

Appendix F: BiH MICS4 Questionnaires

An identical approach to the MICS4 methodology was applied in the FBiH, RS and BD. Questionnaires adapted to the languages and alphabets used in BiH were administered during fieldwork in the FBiH, RS and BD. The questionnaires presented in this Appendix are examples of the Household Questionnaire (including individual cover pages for the FBiH, RS and BD), the Questionnaire for Women Aged 15-49 administered in the FBiH, the Questionnaire for Men Aged 15-49 administered in the RS and the Under-5 Questionnaire administered in BD.



HOUSEHOLD QUESTIONNAIRE [Federation of BiH]

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region FBiH Canton: Una-Sana Canton.....01 Posavina Canton02 Tuzla Canton03 Zenica-Doboj Canton.....04 Bosnia-Podrinje Canton05 Central Bosnia Canton06 Herzegovina-Neretva Canton07 West Herzegovina Canton.....08 Canton Sarajevo.....09 Canton 10.....10	

WE ARE FROM THE **FEDERAL MINISTRY OF HEALTH – INSTITUTE OF PUBLIC HEALTH OF THE FEDERATION OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- ☐ Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
☐ No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

Once all questionnaires for this household have been completed, fill in the following information:

HH8. Name and surname of head of household: _____	
HH9. Result of the household interview: Household questionnaire completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time.....03 Household refused the interview04 Dwelling unit vacant / Address not a dwelling05 Dwelling unit destroyed06 Dwelling unit not found07 Other (specify)..... 96	HH10. Respondent to household questionnaire: Name: _____ Line Number from Module HL: _____ HH11. Total number of household members: _____
HH12. Number of women aged 15-49 years: _____	HH13. Number of completed Questionnaires for women aged 15-49: _____
HH13A. Number of men aged 15-49 years: _____	HH13B. Number of completed Questionnaires for men aged 15-49: _____
HH14. Number of children under age 5: _____	HH15. Number of completed under-5 questionnaires: _____
HH16. Field edited by (Name and code): Name _____	HH17. Data entry operator (Name and code): Name _____

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region: Republic of Srpska 11	

WE ARE FROM THE **MINISTRY OF HEALTH AND SOCIAL WELFARE OF THE REPUBLIC OF SRPSKA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- ☐ Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
- ☐ No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

Once all questionnaires for this household have been completed, fill in the following information:		
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HH11. Total number of household members: _____		
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HH13A. Number of men aged 15-49 years: _____	HH13B. Number of completed Questionnaires for men aged 15-49: _____	
HH14. Number of children under age 5: _____	HH15. Number of completed under-5 questionnaires: _____	
HH16. Field edited by (Name and code): Name _____		HH17. Data entry operator (Name and code): Name _____

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and code: Name _____	HH4. Supervisor name and code: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / _____		
HH6. Settlement type: Urban 1 Rural 2	HH7. Region: Brcko District of BiH 15	

WE ARE FROM THE **DEPARTMENT OF HEALTH AND OTHER SERVICES OF THE GOVERNMENT OF THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- ☐ Yes, permission given ⇒ Go to HH18 to record the time and then begin the interview.
- ☐ No, permission not given ⇒ Complete HH9. Inform your supervisor of this result.

Once all questionnaires for this household have been completed, fill in the following information:		
HH8. Name and surname of head of household: _____		
HH9. Result of the household interview: Household questionnaire completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Household refused the interview 04 Dwelling unit vacant / Address not a dwelling 05 Dwelling unit destroyed 06 Dwelling unit not found 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number from Module HL: _____	
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HH13A. Number of men aged 15-49 years: _____	HH13B. Number of completed Questionnaires for men aged 15-49: _____	
HH14. Number of children under age 5:..... _____	HH15. Number of completed under-5 questionnaires: _____	
HH16. Field edited by (Name and code): Name _____		HH17. Data entry operator (Name and code): Name _____

HH18.
Record the interview
start time

Hour ___

Minutes ___

HOUSEHOLD MEMBER LISTING FORM

HL

First, please tell me the name of each person who usually lives here, starting with the head of the household.
Enter data for the head of household in line 01. List all household members (HL2),
their relationship to the head of household (HL3), and their gender (HL4)

Then ask: Are there any other persons who live here, even if they are not at home now?
If “yes”, complete the listing for questions HL2-HL4. Then, ask questions
starting with HL5 for each person, one person at a time.
Use an additional questionnaire if all rows in the household member
listing form have been used.





						For women aged 15-49		For men aged 15-49 godina		For children aged 5-14		For children under age 5		For children aged 0-17 years	
HL1. Line No	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		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'	HL7. Circle line no. if woman is aged 15-49	HL7A. Circle line no. if man is aged 15-49	HL8. Who is the mother or primary caretaker of this child? Record line no. of mother/ caretaker	HL9. Who is the mother or primary caretaker of this child? Record line no. of mother/ caretaker	HL11. Is (name)'s biological mother alive? 1 Yes 2 No↵ HL13 8 DK↵ HL13	HL12. Does (name)'s biological mother live in this house-hold? Record line no. of mother or '00' for “No”	HL13. Is (name)'s biological father alive? 1 Yes 2 No↵ Next Line 8 DK↵ Next Line	HL14. Does (name)'s biological father live in this house-hold? Record line no. of father or '00' for “No”
Line	Name	Relationship*	M	F	Month	Year	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1	2	___	_____	___ __	01	01	___ __	___ __	1 2 8	___ __	1 2 8	___ __
02		___ __	1	2	___	_____	___ __	02	02	___ __	___ __	1 2 8	___ __	1 2 8	___ __
03		___ __	1	2	___	_____	___ __	03	03	___ __	___ __	1 2 8	___ __	1 2 8	___ __
04		___ __	1	2	___	_____	___ __	04	04	___ __	___ __	1 2 8	___ __	1 2 8	___ __
05		___ __	1	2	___	_____	___ __	05	05	___ __	___ __	1 2 8	___ __	1 2 8	___ __
06		___ __	1	2	___	_____	___ __	06	06	___ __	___ __	1 2 8	___ __	1 2 8	___ __
07		___ __	1	2	___	_____	___ __	07	07	___ __	___ __	1 2 8	___ __	1 2 8	___ __
08		___ __	1	2	___	_____	___ __	08	08	___ __	___ __	1 2 8	___ __	1 2 8	___ __
09		___ __	1	2	___	_____	___ __	09	09	___ __	___ __	1 2 8	___ __	1 2 8	___ __
10		___ __	1	2	___	_____	___ __	10	10	___ __	___ __	1 2 8	___ __	1 2 8	___ __
Tick here if additional questionnaire was used <input type="checkbox"/>															

Ask again if there are any 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.
Enter the names of additional members in the list of household members and complete the form according to the instructions.

Now for each woman aged 15-49 years, write her name and line number and other necessary information in the information panel of a separate **Questionnaire for Women Aged 15 to 49**.
For each man aged 15-49 years, write his name and line number and other necessary information in the information panel of a separate **Questionnaire for Men Aged 15 to 49**.
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, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to the 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 / Fostered / 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 |

For household members <i>aged 5 and above</i>						For household members <i>aged 5-24 years</i>									
ED1. Line number	ED2. <i>Name and age</i> <i>Copy from Household Member Listing Form, HL2 and HL6</i>		ED3. HAS (<i>name</i>) EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION? 1 Yes 2 NO  Next Line	ED4A. WHAT IS THE HIGHEST EDUCATION LEVEL (<i>name</i>) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED5</i>	ED4B. WHAT IS THE HIGHEST GRADE/YEAR (<i>name</i>) COMPLETED AT THIS LEVEL? Grade/Year: 98 DK <i>If less than 1 grade/year, enter '00'.</i>	ED5. DURING THIS SCHOOL/ACADEMIC YEAR (2011-2012), DID (<i>name</i>) ATTEND SCHOOL/UNIVERSITY OR PRESCHOOL AT ANY TIME? 1 Yes 2 No  ED7	ED6. DURING THIS SCHOOL/ACADEMIC YEAR, WHICH LEVEL AND GRADE/YEAR IS (<i>name</i>) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL/ACADEMIC YEAR, THAT IS (2010-2011), DID (<i>name</i>) 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/YEAR DID (<i>name</i>) ATTEND?					
							Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED7</i>	Grade/Year: 98 DK		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, go to next person</i>	Grade/Year: 98 DK				
Line	Name	Age	Yes No	Level	Grade/Year	Yes	No	Level	Grade/Year	Y	N	DK	Level	Grade/Year	
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	___	

HOUSEHOLD CHARACTERISTICS		HC
HC1B. WHAT IS THE MOTHER TONGUE OF THE HEAD OF HOUSEHOLD?	Bosnian..... 1 Croatian..... 2 Serbian 3 Romany 4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Straw 13 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood..... 31 Vinyl / Linoleum or asphalt strips 32 Ceramic tiles 33 Cement..... 34 Carpet 35 Laminate 36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch..... 12 Rudimentary Roofing Wood planks (shingle) 23 Cardboard 24 Finished roofing Metal / Sheet metal 31 Wood..... 32 Calamine roofing / Cement fibre 33 Ceramic tiles 34 Cement (slab)..... 35 Roofing shingles 36 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Natural walls Trunks 12 Dirt 13 Rudimentary walls Reed and mud 21 Stone with mud 22 Uncovered adobe..... 23 Plywood..... 24 Cardboard 25 Reused wood 26 Finished walls Cement..... 31 Stone with lime / Cement..... 32 Bricks 33 Cement blocks..... 34 Covered adobe..... 35 Wooden planks / Shingles..... 36 Facade (e.g. cement and limestone mortar)..... 37 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquid propane gas (LPG, gas from a cylinder) 02 Natural gas (from the gas mains)..... 03 Coal / Lignite 06 Charcoal..... 07 Wood..... 08 Straw / Shrubs / Grass..... 09 Residue from agricultural crops 11 No food is cooked in the household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 95⇒HC8

<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If “In the house”, probe:</i> IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</p>	<p>In the apartment/house</p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building 3</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 FIXED TELEPHONE (NON-MOBILE)?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] BED?</p> <p>[G] ELECTRICAL COOKER?</p> <p>[H] COMPUTER / LAPTOP?</p> <p>[I] INTERNET CONNECTION?</p> <p>[J] AIR-CONDITIONING?</p> <p>[K] DIGITAL CAMERA?</p> <p>[L] WASHING MACHINE?</p> <p>[M] CLOTHES DRYER?</p> <p>[N] DISHWASHER?</p> <p>[O] VACUUM CLEANER</p> <p>[P] DVD PLAYER?</p> <p>[Q] JACUZZI BATHTUB?</p> <p>[R] VIDEO SECURITY SYSTEM (CCTV)?</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>Fixed telephone (non-mobile).....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Bed.....</td><td>1</td><td>2</td></tr> <tr><td>Electrical cooker.....</td><td>1</td><td>2</td></tr> <tr><td>Computer / Laptop.....</td><td>1</td><td>2</td></tr> <tr><td>Internet connection.....</td><td>1</td><td>2</td></tr> <tr><td>Air-conditioning.....</td><td>1</td><td>2</td></tr> <tr><td>Digital camera.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Clothes dryer.....</td><td>1</td><td>2</td></tr> <tr><td>Dishwasher.....</td><td>1</td><td>2</td></tr> <tr><td>Vacuum cleaner.....</td><td>1</td><td>2</td></tr> <tr><td>DVD player.....</td><td>1</td><td>2</td></tr> <tr><td>Jacuzzi bathtub.....</td><td>1</td><td>2</td></tr> <tr><td>Video security system (CCTV).....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Fixed telephone (non-mobile).....	1	2	Refrigerator.....	1	2	Bed.....	1	2	Electrical cooker.....	1	2	Computer / Laptop.....	1	2	Internet connection.....	1	2	Air-conditioning.....	1	2	Digital camera.....	1	2	Washing machine.....	1	2	Clothes dryer.....	1	2	Dishwasher.....	1	2	Vacuum cleaner.....	1	2	DVD player.....	1	2	Jacuzzi bathtub.....	1	2	Video security system (CCTV).....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A TRACTOR?</p>	<table border="0"> <thead> <tr> <th></th><th>Yes</th><th>No</th></tr> </thead> <tbody> <tr><td>Watch.....</td><td>1</td><td>2</td></tr> <tr><td>Mobile telephone.....</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.....</td><td>1</td><td>2</td></tr> <tr><td>Tractor.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle.....	1	2	Motorcycle / Scooter.....	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Tractor.....	1	2																																		
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</p> <p><i>If “Rented from someone else”, circle ‘2’. For other responses, circle ‘6’.</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (Not owned or rented) 6</p>																																																										
<p>HC11. 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⇒HC13																																																									
<p>HC12. HOW MANY DUNUMS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN ALTOGETHER?</p> <p><i>If less than 1, record ‘00’. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Dunums ____</p>																																																										
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS OR POULTRY?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒HC15																																																									
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD OWN?</p> <p>[A] HEIFERS, MILK COWS, CALVES OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS, CHICKS OR ROOSTERS?</p> <p>[H] OTHER POULTRY?</p> <p>[F] PIGS</p> <p>[G] BEE HIVES?</p> <p><i>If none, record ‘00’.</i></p> <p><i>If 95 or more, record ‘95’.</i></p> <p><i>If unknown, record ‘98’.</i></p>	<p>Heifers, milk cows, calves or bulls..... ____</p> <p>Horses, donkeys, or mules..... ____</p> <p>Goats..... ____</p> <p>Sheep..... ____</p> <p>Chickens, chicks or roosters..... ____</p> <p>Other poultry..... ____</p> <p>Pigs..... ____</p> <p>Bee hives..... ____</p>																																																										
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No..... 2</p>																																																										

CHILD DISCIPLINE

CD

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

List each of the children aged 2-14 years below in the order they appear in the Household Member Listing Form (module HL). Do not include any household members outside of the age range 2-14 years.

Record the line number, name, gender, and age for each child.

Then record the total number of children aged 2-14 in the box provided (CD6).

If there are no children aged 2-14 years in the household, skip to the next module.

CD1. Rank	CD2. Line number from HL1	CD3. Name from HL2	CD4. Gender from HL4		CD5. Age from HL6
Rank	Line no.	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 aged 2-14 years				__ __

If there is only one child aged 2-14 years in the household, skip table 2 and go to CD8; enter ‘1’ and continue with CD9.

TABLE 2: RANDOM SELECTION OF CHILD FOR QUESTIONS ON CHILD DISCIPLINE

Use Table 2 to select **one child** between the ages of 2 and 14 years, if there is more than one child in the household within the specified age range.

Check the last digit of the household number (HH2) from the cover page. This is the row number you should go to in the table below (CD7).

Check the total number of eligible children (2-14) at CD6 in Table 1 above. This is the column number 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 of the child (CD1) for which the questions will be asked.

CD7.	Total number of eligible children in the household (CD6)							
Last digit of household number (HH2)	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 of the selected child from Table 1 (CD1) __

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank in CD8.

Name_____

Line number __ __

CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN PROPER BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) DURING THE PAST MONTH.

CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Yes..... 1

No..... 2

CD12. EXPLAINED WHY (name)’S BEHAVIOR WAS WRONG.

Yes..... 1

No..... 2

CD13. SHOOK HIM/HER.

Yes..... 1

No..... 2

CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Yes..... 1

No..... 2

CD15. GAVE HIM/HER SOMETHING ELSE TO DO.

Yes..... 1

No..... 2

CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Yes..... 1

No..... 2

CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.

Yes..... 1

No..... 2

CD18. CALLED HIM/HER DUMB, LAZY OR A SIMILAR NAME.

Yes..... 1

No..... 2

CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Yes..... 1

No..... 2

CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM OR LEG.

Yes..... 1

No..... 2

CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER REPEATEDLY AS HARD AS ONE CAN.

Yes..... 1

No..... 2

CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes..... 1

No..... 2

Don’t know / No opinion 8

202

MULTIPLE INDICATOR CLUSTER SURVEY 2011–2012

MONITORING THE SITUATION OF CHILDREN AND WOMEN

203

HAND WASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in apartment/house / on estate..... 2 No permission to observe place 3 Other reason 6	2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2. Observe the presence of water at the specific place for washing hands. <i>Verify by checking the tap/pump or sink, bucket, water container, etc., for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. Record if soap or detergent is present at the specific place for washing hands. <i>Circle all that apply.</i> <i>Skip to HH19 if any soap or detergent code has been circled (A, B, C or D). If "None" is circled (Y), continue with HW4.</i>	Bar of soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Sand D None Y	A ⇒ HH19 B ⇒ HH19 C ⇒ HH19 D ⇒ HH19
HW4. DO YOU HAVE ANY SOAP, DETERGENT OR ANY OTHER CLEANING AGENT IN YOUR HOUSEHOLD USED FOR WASHING HANDS?	Yes 1 No 2	2 ⇒ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record the observation. Circle all that apply.</i>	Bar of soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Sand D Not able to / Does not want to show Y	

HH19. Record the interview end time.	Hour and minutes :	
---------------------------------------------	--------------------------------	--

HH20. Thank the respondent for his/her cooperation and check the Household Member Listing Form: <input type="checkbox"/> A separate Questionnaire for Individual Women has been issued for each woman aged 15-49 years in the household list (HL7) <input type="checkbox"/> A separate Questionnaire for Children Under Five has been issued for each child under the age of 5 in the household list (HL9) <input type="checkbox"/> A separate Questionnaire for Individual Men has been issued for each man aged 15-49 years in the household list (HL7A) <i>Return to the cover page and make sure that all information has been entered, including the number of eligible women (HH12), children under 5 years of age (HH14) and eligible men (HH13A).</i> <i>Organise the administration of the remaining questionnaire(s) in this household.</i>

<h2 style="text-align: center;">Interviewer's Observations</h2>

<h2 style="text-align: center;">Field Editor's Observations</h2>

<h2 style="text-align: center;">Supervisor's Observations</h2>
