



HOUSEHOLD QUESTIONNAIRE

Multiple Indicator Cluster Survey 2023

Approved on November 1st 2022 meeting of the Steering Committee established by

Resolution no. 526s of the Cabinet of Ministers of the Azerbaijan Republic dated 17/08/2022.

HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____ № _____		HH4. Supervisor's name and number: NAME _____ № _____		
HH5. Day / Month / Year of interview: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> _____		HH7. Economic region: BAKU 1 GUBA-KHACHMAZ 8 NAKHCHIVAN AR 2 LANKARAN-ASTARA 9 ABSHERON-XIZI 3 CENTRAL ARAN 10 DAGHLIG SHIRVAN 4 MIL-MUGHAN 11 GANJA-DAŞKASAN 5 SHAKI-ZAGATALA 12 KARABAKH 6 EAST ZANGAZUR 13 GAZAKH-TOVUZ 7 SHIRVAN-SALYAN 14		
HH6. Area:	URBAN 1 RURAL 2			
HH7A. District:	CODE _____			
HH9. Is the household selected for WATER QUALITY TESTING QUESTIONNAIRE?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2	
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 years if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				HH11. Record the time. HOURS : MINUTES _____ : _____
HH12. Hello, my name is (your name) and my surname is (your surname). We are from the State Statistical Committee. We are conducting a survey about the situation of children, women and households. I would like to talk to you about these topics. This interview usually takes about 25 minutes. Following this, I may ask you or other members of your household to answer my additional questions individually. In accordance with the Law of the Republic of Azerbaijan on "Official Statistics", the confidentiality of the requested information is guaranteed and it will be used only in summary form. If you do not wish to answer a question or wish to stop the interview, please let me know. May I start now?				
YES 1		1 ⇨ LIST OF HOUSEHOLD MEMBERS		
NO / NOT ASKED 2		2 ⇨ HH46		
HH46. Result of HOUSEHOLD QUESTIONNAIRE interview: Discuss any result not completed with Supervisor.	COMPLETED 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 HOUSE/DWELLING VACANT OR ADDRESS NOT A HOUSE/DWELLING 05 HOUSE/DWELLING DESTROYED 06 HOUSE/DWELLING NOT FOUND 07 OTHER (specify) 96			
HH47. Name and line number of the respondent to HOUSEHOLD QUESTIONNAIRE interview: NAME _____ № _____		To be filled after HOUSEHOLD QUESTIONNAIRE is completed		To be filled after <u>all</u> the questionnaires are completed
HOUSEHOLD MEMBERS ⇨		TOTAL NUMBER		COMPLETED NUMBER
WOMEN AGE 15-49 ⇨		HH48	_____	HH53
CHILDREN UNDER AGE 5 ⇨		HH49	_____	HH55
CHILDREN AGE 5-17 ⇨		HH51	_____	HH56
		HH52	_____	ZERO 0 ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: ☐

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female? 1 MALE 2 FEMALE	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL10. Record line number if age 0-4.	HL11. Age 0-17?	HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. Is (name)'s natural father alive?	HL17. Does (name)'s natural father live in this household?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.
01		0 1	1 2	___	___	01	01	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
02		___	1 2	___	___	02	02	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
03		___	1 2	___	___	03	03	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
04		___	1 2	___	___	04	04	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
05		___	1 2	___	___	05	05	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
06		___	1 2	___	___	06	06	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
07		___	1 2	___	___	07	07	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
08		___	1 2	___	___	08	08	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
09		___	1 2	___	___	09	09	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
10		___	1 2	___	___	10	10	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
11		___	1 2	___	___	11	11	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
12		___	1 2	___	___	12	12	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
13		___	1 2	___	___	13	13	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
14		___	1 2	___	___	14	14	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___
15		___	1 2	___	___	15	15	1 2	1 2 8	1 2	___	1 2 3 4 8	1 2 8	1 2	___	1 2 3 4 8	___

* Codes for HL3:
Relationship to head of household:

01 HEAD
02 SPOUSE / PARTNER
03 SON / DAUGHTER
04 SON-IN-LAW / DAUGHTER-IN-LAW

05 GRANDCHILD
06 PARENT
07 PARENT-IN-LAW
08 BROTHER / SISTER

09 BROTHER-IN-LAW / SISTER-IN-LAW
10 UNCLE/AUNT
11 NIECE / NEPHEW
12 OTHER RELATIVE

13 ADOPTED / FOSTER / STEPCHILD
14 SERVANT (LIVE-IN)
96 OTHER (NOT RELATED)
98 DK

EDUCATION 1														ED												
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to the next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ☹ Next Line		ED4. Has (<i>name</i>) ever attended school or any preschool programme? 1 YES 2 NO ☹ Next Line		ED5. What is the highest level and grade or year of school (<i>name</i>) has ever attended? <div> PRESCHOOL00 ☹ ED7 </div> <div> GRADE/YEAR: 98 DK: ☹ ED7 </div>										ED6. Did (<i>name</i>) ever complete that (grade/year)? 1 YES 2 NO 8 DK			ED7. Age 3-24? 1 YES 2 NO ☹ Next Line		ED8. Check ED4: Ever attended school or preschool program? 1 YES 2 NO ☹ Next Line				
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL										GRADE/YEAR	Y	N	DK	YES	NO	YES	NO		
01		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
02		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
03		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
04		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
05		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
06		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
07		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
08		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2

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LINE	NAME	AGE	YES	NO	YES	NO	LEVEL										GRADE/YEAR	Y	N	DK	YES	NO	YES	NO		
09		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
10		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
11		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
12		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
13		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
14		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2
15		___	1	2	1	2	00	11	12	13	21	22	23	31	41	42	43	98	___	1	2	8	1	2	1	2

EDUCATION 2											ED	
ED1. Line number	ED2. Name and age		ED9. At any time during the current, 2022-2023 school year did (name) attend school or any preschool programme?	ED10. During this current, 2022-2023 school year, which level and grade or year is (name) attending?		ED11. Is (he/she) attending a public school?	ED12. In the current, 2022-2023 school year, has (name) received any school tuition support?	ED13. Who provided the tuition support?	ED14. For the current, 2022-2023 school year, has (name) received any material support or cash to buy shoes, notebooks, exercise books, school uniforms or other school supplies?	ED15. At any time during the previous, 2021-2022 school year did (name) attend school or any preschool programme?	ED16. During that previous, 2021-2022 school year, which level and grade or year did (name) attend?	
			1 YES 2 NO \varnothing ED15	PRESCHOOL00 \varnothing ED15 GENERAL SECONDARY PRIMARY (GRADES 1-4)11 LOWER SECONDARY (GRADES 5-9)12 UPPER SECONDARY (GRADES 10-11/12)13 COMPLETE VOCATIONAL EDUCATION INITIAL VOCATIONAL.....21 TECHNICAL VOCATIONAL.....22 HIGH TECHNICAL VOCATIONAL23 VOCATIONAL SECONDARY EDUCATION STAGE31 HIGHER EDUCATION: BACHELOR [MAIN (BASIC HIGHER) MEDICAL EDUCATION].....41 MASTER (RESIDENCY)42 DOCTORATE (ADJUNCT).....43 DK98	GRADE/ YEAR: 98 DK	If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT./ PUBLIC 3 PRIVATE 6 OTHER 8 DK	If "Yes" probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO \varnothing ED14 8 DK \varnothing ED14	Multiple answer options are possible. A GOVT. / PUBLIC C PRIVATE X OTHER Z DK	If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	1 YES 2 NO \varnothing Next Line 8 DK \varnothing Next Line	PRESCHOOL00 \varnothing Next line GENERAL SECONDARY PRIMARY (GRADES 1-4) 11 LOWER SECONDARY (GRADES 5-9) 12 UPPER SECONDARY (GRADES 10-11/12)..... 13 COMPLETE VOCATIONAL EDUCATION INITIAL VOCATIONAL.....21 TECHNICAL VOCATIONAL.....22 HIGH TECHNICAL VOCATIONAL23 VOCATIONAL SECONDARY EDUCATION STAGE31 HIGHER EDUCATION: BACHELOR [MAIN (BASIC HIGHER) MEDICAL EDUCATION]41 MASTER (RESIDENCY)42 DOCTORATE (ADJUNCT)43 DK98	GRADE/ YEAR: 98 DK
LINE	NAME	AGE	Y N	LEVEL	GRADE/ YEAR	AUTHORITY	Y N DK	TUITION	Y N DK	Y N DK	LEVEL	GRADE/ YEAR
01		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___
02		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___
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05		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___
06		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___
07		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___
08		___	1 2	00 11 12 13 21 22 23 31 41 42 43 98	___	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	___

