

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. Strata: Stratum 1.....1 Stratum 3.....3 Stratum 2.....2 Stratum 4.....4	

WE ARE FROM BARBADOS STATISTICAL SERVICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 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 time 03 Refused..... 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed..... 06 Dwelling not found..... 07 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 _____

HOUSEHOLD LISTING FORM

HH18.

Record the time.

Hour

Minutes

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 HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO 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'	HL7. For women age 15-49 Circle line no. if woman is age 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	For children age 0-17 years		
				Month	Year					Age	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or for "No"
01		01	1 2	98 DK	9998 DK		15-49	Mother	Mother	Y N DK	Y N DK	Father
02			1 2				01			1 2 8	1 2 8	
03			1 2				02			1 2 8	1 2 8	
04			1 2				03			1 2 8	1 2 8	
05			1 2				04			1 2 8	1 2 8	
06			1 2				05			1 2 8	1 2 8	
07			1 2				06			1 2 8	1 2 8	
08			1 2				07			1 2 8	1 2 8	
09			1 2				08			1 2 8	1 2 8	
10			1 2				09			1 2 8	1 2 8	
			1 2				10			1 2 8	1 2 8	

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 age 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 NATURAL MOTHER ALIVE? 1 Yes 2 No ³ HL13 8 DK ³ HL13 for "No"	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? Record line no. of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No ³ Next Line 8 DK ³ Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD? Record line no. of father or 00 for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11			1 2			11			1 2 8		1 2 8	
12			1 2			12			1 2 8		1 2 8	
13			1 2			13			1 2 8		1 2 8	
14			1 2			14			1 2 8		1 2 8	
15			1 2			15			1 2 8		1 2 8	

Tick here if additional questionnaire used

11			1 2			11			1 2 8		1 2 8	
12			1 2			12			1 2 8		1 2 8	
13			1 2			13			1 2 8		1 2 8	
14			1 2			14			1 2 8		1 2 8	
15			1 2			15			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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man'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, each eligible man, and each child under 5 in the household.

* Codes for HL3: Relationship to head of household:

- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| 01 Head | 06 Parent | 11 Niece / Nephew |
| 02 Wife / Husband/ Partner | 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 4 and above

For household members age 4-24 years

ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST CLASS/FORM (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2011-2012) SCHOOL YEAR, DID ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM DID (name) ATTEND?
Line	Name	Age	Yes No	Level	Yes No	Level	Y N DK	Level
01		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
02		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
03		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
04		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
05		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
06		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
07		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
08		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
09		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
10		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
11		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
12		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
13		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
14		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8
15		___	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Bottled water 91 Other (<i>specify</i>) 96	11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Other (<i>specify</i>) 96	11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _____ DK 998	

<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</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>Probe:</i> IS THIS PERSON UNDER AGE 15? 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</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2</p> <p>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</p> <p>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 system 11 Flush to septic tank..... 12 Flush to well/pit (latrine)..... 13 Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine Ventilated Improved Pt latrine (VIP) ... 21 Pit latrine with slab..... 22</p> <p>No facility, Bush, Field 95</p> <p>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 No 2</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 facility..... 2</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 (f less than 10) 0 _ _</p> <p>Ten or more households 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican 01 Pentecostal 02 Seventh Day Adventist..... 03 Methodist..... 04 Roman Catholic..... 05 Other Christian (<i>specify</i>) _____ 06 Other religion (<i>specify</i>) _____ 96 No religion 97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Black 1 White 2 Mixed..... 3 Other ethnic group (<i>specify</i>) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USUALLY USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation or ask.</i>	Natural floor Earth / Sand 11 Rudimentary floor Wood 21 Cement..... 23 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles..... 33 Carpet..... 35 Marley/ linoleum 36 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Rudimentary Roofing Palm / Bamboo..... 22 Wood planks..... 23 Finished roofing Metal (Corrugated Metal Sheets) 31 Ceramic/PVC tiles 34 Cement..... 35 Roofing shingles..... 36 Other corrugated sheets 37 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Rudimentary walls</p> <p>Plywood.....24</p> <p>Cardboard25</p> <p>Reused wood26</p> <p>Finished walls</p> <p>Cement.....31</p> <p>Stone with lime / cement32</p> <p>Bricks.....33</p> <p>Cement blocks.....34</p> <p>Wood planks / shingles36</p> <p>Concrete board37</p> <p>Other (<i>specify</i>) _____96</p>																																		
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity.....01</p> <p>Liquefied Petroleum Gas (LPG).....02</p> <p>Natural gas.....03</p> <p>Biogas04</p> <p>Kerosene.....05</p> <p>Coal / Lignite06</p> <p>Charcoal.....07</p> <p>Wood.....08</p> <p>Straw / Shrubs / Grass09</p> <p>Agricultural crop residue11</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>Outdoors4</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> <p>[F] A CLOCK?</p> <p>[G] A WATER HEATER?</p> <p>[H] A WASHING MACHINE?</p> <p>[I] A MICROWAVE OVEN?</p> <p>[J] AN AIR CONDITIONER?</p>	<table border="1"> <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> <tr> <td>Clock.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water heater.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave oven.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner.....</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	Clock.....	1	2	Water heater.....	1	2	Washing machine.....	1	2	Microwave oven.....	1	2	Air conditioner.....	1	2	
	Yes	No																																	
Electricity.....	1	2																																	
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Water heater.....	1	2																																	
Washing machine.....	1	2																																	
Microwave oven.....	1	2																																	
Air conditioner.....	1	2																																	

[K] INTERNET SERVICE?	Internet service 1 2	
[L] A SEWING MACHINE?	Sewing machine 1 2	
[M] A DVD PLAYER?	DVD player 1 2	
[N] A DIGITAL CAMERA?	Digital camera 1 2	
[O] A DESKTOP COMPUTER?	Desktop computer..... 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle..... 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] A CAR OR TRUCK?	Car / Truck 1 2	
[F] A BOAT WITH A MOTOR?	Boat with motor 1 2	
[G] A NOTEBOOK / NETBOOK?	Notebook / Netbook 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></i>	Own 1 Rent.....2 Other (Not owned or rented)6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....1 No.....2	2⇒HC13
HC12. HOW MANY ACRES/ SQUARE FEET/ SQUARE METERS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1 acre/ square foot/ square meter, record "00". If unknown, record '98'.</i>	Acres (ac) 1 000 ____ Square foot (sq ft)2 _____ Square meter (m ²)....3 _____	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes1 No.....2	2⇒HC15

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] DUCKS?</p> <p>[H] TURKEYS?</p> <p>[I] RABBITS?</p> <p><i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls.....__ __</p> <p>Horses, donkeys, or mules.....__ __</p> <p>Goats.....__ __</p> <p>Sheep.....__ __</p> <p>Chickens__ __</p> <p>Pigs.....__ __</p> <p>Ducks__ __</p> <p>Turkeys__ __</p> <p>Rabbits.....__ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?</p>	<p>Yes1</p> <p>No.....2</p>	

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.

Line	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? <i>If yes: FOR PAY IN CASH OR KIND?</i>		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? <i>If more than one job, include all hours at all jobs.</i>	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? <i>Include work for a business run by the child, alone or with one or more partners.</i>		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?
			Yes Paid	No Unpaid		Yes	No		Yes	No		Yes	No	
01			1	2	3									
02			1	2	3									
03			1	2	3									
04			1	2	3									
05			1	2	3									
06			1	2	3									
07			1	2	3									
08			1	2	3									
09			1	2	3									
10			1	2	3									
11			1	2	3									
12			1	2	3									
13			1	2	3									
14			1	2	3									
15			1	2	3									

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

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.....

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _ _	
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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes1 No.....2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes1 No.....2	
CD13. SHOOK HIM/HER.	Yes1 No.....2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes1 No.....2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes1 No.....2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes1 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.	Yes1 No.....2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes1 No.....2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes1 No.....2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes1 No.....2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes1 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?	Yes1 No.....2 Don't know / No opinion8	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason 6</p>	<p>2 ⇨ HW4</p> <p>3 ⇨ HW4</p> <p>6 ⇨ HW4</p>
<p>HW2. <i>Observe presence of water at the specific 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>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>None Y</p>	<p>A ⇨ HH19</p> <p>B ⇨ HH19</p> <p>C ⇨ HH19</p> <p>D ⇨ HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇨ HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>Not able / Does not want to show Y</p>	

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 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house..... 6</p> <p>Salt not tested 7</p>	

<p>HH20. <i>Thank the respondent for his/her cooperation and check the Household Listing Form:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)</i> <input type="checkbox"/> <i>A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</i> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations