

HOUSEHOLD QUESTIONNAIRE

[Afghanistan]

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer name and number: Name _____		HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____			
HH6. Area: Urban 1 Rural..... 2		HH7. Region: Region C 1 Region NE 5 Region CH 2 Region S 6 Region E 3 Region SE 7 Region N 4 Region W 8	
HH7A Is this HH selected for Nutrition Survey sub-sample?		Y 1	N 2

WE ARE FROM THE CENTRAL STATISTICS ORGANISATION (CSO). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **(45)** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given* ⇒ Go to HH18 to record the time and then begin the interview.
 No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time03 Refused.....04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed.....06 Dwelling not found07 Other (<i>specify</i>)..... 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.
Record the time:

Hour__ __

Minutes__ __

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL6 for each person at a time.
 Use an additional questionnaire if all rows in the household listing form have been used.

		Eligibility For Woman's Interview	Mother or Caretaker Of Child Age 5-14	Eligibility For Under-5 INTERVIEW	For all household members	For children age 0-17 years ask HL11-HL14						
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL6. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. For children age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. For children under age 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13 HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK NEXT LINE	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	__ __	01	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2	__ __	02	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2	__ __	03	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2	__ __	04	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2	__ __	05	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2	__ __	06	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2	__ __	07	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2	__ __	08	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2	__ __	09	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?	HL6. HOW OLD IS (name)? <i>Probe:</i> HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	HL7. <i>Circle line number if woman is age 15-49</i>	HL8. <i>For children age 5-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. <i>For children under age 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record line number of father or 00 for "No"</i>
Line	Name	Relation*	M F	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
10		__ __	1 2	__ __	10	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
11		__ __	1 2	__ __	11	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	12	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	13	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	14	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	15	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION

ED

For household members age 5 and above						For household members age 5-24 years									
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ Next Line		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE 12^9 (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR 12^8, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	
					Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED5	Grade: 98 DK If less than 1 grade, enter 00.			Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED7	Grade: 98 DK If less than 1 grade, enter 00.				Level	Grade
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
02		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
03		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
04		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
05		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
06		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
07		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
08		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
09		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
10		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
11		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
12		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
13		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
14		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
15		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)1 Adult man (age 15+ years)2 Female child (under 15).....3 Male child (under 15).....4 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned</i></p>	<p>Boil..... A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to pit (latrine)13 Flush to somewhere else.....14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab.....22 Pit latrine without slab / Open pit.....23 Composting toilet.....31 Bucket.....41 Double vault.....51 Eco Sanitation.....61 Single vault.....71 No facility, Bush, Field95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes.....1 No2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public).....1 Public facility2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___ Ten or more households.....10 DK.....98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Pashto1 Dari2 Uzbek3 Turkmen4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth / Sand / Mud.....11 Dung12 Rudimentary floor Wood planks21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles33 Cement34 Carpet35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch / Palm leaf12 Sod13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo22 Wood planks23 Cardboard24 Finished roofing Metal31 Wood32 Calamine / Cement fibre33 Ceramic tiles34 Cement35 Roofing shingles36 Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks..... 12</p> <p>Dirt 13</p> <p>Rudimentary walls</p> <p>Mud wall/Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks33</p> <p>Cement blocks.....34</p> <p>Covered adobe35</p> <p>Wood planks / shingles.....36</p> <p>Other (<i>specify</i>) 96</p>																			
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																		
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors.....4</p> <p>Other (<i>specify</i>) 6</p>																			
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	
	Yes	No																		
Electricity	1	2																		
Radio	1	2																		
Television	1	2																		
Non-mobile telephone	1	2																		
Refrigerator.....	1	2																		
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No																
	Yes	No																		

[A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK?	Watch 1 2 Mobile telephone 1 2 Bicycle 1 2 Motorcycle / Scooter 1 2 Animal drawn-cart..... 1 2 Car / Truck..... 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING, OR IS THIS DWELLING RENTED? - <i>If “Not Owned”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i>	Own1 Rent2 Other (Not owned or rented)6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes1 No2	2⇒HC13
HC12. HOW MANY JIRIB OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record “00”.</i> <i>If 95 or more, record ‘95’.</i> <i>If unknown, record ‘98’.</i>	Jirib__ __	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes1 No2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] POULTRY? <i>If none, record ‘00’.</i> <i>If 95 or more, record ‘95’.</i> <i>If unknown, record ‘98’.</i>	Cattle, milk cows, or bulls.....__ __ Horses, donkeys, or mules.....__ __ Goats__ __ Sheep__ __ Poultry__ __ __ __	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes1 No2	

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND?			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners.		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
Line	Name	Age	Yes Paid	No Unpaid	3	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		
01		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
02		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
03		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
04		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
05		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
06		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
07		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
08		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
09		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	__ __		1	2	__ __
2	__ __		1	2	__ __
3	__ __		1	2	__ __
4	__ __		1	2	__ __
5	__ __		1	2	__ __
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __
CD6.	Total children age 2-14 years				__ __

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number Of Eligible Children In The Household (CD6)								
	1	2	3	4	5	6	7	8+	
0	1	2	2	4	3	6	5	4	
1	1	1	3	1	4	1	6	5	
2	1	2	1	2	5	2	7	6	
3	1	1	2	3	1	3	1	7	
4	1	2	3	4	2	4	2	8	
5	1	1	1	1	3	5	3	1	
6	1	2	2	2	4	6	4	2	
7	1	1	3	3	5	1	5	3	
8	1	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

CD8. Record the rank number of the selected child.....

<p>CD9. Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOR WAS WRONG.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD21. BEAT HIM/HER UP WITH AN IMPLEMENT <i>Probe if necessary: HIT OVER AND OVER AS HARD AS ONE COULD.</i></p>	<p>Yes.....1</p> <p>No2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes.....1</p> <p>No2</p> <p>Don't know / No opinion.....8</p>	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed1 Not observed Not in dwelling / plot / yard.....2 No permission to see3 Other reason.....6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. <i>Observe presence of water at the specific place for hand washing</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water</i>	Water is available1 Water is not available2	
HW3. <i>Record if soap or detergent is present at the specific place for hand washing.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D None Y	} HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.....1 No2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D Not able / Does not want to show..... Y	

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more.....3</p> <p>No salt in the house.....6 Salt not tested.....7</p>	

HH20. *Does any eligible woman age 15-49 reside in the household?*

*Check household listing, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.*

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

HH21. *Does any child under the age of 5 reside in the household?*

*Check household listing, column HL9 for any eligible child under age 5.
You should have a questionnaire with the Information Panel filled in for each eligible child.*

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information on the cover page.

Interviewer's Observations

Empty rectangular box for text input.

Field Editor's Observations

Large empty rectangular box for text input.

Supervisor's Observations

Large empty rectangular box for text input.