

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number:..... __ __ __	HH2. Household number:..... __ __	
HH3. Interviewer number: __ __	HH4. Supervisor number:..... __ __	
HH5. Date / Month / Year of interview: __ __ / __ __ / 2012		
HH6. Area: Urban 1 Rural 2	HH7. Region: Brest 1 Vitebsk 2 Gomel 3 Grodno 4 Minsk City 5 Minsk 6 Mogilev 7	
HH7A. Household is selected for men's interview: Yes 1 No 2		

WE ARE FROM THE STATISTICAL DEPARTMENT OF (*city, region*). NOW THE NATIONAL HOUSEHOLD SURVEY IS ORGANISED IN THE REPUBLIC OF BELARUS TO OBTAIN OBJECTIVE INFORMATION ON THE SITUATION OF CHILDREN AND WOMEN I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

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.

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent that could participate in the survey is at home at the time of the visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / dwelling is not used for HH living (misused) 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Rank number: _____
	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH13A. Number of men age 15- 59 years: _____	HH13B. Number of man's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (number): _____	HH17. Data entry clerk (number): _____

HH18.
Record the time of interview beginning:
Hour
Minutes

HOUSEHOLD LISTING FORM **HL**

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.

HL1. Rank number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? See the codes below	HL4. MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name) (in completed years?)	For women age 15-49	For men age 15-59	For children age 5-14	For children under age 5	For children age 0-17			
			1 Male	2 Female	98 DK	9998 DK	If age is 95 or above, record «95»	HL7. Circle line number if woman is age 15-49	HL7A. Circle line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record rank number of mother / caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record rank number of mother / caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⇔ HL13 8 DK ⇔ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record rank number of mother or 00 for «No»	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⇔ next person 8 DK ⇔ next person	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record rank number of father or 00 for «No»
RANK NUMBER	NAME	RELATION	M	F	MONTH	YEAR	AGE	15-49	15-59	MOTHER	MOTHER	YES NO DK	MOTHER	YES NO 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	___

							For women age 15-49	For men age 15-59	For children age 5-14	For children under age 5	For children age 0-17				
HL1. Rank number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? <i>See the codes below</i>	HL4. MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name) (in completed years)? <i>If age is 95 or above, record «95»</i>	HL7. Circle line number if woman is age 15-49	HL7A. Circle line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record rank number of mother / caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record rank number of mother / caretaker</i>	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⇔ HL13 8 DK ⇔ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record rank number of mother or 00 for «No»</i>	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⇔ next person 8 DK ⇔ next person	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record rank number of father or 00 for «No»</i>	
RANK NUMBER	NAME	RELATION	M	F	MONTH	YEAR	AGE	15-49	15-59	MOTHER	MOTHER	YES NO DK	MOTHER	YES NO DK	FATHER
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 HH questionnaire used

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 (DK)

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- 59 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.

NOW, MAY I ASK YOU FEW QUESTIONS ABOUT THE EDUCATION OF THE MEMBERS OF THIS HOUSEHOLD.

EDUCATION															ED
For household members age 5 and above							For household members age 5-24 years								
ED1. Rank number	ED2. Name and age Copy from HOUSEHOLD LISTING FORM HL2 and HL6		ED3. HAS (name) EVER ATTENDED ANY EDUCATIONAL INSTITUTION, INCLUDING PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL (GRADE) OF EDUCATION HAS RECEIVED / IS RECEIVING (name) AT THIS EDUCATIONAL INSTITUTION?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL / STAGE?	ED5. DURING THE 2011-2012 SCHOOL YEAR, DID (name) ATTEND ANY EDUCATIONAL INSTITUTION, INCLUDING PRE-SCHOOL?		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL (GRADE) IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, 2010-2011, DID (name) ATTEND ANY EDUCATIONAL INSTITUTION, INCLUDING PRE- SCHOOL?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHAT LEVEL (GRADE) DID (name) ATTEND?	
			1 Yes 2 No ↘ next person	See the codes below. If level = 0, skip to ED5	98 DK If less than 1 grade, enter «00»	1 Yes 2 No ⇒ ED7	If level = 0, skip to ED7	98 DK	1 Yes 2 No ↘ next person	If level = 0, go to next person	98 DK				
LINE	NAME	AGE	YES	NO	LEVEL (GRADE)	GRADE	YES	NO	LEVEL (GRADE)	GRADE	YES	NO	DK	LEVEL (GRADE)	GRADE
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	__ __

Codes of levels (grades) of education to the questions ED4A, ED6, ED8:

0 PRESCHOOL	2 GENERAL BASIC	4 VOCATIONAL-TECHNICAL	6 HIGHER
1 PRIMARY	3 GENERAL SECONDARY	5 SECONDARY SPECIALIZED	8 DON'T KNOW (DK)

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Piped to neighbour 13 Public tap/standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Bottled water 91 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into yard or plot 12 Piped to neighbour 13 Public tap/standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Bottled water 91 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	
WS5. WHO FROM YOUR HOUSEHOLD MEMBERS USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER? <i>Probe:</i> WHAT IS THE AGE AND SEX OF THIS HOUSEHOLD MEMBER?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE?	Boil A Add chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Let it stand F Other (<i>specify</i>) X DK Z	
<i>Continue to ask to get the information on all the measures and circle the codes of all mentioned measures.</i>		

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<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If «flush», probe:</i> WHERE DOES IT FLUSH TO?</p>	<p>Flush</p> <p>Flush to piped sewer system..... 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure / DK where..... 15</p> <p>Pit</p> <p>Ventilated Improved Pit latrine 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ↓ HC2</p>
<p>WS10. DO YOU SHARE THIS TOILET 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</p> <p>Public facility 2</p>	<p>2 ↓ HC2</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (<i>if less than 10</i>) 0__</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
<p>HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?</p>	<p>Number of rooms __ __</p>	
<p>HC3. <i>Main material of the dwelling floor.</i></p> <p><i>Circle the code of the main floor material.</i></p>	<p>Simple floor</p> <p>Wood planks..... 21</p> <p>Finished floor</p> <p>Parquet or polished wood 31</p> <p>Linoleum 32</p> <p>Ceramic tiles..... 33</p> <p>Carpet..... 35</p> <p>Laminate..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC4. <i>Main material of the roof.</i></p> <p><i>Circle the code of the main roof material.</i></p>	<p>Metal 31</p> <p>Wood 32</p> <p>Ceramic tiles 34</p> <p>Roofing slate 37</p> <p>Ruberoid..... 38</p> <p>Other (<i>specify</i>) _____ 96</p>	

QUESTIONNAIRES

<p>HC5. Main material of the exterior walls.</p> <p><i>Circle the code of the main walls material.</i></p>	<p>Bricks33</p> <p>Construction blocks.....34</p> <p>Covered bricks / blocks35</p> <p>Wood36</p> <p>Plastic panels37</p> <p>Concrete / reinforced concrete.....38</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC6. WHAT TYPE OF ENERGY / FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Gas (in gas cylinder)02</p> <p>Natural gas03</p> <p>Kerosene05</p> <p>Coal06</p> <p>Wood08</p> <p>No food cooked in household95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒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 KITCHEN?</i></p>	<p>In the house</p> <p> In a 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>Yes</p>	<p>No</p>
<p>[A] TELEVISION</p>	<p>1</p>	<p>2</p>
<p>[B] DVD-PLAYER</p>	<p>1</p>	<p>2</p>
<p>[C] STATIONARY TELEPHONE</p>	<p>1</p>	<p>2</p>
<p>[D] REFRIGERATOR</p>	<p>1</p>	<p>2</p>
<p>[E] FREEZER</p>	<p>1</p>	<p>2</p>
<p>[F] VACUUM CLEANER</p>	<p>1</p>	<p>2</p>
<p>[G] MICROWAVE</p>	<p>1</p>	<p>2</p>
<p>[H] PERSONAL COMPUTER</p>	<p>1</p>	<p>2</p>
<p>[I] WASHING MACHINE</p>	<p>1</p>	<p>2</p>
<p>[J] DISHWASHER</p>	<p>1</p>	<p>2</p>
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p>	<p>Yes</p>	<p>No</p>
<p>[A] MOBILE TELEPHONE</p>	<p>1</p>	<p>2</p>
<p>[B] MOTORCYCLE / SCOOTER</p>	<p>1</p>	<p>2</p>
<p>[C] ANIMAL DRAWN-CART</p>	<p>1</p>	<p>2</p>
<p>[D] CAR / TRUCK</p>	<p>1</p>	<p>2</p>
<p>[E] MINIBUS</p>	<p>1</p>	<p>2</p>
<p>[F] BOAT WITH MOTOR</p>	<p>1</p>	<p>2</p>

QUESTIONNAIRES

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	Yes 1 No.....2	1⇒HC11
HC10A. DOES YOUR FAMILY RENT THIS DWELLING FROM ANYONE WHO IS NOT LIVING IN THIS HOUSEHOLD?	Yes 1 No.....2 Other (<i>specify</i>) 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 ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record «000». If 995 or more, record «995». If unknown, record «998».</i>	Ares _ _ _	
HC13. DOES YOUR HOUSEHOLD OWN ANY LIVESTOCK, OTHER FARM ANIMALS OR POULTRY?	Yes 1 No.....2	2⇒HC16
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] COWS OR BULLS? [B] HORSES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] RABBITS? <i>If none, record «00». If 95 or more, record «95». If unknown, record «98».</i>	Cows or bulls..... _ _ _ Horses..... _ _ _ Goats..... _ _ _ Sheep..... _ _ _ Chickens _ _ _ Pigs _ _ _ Rabbits _ _ _	
HC16. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK DEPOSIT?	Yes 1 No.....2	

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

CHILD LABOUR													CL							
<p><i>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.</i></p>																				
CL1. Rank number	CL2. Name and age		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 OR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?			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 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 IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?		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 DOING THESE HOUSEHOLD CHORES?	
	<i>Copy from HOUSEHOLD LISTING FORM HL2 and HL6</i>		1 YES, FOR PAY (CASH OR KIND) 2 Yes, unpaid 3 No ⇒ CL5			<i>If more than one job, include all hours at all jobs.</i>			1 YES 2 No ⇒ CL7		1 YES 2 No ⇒ CL9		1 YES 2 NO ⇒ Next Line							
RANK NUMBER	NAME	AGE	YES paid	NO unpaid	NUMBER OF HOURS	YES	NO	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	__	__	

CHILD DISCIPLINE

CD

Table 1. Children Aged 2-14 Years Eligible for Child Discipline Questions

- List each of the sequence number, name, sex and age of each child aged 2-14 years below.
- Then record the total number of children aged 2-14 (CD6).
- If there are no children age 2-14 years in the household, skip to SI2.

CD1. Line number	CD2. Rank number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
LINE NUMBER	RANK NUMBER	NAME	M	F	AGE
01	___		1	2	___
02	___		1	2	___
03	___		1	2	___
04	___		1	2	___
05	___		1	2	___
06	___		1	2	___
07	___		1	2	___
08	___		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. Find the line with such number in Table 2.
- Check the total number of eligible children in CD6 above. Find the column with such figure in Table 2.
- Circle the line number in the box where the row and the column meet. This is the line number of the child (CD1) about whom the questions will be asked.
- Record the line number of the selected child in CD8.

CD7. Last digit of household number (HH2)	Total number of children aged 2-14 years (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 line number of the selected child, about whom the questions will be asked _____

QUESTIONNAIRES

CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the line number in CD8.	Name _____ Rank number _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS 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?		
	Yes	No
CD11. FORBADE (<i>name</i>) DOING SOMETHING LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE?	1	2
CD12. EXPLAINED WHY (<i>name</i>)'S BEHAVIOUR / WICKEDNESS WAS WRONG?	1	2
CD13. SHOOK HIM/HER?	1	2
CD14. SHOUTED OR SCREAMED AT HIM/HER?	1	2
CD15. GAVE HIM/HER SOMETHING ELSE TO DO?	1	2
CD16. HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH HAND?	1	2
CD17. HIT HIM/HER ON THE DIFFERENT PARTS OF THE BODY WITH HAND OR WITH SOMETHING LIKE A BELT, BEATER, STICK OR OTHER HARD OBJECT?	1	2
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT?	1	2
CD21. BEAT HIM/HER AS HARD AS ONE COULD?	1	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 DK / No opinion 8	

IODINE DEFICIENCY PREVENTION		SI
SI2. DO YOU KNOW ABOUT THE ADVANTAGES OF IODISED SALT CONSUMPTION AS CHEAP AND ONE OF THE MAIN MEANS OF IDD ELIMINATION?	Yes..... 1 No 2	
SI3. DO YOU USE IODISED SALT FOR COOKING? <i>If the answer is «Yes», probe:</i> HOW OFTEN DO YOU USE IODISED SALT FOR COOKING: CONSTANTLY OR SOMETIMES?	Yes, constantly 1 Yes, sometimes 2 No 3 Other (<i>specify</i>) 6	

QUESTIONNAIRES

HH19. Record the time.

Hour and minutes :

HH20. Thank the respondent for his/her cooperation and check the HOUSEHOLD LISTING FORM:

- A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7).
- A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9).
- A separate Questionnaire for Individual Men has been issued for each man age 15- 59 years in the household list (HL7A).

Return to the cover page and make sure that all information is entered, including the number of eligible women aged 15-49 (HH12), under-5 children (HH14) and men aged 15- 59 (HH13A).

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations