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LINE	NAME	AGE	Y N	LEVEL	GRADE/YEAR	AUTHORITY	Y N DK	TUITION	Y N DK	Y N DK	LEVEL	GRADE/YEAR
09		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____
10		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____
11		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____
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13		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____
14		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____
15		_____	1 2	00 11 12 13 21 22 23 31 41 42 43 98	_____	1 3 6 8	1 2 8	A C X Z	1 2 8	1 2 8	00 11 12 13 21 22 23 31 41 42 43 98	_____

HOUSEHOLD CHARACTERISTICS		HC
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS.....__ __	
HC4. Main material of the house/apartment floor. <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the house/apartment floor.</i>	NATURAL FLOOR EARTH / SAND..... 11 RUDIMENTARY FLOOR WOOD PLANKS21 FINISHED FLOOR PARQUET / POLISHED WOOD.....31 CERAMIC TILES.....33 CEMENT34 CARPET35 LINOLEUM.....36 PLYWOOD/LAMINWOOD37 OTHER (specify)96	
HC5. Main material of the roof. <i>Record observation.</i>	FINISHED ROOFING METAL – QUADREL / PROFILED SHEETING.....31 ONDULINE (EUROSLATE, AQUALIN).....37 FAIENCE QUADREL / BITUMEN ROOF TILE38 METAL LAYER / PLATES39 ASBESTOS SLATE.....40 ASPHALTIC ROOFING FELT / RUBBEROID41 OTHER (specify)96	
HC6. Main material of the exterior walls. <i>Record observation.</i>	RUDIMENTARY WALLS UNCOVERED ADOBE23 FINISHED WALLS STONE32 BRICKS.....33 CEMENT BLOCKS34 WOOD/BOARD.....36 MIXED MATERIALS37 OTHER (specify)96	

HC7. Does your household have:	YES	NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE 1	2	
[B] A radio?	RADIO 1	2	
[C] A dining table?	DINING TABLE 1	2	
[D] A writing desk?	WRITING DESK 1	2	
[E] A chair?	CHAIR..... 1	2	
[F] A sofa?	SOFA..... 1	2	
[G] A bed?	BED 1	2	
[H] A wardrobe?	WARDROBE 1	2	
[I] An upholstered furniture set?	UPHOLSTERED FURNITURE SET 1	2	
[J] A bedroom furniture set?	BEDROOM FURNITURE SET 1	2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2 NO 3		3 ⇒ HC10
HC9. Does your household have:	YES	NO	
[A] A television?	TELEVISION..... 1	2	
[B] A refrigerator?	REFRIGERATOR..... 1	2	
[C] An air conditioner?	AIR CONDITIONER..... 1	2	
[D] A washing machine?	WASHING MACHINE..... 1	2	
[E] A dishwasher?	DISHWASHER..... 1	2	
[F] A juicer machine?	JUICER MACHINE 1	2	
[G] A microwave oven?	MICROWAVE OVEN 1	2	
[H] An electric kettle?	KETTLE..... 1	2	
[I] A vacuum cleaner?	VACUUM CLEANER..... 1	2	

<p>HC10. Does any member of your household own:</p> <p>[A] A basic wristwatch?</p> <p>[A1] An electronic (smart) wristwatch?</p> <p>[B] A bicycle?</p> <p>[C] A motorcycle or moped scooter?</p> <p>[D] An animal-drawn cart?</p> <p>[E] A car, truck or van?</p> <p>[F] A boat with a motor?</p> <p>[H] An electric scooter?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BASIC WRISTWATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRONIC/SMART WRISTWATCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE / SCOOTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR / TRUCK / VAN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC SCOOTER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BASIC WRISTWATCH	1	2	ELECTRONIC/SMART WRISTWATCH.....	1	2	BICYCLE	1	2	MOTORCYCLE / SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR / TRUCK / VAN.....	1	2	BOAT WITH MOTOR	1	2	ELECTRIC SCOOTER.....	1	2	
	YES	NO																											
BASIC WRISTWATCH	1	2																											
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BOAT WITH MOTOR	1	2																											
ELECTRIC SCOOTER.....	1	2																											
<p>HC11. Does any member of your household have a computer or a tablet?</p>	<p>YES 1</p> <p>NO 2</p>																												
<p>HC12. Does any member of your household have a mobile telephone?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒HC13																											
<p>HC12A. Does any member of your household have any of the following:</p> <p>[A] A basic mobile phone that is not a smartphone and has buttons?</p> <p>[B] A smartphone with a touch screen?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BASIC MOBILE PHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMARTPHONE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BASIC MOBILE PHONE.....	1	2	SMARTPHONE	1	2																			
	YES	NO																											
BASIC MOBILE PHONE.....	1	2																											
SMARTPHONE	1	2																											
<p>HC13. Does your household have access to internet at home?</p>	<p>YES 1</p> <p>NO 2</p>																												
<p>HC14. Do you or someone living in this household own this (house/apartment)?</p> <p><i>If 'No', then ask: Do you rent this (house/apartment) from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN 1</p> <p>RENT..... 2</p> <p>OTHER (<i>specify</i>) 6</p>																												
<p>HC15. Does any member of this household own any land that can be used for agriculture?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒HC17																											

<p>HC16. How many hectares or ares of agricultural land do members of this household own?</p> <p><i>If 1 hectare or more, select '1' and record hectares.</i> <i>If 95 hectares or more, record '995'.</i></p> <p><i>If less than 1 hectare, select '2' and record in ares.</i> <i>If less than 1 are, select '2' and record '00'.</i></p> <p><i>If unknown, record '998'.</i></p> <p><i>100 Ares = 1 Hectare</i></p>	<p>HECTARES 1 __ __</p> <p>ARES..... 2 __ __</p> <p>95 HECTARES OR MORE 995</p> <p>DK 998</p>	
<p>HC17. Does this household own any livestock, sheep, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2⇒HC19</p>
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Heifers, bull-calves, calves, baby-calves under 6 months?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Buffalo cows, buffalo bulls, buffalo heifers, buffalo calves?</p> <p>[I] Turkey, goose, duck?</p> <p>[J] Bee families (beehives)?</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS __ __</p> <p>HEIFERS, BULL-CALVES, CALVES, BABY-CALVES UNDER 6 MONTHS __ __</p> <p>HORSES, DONKEYS OR MULES..... __ __</p> <p>GOATS..... __ __</p> <p>SHEEP __ __</p> <p>CHICKENS __ __</p> <p>PIGS __ __</p> <p>BUFFALO COWS, BUFFALO BULLS, BUFFALO HEIFERS, BUFFALO CALVES .. __ __</p> <p>TURKEY, GOOSE, DUCK __ __</p> <p>BEE FAMILIES (BEEHIVES) __ __</p>	
<p>HC19. Does any member of this household have a bank account?</p> <p><i>If "No", probe to determine whether any member of the household has a bank card.</i></p>	<p>YES 1</p> <p>NO 2</p>	

SOCIAL TRANSFERS
ST

ST1. I would like to ask you a few questions about various external financial assistance and state insurance programmes provided to households. By financial assistance, I mean support from government and (or) non-governmental organisations, and by government insurance programme, I mean payments such as labour pension and unemployment insurance. It does not include support from family, other relatives, friends or neighbours.

	[A] TARGETED STATE SOCIAL ASSISTANCE	[B] SOCIAL BENEFITS	[C] UNEMPLOYMENT INSURANCE PAYMENT	[D] RETIREMENT PENSION	[E] PENSION BY THE PRESIDENT OF THE REPUBLIC OF AZERBAIJAN	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (name of programme)?	YES..... 1 ST3 NO 2 [B]	YES 1 ST3 NO 2 [C]	YES 1 ST3 NO 2 [D]	YES..... 1 ST3 NO 2 [E]	YES..... 1 ST3 NO..... 2 [X]	YES (specify) _____ 1 ST3 NO 2 End
ST3. Has your household or anyone in your household received assistance through (name of programme)?	YES..... 1 ST4 NO 2 [B] DK 8 [B]	YES..... 1 ST4 NO 2 [C] DK..... 8 [C]	YES 1 ST4 NO 2 [D] DK..... 8 [D]	YES 1 ST4 NO 2 [E] DK 8 [E]	YES..... 1 ST4 NO..... 2 [X] DK..... 8 [X]	YES 1 ST4 NO 2 End DK 8 End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE 01	01 ⇒ EU5
	LIQUEFIED PETROLEUM GAS (LPG) / COOKING GAS STOVE 03	03 ⇒ EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇒ EU5
	LIQUID FUEL STOVE..... 06	06 ⇒ EU4
	SOLID FUEL STOVE..... 08	
	OTHER (<i>specify</i>) 96	96 ⇒ EU4
	NO FOOD COOKED IN HOUSEHOLD 97	97 ⇒ EU6
EU2. Does it have a chimney?	YES..... 1	
	NO..... 2	
	DK..... 8	
EU3. Does it have an aspirator fan?	YES..... 1	
	NO..... 2	
	DK..... 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	GASOLINE / DIESEL..... 02	
	WOOD COAL 05	
	WOOD..... 06	
	ANIMAL DUNG / WASTE 08	
	OTHER (<i>specify</i>) 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING..... 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) 6	
EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?	CENTRAL HEATING 01	01 ⇒ EU8
	MANUFACTURED SPACE HEATER 02	
	TRADITIONAL SPACE HEATER 03	
	COMBI SYSTEM..... 07	
	OTHER (<i>specify</i>) 96	96 ⇒ EU8
	NO SPACE HEATING IN HOUSEHOLD 97	97 ⇒ EU9
EU7. Does it have a chimney?	YES..... 1	
	NO..... 2	
	DK..... 8	

<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>ELECTRICITY..... 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS..... 04</p> <p>LIQUID FUEL..... 07</p> <p>SOLID FUEL..... 11</p> <p>ANIMAL DUNG / WASTE 13</p> <p>OTHER (<i>specify</i>) 96</p> <p>DK..... 98</p>	
<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the (house/apartment)?</p>	<p>ELECTRIC LIGHTING DEVICES..... 01</p> <p>RECHARGEABLE LAMP 03</p> <p>BATTERY LAMP 04</p> <p>LIQUID FUEL (WHITE OIL) LAMP..... 12</p> <p>CANDLE 13</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO LIGHTING IN HOUSEHOLD 97</p>	

WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO HOUSE / APARTMENT.....11 11 ⇨WS7</p> <p>PIPED TO YARD / PLOT12 12 ⇨WS7</p> <p>PIPED TO NEIGHBOUR13 13 ⇨WS3</p> <p>PUBLIC TAP / STANDPIPE.....14 14 ⇨WS3</p> <p>TUBE WELL / BOREHOLE21 21 ⇨WS3</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31 31 ⇨WS3</p> <p>UNPROTECTED WELL32 32 ⇨WS3</p> <p>SPRING</p> <p>PROTECTED SPRING.....41 41 ⇨WS3</p> <p>UNPROTECTED SPRING42 42 ⇨WS3</p> <p>TANKER-TRUCK.....61 61 ⇨WS4</p> <p>SURFACE WATER (RIVER, LAKE, CANAL)81 81 ⇨WS3</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER91</p> <p>OTHER (specify) _____ 96 96 ⇨WS3</p>	
<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO HOUSE / APARTMENT.....11 11 ⇨WS7</p> <p>PIPED TO YARD / PLOT12 12 ⇨WS7</p> <p>PIPED TO NEIGHBOUR13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE21</p> <p>DUG WELL</p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING42</p> <p>TANKER-TRUCK.....61 61 ⇨WS4</p> <p>SURFACE WATER (RIVER, LAKE, CANAL)81</p> <p>OTHER (specify) _____ 96</p>	
<p>WS3. Where is that water source located?</p>	<p>IN OWN HOUSE / APARTMENT1 1 ⇨WS7</p> <p>IN OWN YARD / PLOT.....2 2 ⇨WS7</p> <p>ELSEWHERE3</p>	
<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT000 000 ⇨WS7</p> <p>NUMBER OF MINUTES _ _ _</p> <p>DK.....998</p>	

<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____</p> <p>LINE NUMBER..... _____</p>	
<p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water from there?</p>	<p>NUMBER OF TIMES..... _____</p> <p>DK.....98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE.....1</p> <p>NO, ALWAYS SUFFICIENT2</p> <p>DK.....8</p>	<p>2 ⇒ WS9</p> <p>8 ⇒ WS9</p>
<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE....1</p> <p>WATER TOO EXPENSIVE.....2</p> <p>SOURCE NOT ACCESSIBLE.....3</p> <p>OTHER (<i>specify</i>).....6</p> <p>DK.....8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	<p>2 ⇒ WS11</p> <p>8 ⇒ WS11</p>
<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOILA</p> <p>ADD BLEACH / CHLORINEB</p> <p>STRAIN IT THROUGH A CLOTH/COTTONC</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D</p> <p>SOLAR DISINFECTIONE</p> <p>LET IT STAND AND SETTLEF</p> <p>OTHER (<i>specify</i>).....X</p> <p>DK.....Z</p>	

<p>WS11. 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 not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM.....11 FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE.....13 FLUSH TO OPEN DRAIN.....14 FLUSH TO DK WHERE.....18 PIT LATRINE VENTILATED IMPROVED PIT LATRINE.....21 PIT LATRINE WITH SLAB.....22 PIT LATRINE WITHOUT SLAB / OPEN PIT.....23 COMPOSTING TOILET.....31 NO FACILITY / BUSH / FIELD.....95 OTHER (<i>specify</i>).....96</p>	<p>11 ⇒ WS14 14 ⇒ WS14 18 ⇒ WS14 95 ⇒ End 96 ⇒ WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED.....1 NO, NEVER EMPTIED.....4 DK.....8</p>	<p>4 ⇒ WS14 8 ⇒ WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT.....1 BURIED IN A COVERED PIT.....2 TO DON'T KNOW WHERE.....3 EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT.....4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5 OTHER (<i>specify</i>).....6 DK.....8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN HOUSE / APARTMENT.....1 IN OWN YARD / PLOT.....2 ELSEWHERE.....3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES.....1 NO.....2</p>	<p>2 ⇒ End</p>
<p>WS16. 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>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC.....2</p>	<p>2 ⇒ End</p>
<p>WS17. 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>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN HOUSE / APARTMENT1</p> <p>IN YARD /PLOT.....2</p> <p>MOBILE OBJECT OBSERVED</p> <p>(BUCKET / JUG / KETTLE)3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN HOUSE /</p> <p>APARTMENT /</p> <p>YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE.....1</p> <p>WATER IS NOT AVAILABLE.....2</p>	
<p>HW3. <i>Is soap or detergent or mud/sand/ash present at the place for handwashing?</i></p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p>HW4. Where do you or other members of your household <u>most often</u> wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT2</p> <p>MOBILE OBJECT</p> <p>(BUCKET / JUG / KETTLE)3</p> <p>NO HANDWASHING PLACE IN</p> <p>DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent such as powder, liquid, paste or mud, sand, ash in your house for washing hands?</p>	<p>YES.....1</p> <p>NO2</p>	<p>2 ⇨ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN1</p> <p>NO, NOT SHOWN.....2</p>	<p>2 ⇨ End</p>
<p>HW7. <i>Record your observation.</i></p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p> <p>MUD / SAND / ASH.....C</p>	

SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p>Use <u>blue-labelled</u> test kit (iodate): Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 REACTION 5</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE 4 OTHER REASON (specify) 6</p>	<p>5 ⇨ HH13</p> <p>4 ⇨ HH13</p> <p>6 ⇨ HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p>Use <u>blue-labelled</u> test kit (iodate): Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 REACTION 5</p> <p>SALT NOT TESTED OTHER REASON (specify) 6</p>	<p>5 ⇨ HH13</p> <p>6 ⇨ HH13</p>
<p>SA3. Ask for a fresh sample of salt.</p> <p>Use <u>purple-labelled</u> test kit (iodide): Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 REACTION 5</p> <p>SALT NOT TESTED OTHER REASON (specify) 6</p>	<p>5 ⇨ HH13</p> <p>6 ⇨ HH13</p>
<p>SA4. Ask for a fresh sample of salt.</p> <p>Use <u>purple-labelled</u> test kit (iodide): Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 REACTION 5</p> <p>SALT NOT TESTED OTHER REASON (specify) 6</p>	

HH13. Record the time.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	AZERBAIJANI 1 RUSSIAN 2	
HH15. Language of the Interview.	AZERBAIJANI 1 RUSSIAN 2 OTHER (specify) 6	
HH16. Native language of the Respondent.	AZERBAIJANI 1 OTHER (specify) 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	

HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN0	0 ⇒ HH29
	1 CHILD1	1 ⇒ HH27
	2 OR MORE CHILDREN (NUMBER)..... _	

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	__ __

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5


HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.		RANK NUMBER LINE NUMBER NAME AGE
HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.		
HH28. Issue a <u>QUESTIONNAIRE FOR CHILDREN AGE 5-17</u> to be administered to the mother/caretaker of this child.		
HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49.....1 NO2	2 ⇒ HH40
HH30. Issue a separate <u>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</u> for each woman age 15-49 years.		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-171 NO2	2 ⇒ HH40
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL GIRLS AGE 15-172	2 ⇒ HH40
HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews. For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous. May we interview (<i>name(s) of female member(s) age 15-17</i>) later?		
<input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH40.		
<input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.		
<input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.		
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE1 NO2	2 ⇒ HH42
HH41. Issue a separate <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for WATER QUALITY TESTING QUESTIONNAIRE?	YES, HH9=11 NO, HH9=22	2 ⇒ HH45
HH43. Issue a separate <u>WATER QUALITY TESTING QUESTIONNAIRE</u> for this household		
HH44. As part of the survey, we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.	YES, PERMISSION IS GIVEN1 NO, PERMISSION IS NOT GIVEN2	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE

HH45. Now return to the *HOUSEHOLD INFORMATION PANEL* and,

- Record '01' in question HH46 (Result of the *HOUSEHOLD QUESTIONNAIRE* interview),
- Record the name and the line number (from the *LIST OF HOUSEHOLD MEMBERS*) of the Respondent to the *HOUSEHOLD QUESTIONNAIRE* interview in HH47,
- Fill the questions HH48 – HH52,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) in this household.

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.

INTERVIEWER'S OBSERVATIONS

**SUPERVISOR'S OBSERVATIONS**