

E.1 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: NAME: _____ NUMBER: _____	HH4. Supervisor's name and number: NAME: _____ NUMBER: _____	
HH5. Day / Month / Year of interview: _____ / _____ / <u>2 0 1 9</u>	HH7. District (city): BREST..... 1 VITEBSK..... 2 GOMEL..... 3 GRODNO..... 4 MINSK CITY..... 5 MINSK..... 6 MOGILEV..... 7	
HH6. Area: URBAN 1 RURAL..... 2		
HH8. Is the household selected for Questionnaire for Men? YES..... 1 NO..... 2		

HH11. Record the time:	HOURS : MINUTES : _____
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HH12. I am from Main Statistical Department of (*city Minsk, region*). We are conducting a survey in the Republic of Belarus about the situation of children and women. In this regard I would like to ask you a few questions. This interview will take about 25 minutes. All the information we obtain will remain strictly confidential and will be used only for statistical purposes. If you do not wish to answer a question or wish to stop the interview, please let me know. May I start now?

YES, PERMISSION GIVEN 1	1 ↓HL
NO, PERMISSION IS NOT GIVEN, NOT ASKED..... 2	2⇒HH46

HH46. Result of Household Questionnaire interview:	
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
DWELLING VACANT OR ADDRESS NOT A DWELLING	05
DWELLING DESTROYED	06
DWELLING NOT FOUND	07
OTHER (<i>specify</i>) _____	96

HH47. Name and line number of the respondent to Household Questionnaire interview:
NAME: _____
NUMBER: _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-59
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
HH48	___
HH49	___
HH50	___
HH51	___
HH52	___

<i>To be filled after all the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	___
HH54	___
HH55	___
HH56	ZERO0 ONE1

LIST OF HOUSEHOLD MEMBERS

HL

First, please tell me the name of each person who usually lives here, starting with the head of the household.

Write name of household head in row 01. Record names of all household members (HL2), relationship with household head (HL3) and their sex (HL4).

Then ask if there any other persons living at this address, even if they are not at home now? If "Yes", record details for them at HL2-HL4.

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. Name	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Sex? 1 MALE 2 FEMALE	HL5. What is (name)'s date of birth?		HL6. How old is (name) in full years? If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-59 and HH8 is yes.	HL10. Record line number if age 0-4.	HL11. Age of household member 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.
		See the codes below		98 DK	9998 DK					1 YES 2 NO ☺ Next Line	1 YES 2 NO ☺ HL16	1 YES 2 NO ☺ HL15	1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION (MINSK CITY) 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION (MINSK CITY) 4 INSTITUTION IN BELARUS 8 DK	1 YES 2 NO ☺ HL20	1 YES 2 NO ☺ HL19	1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION (MINSK CITY) 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION (MINSK CITY) 4 INSTITUTION IN BELARUS 8 DK		If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	15-49	15-59	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		0 1	1 2	___	---	__	01	01	01	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
02		___	1 2	___	---	__	02	02	02	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
03		___	1 2	___	---	__	03	03	03	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
04		___	1 2	___	---	__	04	04	04	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
05		___	1 2	___	---	__	05	05	05	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
06		___	1 2	___	---	__	06	06	06	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
07		___	1 2	___	---	__	07	07	07	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
08		___	1 2	___	---	__	08	08	08	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
09		___	1 2	___	---	__	09	09	09	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	
10		___	1 2	___	---	__	10	10	10	1 2	1 2 8	1 2	___	1 2 8	1 2	___	1 2 3 4 8	___	

* 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	96 OTHER (NOT RELATED, SERVANT)
05 GRANDCHILD	10 UNCLE, AUNT	98 DK

EDUCATION														ED										
ED1. Line number	ED2. Name and age. Copy HL2 and HL6 from LIST OF HOUSEHOLD MEMBERS		ED3. Age 3 or above?		ED4. Has (name) ever attended any educational institution, including preschool?		ED5. What is the highest level and grade or year of school (name) has ever attended?						ED6. Did (name) ever complete that grade (year)?			ED7. Age 3-24?		ED8. Check ED4: Ever attended any educational institution, including preschool?						
			1 YES 2 NO ☺ Next Line		1 YES 2 NO ☺ Next Line		0 PRESCHOOL ☺ ED7 1 PRIMARY 2 GENERAL BASIC 3 GENERAL SECONDARY 4 VOCATIONAL TECHNICAL 5 SECONDARY SPECIALISED 6 HIGHER 7 POSTGRADUATE 8 DK									1 YES 2 NO ☺ Next Line	1 YES 2 NO ☺ Next Line							
LINE	NAME		AGE	YES	NO	YES	NO	LEVEL						GRADE (YEAR)	YES	NO	DK	YES	NO	YES	NO			
01			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
02			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
03			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
04			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
05			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
06			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
07			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
08			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
09			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2
10			___	1	2	1	2	0	1	2	3	4	5	6	7	8	___	1	2	8	1	2	1	2

EDUCATION													ED
ED1. Line number	ED2. Name and age.		ED9.	ED10.		ED11.	ED11A.	ED12.	ED13.	ED14.	ED15.	ED16.	
			At any time during the 2018/2019 school year did (<i>name</i>) attend any educational institution, including preschool?	During 2018/2019 school year, which level and grade or year is (<i>name</i>) attending?		Is (<i>name</i>) attending a public or private educational institution?	Is (<i>name</i>) getting paid education?	In the 2018/2019 school year, has (<i>name</i>) received any school tuition support?	Who provided the tuition support?	For the 2018/2019 school year, has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?	At any time during the 2017/2018 school year did (<i>name</i>) attend any educational institution including preschool?	During 2017/2018 school year, which level and grade or year did (<i>name</i>) attend?	
			1 YES 2 NO ↘ ED15	0 PRESCHOOL ↘ ED15 1 PRIMARY 2 GENERAL BASIC 3 GENERAL SECONDARY 4 VOCATIONAL TECHNICAL 5 SECONDARY SPECIALISED 6 HIGHER 7 POSTGRADUATE 8 DK	98 DK	1 GOVT./PUBLIC 3 PRIVATE 6 OTHER 8 DK	1 YES 2 NO ↘ ED14 8 DK ↘ ED14	1 YES 2 NO ↘ ED14 8 DK ↘ ED14 <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>	A GOVT. / PUBLIC C PRIVATE X OTHER Z DK	1 YES 2 NO 8 DK <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>	1 YES 2 NO ↘ Next Line 8 DK ↘ Next Line	0 PRESCHOOL 1 PRIMARY 2 GENERAL BASIC 3 GENERAL SECONDARY 4 VOCATIONAL TECHNICAL 5 SECONDARY SPECIALISED 6 HIGHER 7 POSTGRADUATE 8 DK <i>If level (grade) "0" go to the next line.</i>	
LINE	NAME	AGE	YES NO	LEVEL	GRADE (YEAR)	INSTITUTION	YES NO DK	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE (YEAR)
01		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
02		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
03		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
04		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
05		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
06		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
07		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
08		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
09		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___
10		___	1 2	0 1 2 3 4 5 1 2 8	___	1 2 8 1	2 8 8	1 2 8	A C X Z	1 2 8	1 2 8	0 1 2 3 4 5 1 2 8	___

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various types of social assistance and support for families provided by the government various organizations including religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.
Ask questions ST2-ST4 for each type of assistance (columns A-X)

	[A] GOVERNMENT TARGETED SOCIAL ASSISTANCE?	[B] ALLOWENCE FOR FAMILIES RAISING CHILDREN (EXCEPT ALLOWENCE FOR FAMILIES RAISING CHILDREN WITH DISABILITIES UNDER 18)?	[C] ALLOWENCE FOR FAMILIES RAISING CHILDREN WITH DISABILITIES UNDER 18?	[D] PENSION: RETIREMENT PENSION (OLD-AGE PENSION, DISABILITY PENSION, SURVIVOR'S PENSION, PENSION FOR YEARS OF SERVICE, PENSION FOR SPECIAL SERVICES TO THE REPUBLIC), SOCIAL PENSION?	[X] ANY OTHER SOCIAL ASSISTANCE AND SUPPORT PROVIDED BY THE GOVERNMENT, RELIGIOUS, CHARITABLE, COMMUNITY-BASED OR OTHER ORGANIZATIONS?
ST2. Are you aware of (<i>name of programme</i>)?	YES 1 ☒ ST3 NO 2 ☒ [B]	YES 1 ☒ ST3 NO 2 ☒ [C]	YES 1 ☒ ST3 NO 2 ☒ [D]	YES 1 ☒ ST3 NO 2 ☒ [X]	YES (specify) 1 ☒ ST3 NO 2 ☒ HC3
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	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 ☒ [X] DK 8 ☒ [X]	YES 1 ☒ ST4 NO 2 ☒ HC3 DK 8 ☒ HC3

<p>ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)?</p> <p><i>If less than one month, record '1' and record '00' in Months.</i></p> <p><i>If less than 12 months, record '1' and record in Months.</i></p> <p><i>In other cases, record '2' and record in Years.</i></p>	MONTHS AGO ...1 ___ <input type="checkbox"/> [B]	MONTHS AGO ...1 ___ <input type="checkbox"/> [C]	MONTHS AGO ...1 ___ <input type="checkbox"/> [D]	MONTHS AGO ...1 ___ <input type="checkbox"/> [X]	MONTHS AGO ...1 ___ <input type="checkbox"/> HC3
	YEARS AGO2 ___ <input type="checkbox"/> [B]	YEARS AGO2 ___ <input type="checkbox"/> [C]	YEARS AGO2 ___ <input type="checkbox"/> [D]	YEARS AGO2 ___ <input type="checkbox"/> [X]	YEARS AGO2 ___ <input type="checkbox"/> HC3
	DK, DON'T REMEMBER998 <input type="checkbox"/> [B]	DK, DON'T REMEMBER998 <input type="checkbox"/> [C]	DK, DON'T REMEMBER..... 998 <input type="checkbox"/> [D]	DK, DON'T REMEMBER 998 <input type="checkbox"/> [X]	DK, DON'T REMEMBER998 <input type="checkbox"/> HC3

HOUSEHOLD CHARACTERISTICS		HC
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS	
HC4. <i>Main material of the dwelling floor.</i> <i>Record the code of the main floor material.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	PARQUET OR POLISHED WOOD 31 LINOLEUM..... 32 CERAMIC TILES..... 33 CARPET 35 LAMINAT 36 FINISHED WOOD PLANKS..... 37 WOODEN PARTICLE BOARD 38 OTHER (<i>specify</i>) 96	
HC5. <i>Main material of the roof.</i> <i>Record the code of the main roof material.</i>	METAL..... 31 WOOD 32 CERAMIC TILES..... 34 ROOFING SLATE 37 RUBEROID 38 OTHER (<i>specify</i>) 96	
HC6. <i>Main material of the exterior walls.</i> <i>Record the code of the main wall's material.</i>	BRICKS 33 CEMENT BLOCKS..... 34 COVERED BRICKS, BLOCKS..... 35 WOOD 36 PLASTIC PANELS 37 CONCRETE, REINFORCED CONCRETE. 38 OTHER (<i>specify</i>) 96	
HC8. Does your household have electricity? <i>If «Yes», ask:</i> Is your household connected to interconnected grid, generator or any other isolated source of 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	1	2
[B] A refrigerator	1	2
[C] A freezer	1	2
[D] A vacuum cleaner	1	2
[E] A microwave	1	2
[F] A washing machine	1	2
[G] A dishwasher	1	2
[H] A fixed telephone line	1	2
HC10. Does any member of your household have:	YES	NO
[B] A bicycle	1	2
[C] A motorcycle or scooter	1	2
[D] An animal-drawn cart	1	2
[E] A car	1	2
[F] A boat with a motor	1	2
[G] A van	1	2

HC11. Does any member of your household have a computer or a tablet?	YES 1 NO 2	
HC12. Does any member of your household have a mobile telephone?	YES 1 NO 2	
HC13. Does your household have access to internet at home?	YES 1 NO 2	
HC14. Do you or someone living in this household own this dwelling or rent this dwelling from someone who does not live in it? <i>If 'No', record '6' and specify .</i>	OWN 1 RENT 2 OTHER (<i>specify</i>) 6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	2⇒HC17
HC16. 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'</i>	ARES ___ ___ 995 OR MORE 995 DK 998	
HC17. Does this household own any farm animals or poultry?	YES 1 NO 2	2⇒HC19
HC18. How many of the following animals does this household have? [A] Cows or bulls? [C] Horses? [D] Goats? [E] Sheep? [F] Chickens? [G] Pigs? [H] 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 ___ ___	
HC19. Does any member of this household have a bank account?	YES 1 NO 2	

HOUSEHOLD ENERGY USE		EU
<p>EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u>?</p>	ELECTRIC STOVE 01 LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE..... 04 TRADITIONAL SOLID FUEL STOVE 08 OTHER (<i>specify</i>) _____ 96 NO FOOD COOKED IN HOUSEHOLD 97	01⇒EU5 03⇒EU5 04⇒EU5 96⇒EU4 97⇒EU6
<p>EU2. Does it have a chimney?</p>	YES..... 1 NO 2 DK 8	
<p>EU4. What type of solid fuel is used in this cookstove?</p> <p><i>If more than one, record the main energy source for this cookstove.</i></p>	COAL 04 WOOD AND WOOD WASTE 06 FUEL BRIQUETTES 12 OTHER (<i>specify</i>) _____ 96	
<p>EU5. Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If in main house, probe: This is done in a separate room or not?</i></p> <p><i>If outdoors, probe: This is done on veranda, covered porch, or open air.</i></p>	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	
<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	CENTRAL HEATING 01 MANUFACTURED SPACE HEATER, FIREPLACE 02 TRADITIONAL COOKSTOVE (SOLID FUEL) 05 INDIVIDUAL BOILER 07 OTHER (<i>specify</i>) _____ 96 NO SPACE HEATING IN HOUSEHOLD 97	01⇒EU8 96⇒EU8 97⇒EU9
<p>EU7. Does (<i>type of heating from EU6</i>) have a chimney?</p>	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>	ELECTRICITY 02 PIPED NATURAL GAS 03 LIQUEFIED PETROLEUM GAS (IN CYLINDERS) 04 COAL 09 WOOD AND WOOD WASTE 11 FUEL BRIQUETTES 17 OTHER (<i>specify</i>) _____ 96 DK 98	

EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY.....	01
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....	03
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....	04
	OTHER (<i>specify</i>).....	96
	NO LIGHTING IN HOUSEHOLD.....	97

WATER AND SANITATION		WS
WS1. What is the <u>main</u> source of drinking water used by members of your household?	PIPED WATER: PIPED INTO DWELLING11 PIPED TO YARD / PLOT12 PIPED TO NEIGHBOUR.....13 PUBLIC TAP / STANDPIPE14 TUBE WELL / BOREHOLE.....21 DUG WELL: PROTECTED WELL31 UNPROTECTED WELL.....32 BOTTLED WATER91 OTHER (<i>specify</i>)96	11⇒WS7 12⇒WS7 13⇒WS3 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 96⇒WS3
WS2. What is the <u>main</u> source of water used by members of your household for cooking and handwashing?	PIPED WATER: PIPED INTO DWELLING11 PIPED TO YARD / PLOT12 PIPED TO NEIGHBOUR.....13 PUBLIC TAP / STANDPIPE14 TUBE WELL / BOREHOLE.....21 DUG WELL: PROTECTED WELL31 UNPROTECTED WELL.....32 OTHER (<i>specify</i>) 96	11⇒WS7 12⇒WS7
WS3. Where is that water source located?	IN OWN DWELLING.....1 IN OWN YARD / PLOT2 ELSEWHERE.....3	1⇒WS7 2⇒WS7
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES__ __ DK998	000 ⇒WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER__ __	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES __ __ DK98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES.....1 NO2 DK8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES.....1 NO2 DK8	2⇒WS11 8⇒WS11

