number of pneumococcal vaccine doses		Yes 1 No 2 Doesn't know / Not sure 99 1 ☐ 2 ☐ 3 ☐ Number of pneumococcal vaccine doses		Yes 1 No 2 Doesn't know / Not sure 99 1 ☐ 2 ☐ 3 ☐ Number of pneumococcal vaccine doses	
45	In general, you would say that the health of **(Name)** is: **read all the options and select the appropriate, showing the card options.**	Excellent 1 NIN_45 2 Good 3 Regular 4 Bad 5 Doesn't know / Not sure 99		Excellent 1 Verry Good 2 Good 3 Regular 4 Bad 5 Doesn't know / Not sure 99		Excellent 1 Verry Good 2 Good 3 Regular 4 Bad 5 Doesn't know / Not sure 99	
46 NIN_46	*Does* ***(Name)*** *hav any of these diseases?* ***Read the list.***	Cystic fibrosis NIN_46_1 Tuberculosis NIN_46_2 Bronchopulmonary dysplasia NIN_46_3 Congenital heart disease or heart problems NIN_46_4 Asthma or Chronic wheezing NIN_46_5		Cystic fibrosis 1 Tuberculosis 2 Bronchopulmonary dysplasia 3 Congenital heart disease or heart problems 4 Asthma or Chronic wheezing 5		Cystic fibrosis 1 Tuberculosis 2 Bronchopulmonary dysplasia 3 Congenital heart disease or heart problems 4 Asthma or Chronic wheezing 5	
47 NIN_47	*Does* ***(Name)*** *receive preventive treatment for asthma and / or bronchospasm?* ***Explain, an spray or puff every day in the morning and evening.***	Yes 1 No 2 Doesn't know / Not sure 99		Yes 1 No 2 Doesn't know / Not sure 99		Yes 1 No 2 Doesn't know / Not sure 99	
48	How many times in the last year a doctor told you that **(name)** had bronchiolitis or wheezing bronchitis?	Number of times NIN_48 Never NIN_48_		Number of times ☐☐ Never 99		Number of times ☐☐ Never 99	

Nro.	Questions and Filters	Name	Order number	Name	Order number	Name	Order number
49	*How many times in the last year* ***(Name)*** *was treated with Salbutamol?* ***If she does not recall, ask again reading or showing the brand name list***	Number of times NIN_49 Never NIN_49_		Number of times Never 99		Number of times Never 99	
50	How many times in the last year a doctor told you that **(name)** had pneumonia or pneumonitis?	Number of time NIN_50 Never NIN_50_		Number of times Never 99		Number of times Never 99	
51	How many times in the last year **(name)** was treated with antibiotics to treat pneumonia or pneumonitis? **If in doubt, ask again reading or showing brand names list.**	Number of times NIN_51 Never NIN_51_		Number of times Never 99		Number of times Never 99	
52	Was **(Name)** ever hospitalizaed?	Yes 1 No 2 Doesn't know / not sure 99 ***End of questionnaire***		Yes 1 No 2 Doesn't know / not sure 99 ***End of questionnaire***		Yes 1 No 2 Doesn't know / not sure 99 ***End of questionnaire***	
	NIN_52						
53	Was any of these hospitalizations due to bronchiolitis, pneumonia or any respiratory problem?	Yes 1 → ***Got to Section 4: "Hospitalizations"*** No 2 Doesn't know / not sure 99		Yes 1 → ***Got to Section 4: "Hospitalizations"*** No 2 Doesn't know / not sure 99		Yes 1 → ***Got to Section 4: "Hospitalizations"*** No 2 Doesn't know / not sure 99	
	NIN_53						

Household identification number

Section 4: Hospitalizations

Hospitalized children data

54	Hospitalizations

Name	Order numb

Fill in one sheet for each child who has been hospitalized and record all admissions for respiratory causes. For each of the admissions record the date on which the child was hospitalized and place.

Hospitalization Number	What month and year was he/she hospitalized?	How long was he/she hospitalized?	Where was hospitalized? **(enter the name of the health facility and location)**
1° EV_1_2A	EV_1_3 EV_1_3A	Less than one day 1 More than one day 2	
2° EV_2_2A	EV_2_3 EV_2_3A	Less than one day 1 More than one day 2	
3° EV_3_2A	EV_3_3 EV_3_3A	Less than one day 1 More than one day 2	
4° EV_4_2A	EV_4_3 EV_4_3A	Less than one day 1 More than one day 2	
5° EV_5_2A	EV_5_3 EV_5_3A	Less than one day 1 More than one day 2	
6° EV_6_2A	EV_6_3 EV_6_3A	Less than one day 1 More than one day 2	
7° EV_7_2A	EV_7_3 EV_7_3A	Less than one day 1 More than one day 2	
8° EV_8_2A	EV_8_3 EV_8_3A	Less than one day 1 More than one day 2	

Household identification number

Section 5: Child deaths

☐☐-☐☐-☐☐☐☐

Complete one sheet for each deceased child

Name	Order numb
	☐☐

Now I will ask some questions about the child/children who lived in this house and died.

Nro.	Questions and Filters	Categories and codes	Go to
55	*When did your son / daughter die?* ***Enter day, month and year if possible***	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
56	What month and year was **(name)** born?	Day ☐☐ Month ☐☐ Year ☐☐☐☐	
57	**Only ask if it did not answer about this child on Section 2 "Pregnancies"** (Name) was born early? Was it premature? If the answer is "yes," ask: How many weeks or months pregnant were you when he/she was born? (preferably weeks)	Yes 1 ☐ Weeks ☐☐ No 2 ☐ Months ☐ Doesn't know / not sure 99 ☐	
58	***Only ask if it did not answer about this child on Section 2 "Pregnancies".*** How much did (name) weight at birth?. ***Record the weight that appears in the health notebook or health card in kilograms if available. Otherwise record the weight that the mother remembers***	Kg from health boo ☐ ☐☐☐ Kg from recall ☐ ☐☐☐ Doesn't recall / not weighted 99 ☐	
59	Did you ever breastfeed **(Name)**?	Yes ☐ No ☐ Doesn't know / not sure ☐	***Ques t. 61***
60	How long did you breastfed **(Name)**?	Meses ☐☐	
61	*Did he/she die in a hospital or health center?* ***Enter the name of the health center or hospital and locality***	Yes 1 ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ No 2 ☐ Doesn't know / not sure 99 ☐	***Ques t. 63***
62	Where did he/she die?	At home 1 ☐ Somewhere else (specify)	
63	A few days before dying, did he/she have any respiratory or lung disease?	Yes 1 ☐ No 2 ☐ Doesn't know / not sure 99 ☐	