

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE **Central Statistical Office**. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **30** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

| HOUSEHOLD INFORMATION PANEL | | HH |
|---|---|----|
| HH1. Cluster number: _____ | HH2. Household number: _____ | |
| HH1A. ED 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. District: Corozal..... 1 Orange Walk..... 2 Belize..... 3 Cayo..... 4 Stann Creek..... 5 Toledo..... 6 | |
| HH 8. Name of head of household: _____ | | |
| <i>After all questionnaires for the household have been completed, fill in the following information:</i> | | |
| HH9. Result of HH interview: Completed..... 1 Not at home..... 2 Refused..... 3 HH not found/destroyed..... 4 Partially Complete..... 5 Vacant Dwelling/Lot..... 7 No Suitable Respondent..... 8 Other (specify)..... 6 | HH10. Respondent to HH questionnaire: Name: _____ Line No: _____ | |
| | HH11. Total number of household members: _____ | |
| HH12. No. of women eligible for interview: _____ | HH13. No. of women questionnaires completed: _____ | |
| HH14. No. of children under age 5: _____ | HH15. No. of under-5 questionnaires completed: _____ | |
| Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i> | | |
| HH16. Data entry clerk: _____ | | |

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO SLEEPS MOST NIGHTS OF THE WEEK (AT LEAST 4 NIGHTS PER WEEK) **AND** SHARE AT LEAST ONE DAILY MEAL WITH THE HOUSEHOLD, 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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

| | | | | | | | | | | | |
|--|--|--|--|--|----------------------|-------------------------------|----------------------|---|--|--|--|
| | | | | | <i>Eligible for:</i> | | | <i>For children age 0-17 years ask HL9-HL12</i> | | | |
| | | | | | WOMEN'S INTERVIEW | CHILD DISCIPLINE MODULE | UNDER-5 INTERVIEW | | | | |

| HL1. Line no. | HL2. Name | HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD? | HL4. IS (name) MALE OR FEMALE ? 1 MALE 2 FEM. | HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 98=DK* | HL6. Circle Line no. <i>if woman is age 15-49</i> | HL7A. <i>For each child age 2-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i> | HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i> | HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11 | HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i> | HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE | HL12. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i> |
|---------------------|--------------|--|--|--|--|---|--|---|---|--|---|
|---------------------|--------------|--|--|--|--|---|--|---|---|--|---|

| LINE | NAME | REL. | M | F | AGE | 15-49 | MOTHER | MOTHER | Y N DK | MOTHER | Y N DK | FATHER |
|------|------|------|---|---|-----|-------|--------|--------|--------|--------|--------|--------|
| 01 | | 0 1 | 1 | 2 | ___ | 01 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 02 | | ___ | 1 | 2 | ___ | 02 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 03 | | ___ | 1 | 2 | ___ | 03 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 04 | | ___ | 1 | 2 | ___ | 04 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 05 | | ___ | 1 | 2 | ___ | 05 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 06 | | ___ | 1 | 2 | ___ | 06 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 07 | | ___ | 1 | 2 | ___ | 07 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 08 | | ___ | 1 | 2 | ___ | 08 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 09 | | ___ | 1 | 2 | ___ | 09 | ___ | ___ | 1 2 8 | ___ | 1 2 8 | ___ |
| 10 | | ___ | 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 THE HOUSE- HOLD? | HL4. IS (name) MALE OR FEMALE ? 1 MALE 2 FEM. | HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 98=DK* | HL6. <i>Circle Line no. if woman is age 15-49</i> | HL7A. <i>For each child age 2-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i> | HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i> | HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11 | HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i> | HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE | HL12. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i> |
|---------------------|--------------|--|--|--|--|---|--|---|---|--|---|
| LINE | NAME | REL. | M F | 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 | ___ ___ |

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD BUT WHO SLEEPS MOST NIGHTS OF A WEEK (AT LEAST 4 NIGHTS PER WEEK) **AND** SHARES AT LEAST ONE DAILY MEAL WITH THE HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*
Then, complete the totals below.

| | Women 15-49 | Children 2 - 14 | Under-5s |
|--------|----------------|--------------------|----------|
| Totals | ___ ___ | ___ ___ | ___ ___ |

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children UnderFive.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- | | |
|-------------------------------|-------------------------------|
| 01 = Head | 11 = Niece/Nephew By Blood |
| 02 = Wife or Husband | 12 = Niece/Nephew By Marriage |
| 03 = Son or Daughter | 13 = Other Relative |
| 04 = Son or Daughter In-Law | 14 = Adopted/Foster/Stepchild |
| 05 = Grandchild | 15 = Not Related |
| 06 = Parent | 98 = Don't Know |
| 07 = Parent-In-Law | |
| 08 = Brother or Sister | |
| 09 = Brother or Sister-In-Law | |
| 10 = Uncle/Aunt | |

| EDUCATION MODULE | | | | | | | | | | ED | | | | |
|---------------------------------------|---------------|---|---|------------|--|--|---|------------|--|-----------------|------------|--|--|--|
| For household members age 5 and above | | | | | For household members age 5-24 years | | | | | | | | | |
| ED1. Line no. | ED1A. Name | ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL? | ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE / FORM / YEAR (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i> | | ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? | ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL ? <i>Insert number of days in space below.</i> | ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR IS/WAS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK | | ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE | | | ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/FORM/YEAR DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 ASSOCIATES 4 BACHELORS 5 MASTERS & HIGHER 6 CET (VOCATIONAL STUDIES) 8 DK GRADE: 98 DK | | |
| LINE | | YES NO | LEVEL | GRD/FRM/YR | YES NO | DAYS | LEVEL | GRD/FRM/YR | Y N DK | LEVEL | GRD/FRM/YR | | | |
| 01 | | 1 2⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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⇒NEXT LINE | 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 MODULE | | WS |
|--|--|---|
| <p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p> | <p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into yard or plot 12</p> <p>Public tap/standpipe 13</p> <p>Hand pump 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p> | <p>11⇒WS5</p> <p>12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p> |
| <p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p> | <p>Piped water</p> <p>Piped into dwelling 11</p> <p>Piped into yard or plot 12</p> <p>Public tap/standpipe 13</p> <p>Hand pump 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Other (<i>specify</i>) 96</p> | <p>11⇒WS5</p> <p>12⇒WS5</p> |
| <p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p> | <p>No. of minutes _ _ _</p> <p>Water on premises 995</p> <p>DK 998</p> | <p>995⇒WS5</p> |
| <p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i></p> | <p>Adult woman 1</p> <p>Adult man 2</p> <p>Female child (under 15) 3</p> <p>Male child (under 15) 4</p> <p>DK 8</p> | |
| <p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p> | <p>Yes 1</p> <p>No 2</p> <p>DK 8</p> | <p>2⇒WS7</p> <p>8⇒WS7</p> |

| | | |
|---|--|------------------------|
| <p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p> | <p>Boil..... A</p> <p>Add bleach/chlorine..... B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK..... Z</p> | |
| <p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p> | <p>Flush / pour 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>Ventilated Improved Pit latrine (VIP)21</p> <p>Pit latrine with slab.....22</p> <p>Pit latrine without slab / open pit.....23</p> <p>Composting toilet.....31</p> <p>Bucket.....41</p> <p>Hanging toilet/hanging latrine.....51</p> <p>No facilities or bush or field95</p> <p>Other (<i>specify</i>) _____ 96</p> | <p>95⇒ NEXT MODULE</p> |
| <p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p> | <p>Yes 1</p> <p>No2</p> | <p>2⇒ NEXT MODULE</p> |
| <p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p> | <p>No. of households (if less than 10).... 0 ___</p> <p>Ten or more households 10</p> <p>DK.....98</p> | |

| HOUSEHOLD CHARACTERISTICS MODULE | | HC |
|---|---|----|
| HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD? | Anglican01 Baptist.....02 Jehovah's Witness.....03 Mennonite.....04 Methodist.....05 Nazarene.....06 Pentecostal.....07 Roman Catholic.....08 Seventh-Day Adventist.....09 None.....95 Other religion (<i>specify</i>) _____ 96 Don't Know.....98 | |
| HC1B. WHAT IS THE FIRST LANGUAGE OF THE HEAD OF THIS HOUSEHOLD? | English.....01 Spanish.....02 Garifuna.....03 Maya.....04 German.....05 Indian.....06 Chinese/Taiwanese.....07 Creole.....08 Other language (<i>specify</i>) _____ 96 | |
| HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? | Creole.....01 East Indian.....02 Garifuna.....03 Maya (Ketchi/Mopan/Yucatecan).....04 Mennonite.....05 Mestizo/Spanish/Latino/Hispanic.....06 Asian (China/Hong Kong/Taiwan).....07 Caucasian/White.....08 Other ethnic group (<i>specify</i>) _____ 96 DK/NS.....98 | |
| HC2. HOW MANY ROOMS IN THIS DWELLING ARE USED FOR SLEEPING BY THE MEMBERS OF THIS HOUSEHOLD? | No. of rooms.....__ __ | |
| HC3. Main material of the dwelling floor: <i>Record observation. Note that if there is more than one kind of material making up the floor, record the main flooring material (the material that covers the largest amount of floor space).</i> | Natural floor Earth/sand11 Rudimentary floor Wood planks.....21 Plywood.....23 Finished floor Parquet or polished wood.....31 Marley / Linoleum.....32 Ceramic tiles.....33 Cement.....34 Carpet.....35 Other (<i>specify</i>) _____ 96 | |

| | | |
|---|--|-------------------------------------|
| <p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p> | <p>Natural roofing Thatch/bay leaf..... 12</p> <p>Rudimentary Roofing Rubber rye 24</p> <p>Finished roofing Sheet metal/corrugated zinc 31 Cement..... 35 Roofing shingles..... 36</p> <p>Other (<i>specify</i>) _____ 96</p> | |
| <p>HC5. Main material of the outer walls.</p> <p><i>Record observation.</i></p> | <p>Natural walls No Walls 11 Cane / palm/trunks 12 Dirt / mud wall 13</p> <p>Rudimentary walls Bamboo with mud 21 Stone with mud 22 Plywood..... 24 Carton 25 Reused wood 26</p> <p>Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks 33 Cement blocks 34 Wood planks/shingles 36 Wood & concrete..... 37 Stucco 38</p> <p>Other (<i>specify</i>) _____ 96</p> | |
| <p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p> | <p>Electricity..... 01 Butane..... 02 Biogas 04 Kerosene..... 05 Charcoal..... 07 Wood..... 08 Agricultural crop residue 11</p> <p>Other (<i>specify</i>) _____ 96</p> | <p>01⇒HC8 02⇒HC8 04⇒HC8</p> |
| <p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p> | <p>Open fire 1 Open stove..... 2 Closed stove 3</p> <p>Other (<i>specify</i>) _____ 6</p> | <p>3⇒HC8 6⇒HC8</p> |
| <p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p> | <p>Yes 1 No..... 2</p> | |

| <p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> | <p>In the house.....1 In a separate building2 Outdoors3 Other (<i>specify</i>) _____ 6</p> | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----|-----|----|-------------------|---|---|---------------|---|---|--------------------------|---|---|------------------------|---|---|----------------------------|---|---|----------------------|---|---|--|
| <p>HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile Telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-Mobile Telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | Electricity | 1 | 2 | Radio | 1 | 2 | Television | 1 | 2 | Mobile Telephone | 1 | 2 | Non-Mobile Telephone | 1 | 2 | Refrigerator..... | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Electricity | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Radio | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Television | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Mobile Telephone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Non-Mobile Telephone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Refrigerator..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| <p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | Watch | 1 | 2 | Bicycle | 1 | 2 | Motorcycle/Scooter | 1 | 2 | Animal drawn-cart..... | 1 | 2 | Car/Truck..... | 1 | 2 | Boat with motor..... | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Watch | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Bicycle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Motorcycle/Scooter | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Animal drawn-cart..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Car/Truck..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |
| Boat with motor..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | |

CHILD DISCIPLINE MODULE

table 1: children AgED 2-14 YEARS ELIGIBLE for child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

| CD1. Rank no. | CD2. Line no. from HL1. | CD3. Name from HL2. | CD4. Sex from HL4. | | CD5. Age from HL5. | CD6. Line no. of mother/ caretaker from HL7A. | |
|---------------------|----------------------------------|------------------------|--------------------------|---|--------------------------|--|--|
| RANK | LINE | NAME | M | F | AGE | MOTHER | |
| 01 | ___ | | 1 | 2 | ___ | ___ | |
| 02 | ___ | | 1 | 2 | ___ | ___ | |
| 03 | ___ | | 1 | 2 | ___ | ___ | |
| 04 | ___ | | 1 | 2 | ___ | ___ | |
| 05 | ___ | | 1 | 2 | ___ | ___ | |
| 06 | ___ | | 1 | 2 | ___ | ___ | |
| 07 | ___ | | 1 | 2 | ___ | ___ | |
| 08 | ___ | | 1 | 2 | ___ | ___ | |
| CD7. | TOTAL CHILDREN AGED 2-14 YEARS | | | | | ___ | |

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

table 2: selection of random child for child Discipline questions

Use this table 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. Look for the last digit of the household number 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 CD7 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 about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

| CD8. | TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD | | | | | | | |
|------------------------------------|--|---|---|---|---|---|---|----|
| Last digit of the household number | 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 |

| | |
|---|--------------------------------|
| CD9. Record the rank number of the selected child | Rank number of child ___ |
|---|--------------------------------|

CHILD DISCIPLINE MODULE

CD

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

| | | |
|---|---|--|
| <p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p> | <p>Name _____</p> <p>Line number ____</p> | |
| <p>CD12. ALL 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 (name) IN THE PAST MONTH.</p> | | |
| <p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE).</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12C. SHOOK HIM/HER.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD12K. BEAT HIM/HER UP WITH AN OBJECT (HIT OVER AND OVER AS HARD AS ONE COULD).</p> | <p>Yes 1</p> <p>No 2</p> | |
| <p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p> | <p>Yes 1</p> <p>No 2</p> <p>Don't know/no opinion 8</p> | |

DISABILITY **DA**

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

| DA1. Line no. | DA2. Child's name | DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING? | DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT? | DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?) | DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING? | DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS? | DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS? | DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE? | DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)? | DA11. (For 3-9 year olds): Is (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)? | DA12. (For 2- year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)? | DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW? |
|---------------------|----------------------|--|---|---|---|--|---|---|--|---|--|---|
| LINE | NAME | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| 01 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 02 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 03 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 04 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 05 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 06 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 07 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 08 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 09 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 10 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 11 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 12 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 13 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 14 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |
| 15 | | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 | 1 2 |

SALT IODIZATION MODULE**SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?

Not iodized 0 PPM 1
 Less than 15 PPM..... 2
 15 PPM or more..... 3
 No salt in home 6
 Salt not tested 7

Once you have examined the salt, circle number that corresponds to test outcome.

SI2. Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to mother or caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.