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Continue asking to find out what measures have been taken and record all the codes for mentioned measures.</i></p>	<p>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</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>FLUSH / POUR FLUSH: FLUSH TO PIPED SEWER SYSTEM11 FLUSH TO SEPTIC TANK12 FLUSH TO PIT LATRINE.....13 FLUSH TO SOMEWHERE ELSE15 FLUSH TO DK WHERE18</p> <p>PIT LATRINE: VENTILATED IMPROVED PIT LATRINE21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB / OPEN PIT23 OTHER (<i>specify</i>) 96</p>	<p>11⇒WS14 15⇒WS14 18⇒WS14 96⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES1 NO4 DK8</p>	<p>4⇒WS14 8⇒WS14</p>
<p>WS13. The last time (<i>answer from WS11</i>) was emptied, where were the contents emptied to?</p>	<p>REMOVED BY SERVICE PROVIDER: TO A TREATMENT PLANT1 BURIED IN A COVERED PIT2 TO DON'T KNOW WHERE3</p> <p>EMPTIED BY HOUSEHOLD: BURIED IN A COVERED PIT4 TO UNCOVERED PIT OR OPEN GROUND 5 OTHER (<i>specify</i>) 6 DK8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING1 IN OWN YARD / PLOT2 ELSEWHERE.....3</p>	
<p>WS15. Do you share this facility with other households?</p>	<p>YES1 NO2</p>	<p>2 ↓ SA3</p>
<p>WS16. Do you share this facility only with members of other households that you know (not public), or is the facility open to the use of the general public?</p>	<p>NOT PUBLIC1 PUBLIC2</p>	<p>2 ↓ SA3</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)..... <u>0</u> ___ TEN OR MORE HOUSEHOLDS10 DK98</p>	

IODINE DEFICIENCY PREVENTION		IDP
SA3. Do you know about the benefits of iodized salt as the main available means for prevention of iodine deficiency diseases?	YES 1 NO 2	
SA4. Do you use iodised salt for cooking? <i>If the answer is " Yes ", ask:</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	

HH13. Record the time.	HOUR AND MINUTES..... ___ : ___
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HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN..... 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... ___	0 ⇨ HH29 1 ⇨ HH27
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HH19. List each of the children age 5-17 years in the table below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. 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 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 for QUESTIONNAIRE FOR CHILDREN AGE 5-17.

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 for QUESTIONNAIRE FOR CHILDREN AGE 5-17.	RANK NUMBER ___ LINE NUMBER..... ___ NAME..... AGE ___
HH27. 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 QUESTIONNAIRE FOR CHILDREN AGE 5-17 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 1 NO 2	2 ⇒ HH34
HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN 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 1 NO 2	2 ⇒ HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES 1 NO 2	2 ⇒ HH34
HH33. Get the consent from mother (caretaker) for a survey of girl(s) aged 15-17 years living in the household. Consent for the survey: <input type="checkbox"/> was obtained for all girls age 15-17 ⇒ Continue with HH34. <input type="checkbox"/> was obtained for not all girls age 15-17 ⇒ Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34. <input type="checkbox"/> not obtained for any girls age 15-17 ⇒ Record '06' in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.		
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, 1 NO, 2	2 ⇒ HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-59?	YES 1 NO 2	2 ⇒ HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-59 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES 1 NO 2	2 ⇒ HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES 1 NO 2	2 ⇒ HH40
HH39. Get the consent from mother (caretaker) for a survey of boy(s) aged 15-17 years living in the household: Consent for the survey: <input type="checkbox"/> was obtained for all boys age 15-17 ⇒ Continue with HH40. <input type="checkbox"/> was obtained for not all boys age 15-17 ⇒ Record '06' in MWM17 on individual questionnaires for those adult consent was not given. Then continue with HH40. <input type="checkbox"/> not obtained for any boys age 15-17 ⇒ Record '06' in MWM17 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 1 NO 2	2 ⇒ HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		

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

- Record '01' in question HH46,
 - 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 to be completed in this household thank the respondent for his/her cooperation and complete the survey.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS
