

APPENDIX H. HOUSEHOLD QUESTIONNAIRE



HOUSEHOLD QUESTIONNAIRE BELIZE

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. Region: Corozal 1 Orange Walk 2 Belize (Excluding Belize City South Side) 3 Cayo 4 Stann Creek 5 Toledo 6 Belize City South Side 7	

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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 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 women's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH15A. Number of children age 2-9 years: _____	HH15B. Number of questionnaires completed for children age 2-9: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.
Record the time.

Hour — m

Minutes —

am/pm — m

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE AND SHARES A MEAL IN THE HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. List the head of the household in HL2, line 01. List all other 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 ADULTS AT WORK. 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.

		For women age 15-49		For children age 5-14	For children under age 5	For children age 2-9	For children age 0-17 years							
HL1. Line number	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? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in circle completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9A. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	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 number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"	
Line	Name	Relation*	M	F	Month	Year	Age	Mother	Mother	Mother	Y	N	DK	Father
01		0 1	1	2							1	2	8	
02			1	2							1	2	8	
03			1	2							1	2	8	
04			1	2							1	2	8	
05			1	2							1	2	8	
06			1	2							1	2	8	
07			1	2							1	2	8	
08			1	2							1	2	8	
09			1	2							1	2	8	

HL1. Line number	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? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9A. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No's 8 DK's HL 13 HL 13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No's Next Line 8 DK's Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month	Year	Age	Mother	Mother	Mother	Y N DK	Mother	Y N DK	Father
10			1 2			10				1 2 8		1 2 8	
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	

Codes for HL3: Relationship to head of household:

01 Head
02 Wife / Husband
03 Son / Daughter
04 Son-in-Law/Daughter-in-Law
05 Grandchild
06 Parent

07 Parent-in-Law
08 Brother/Sister
09 Brother-in-Law/Sister-in-Law

10 Uncle/Aunt
11 Niece/Nephew
12 Other relative

13 Adopted/Foster/Stepchild
14 Not related
98 Don't know

Tick here if additional questionnaire is used

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 child under 5 years, 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.
For each child age 2 – 9 years, write his/her name and line number AND the name and line number of his/her mother or caretaker in the information panel of a separate Child Disability Questionnaire.
You should now have a separate questionnaire for each eligible woman, each child under five and each child age 2 – 9 years in the household.

EDUCATION		ED																
For household members age 5 and above		For household members age 5-24 years																
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?		ED4B. WHAT IS THE HIGHEST STANDARD /FORM/YEAR (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE 2010-2011 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND STANDARD /FORM/YEAR IS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2009- 2010, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND STANDARD /FORM/YEAR DID (name) ATTEND?				
		Yes	No	Level	Level	Yes	No	Level	Level	Y	N	DK	Level	Level	Std/Form/ Year			
		1 Yes	2 No	0 Preschool	1 Primary	0 Preschool	1 Primary	1 Yes	2 No	0 Preschool	1 Primary	1 Yes	2 No	0 Preschool	1 Primary			
		1 Yes	2 No	2 Secondary	4 Associates	1 Primary	2 Secondary	2 No	8 DK	2 Secondary	4 Associates	8 DK	9 Other	2 Secondary	4 Associates			
		1 Yes	2 No	5 Bachelors & Higher	6 CET/ITVET/NOTEC	5 Bachelors & Higher	6 ET/ITVET/NOTEC	1 Yes	2 No	5 Bachelors & Higher	6 ET/ITVET/NOTEC	1 Yes	2 No	5 Bachelors & Higher	6 CET/ITVET/NOTEC			
		1 Yes	2 No	8 DK	9 Other	8 DK	9 Other	2 No	8 DK	8 DK	9 Other	8 DK	9 Other	8 DK	9 Other			
		Next	Line	If level=0, skip to ED5		If less than 1 year, enter 00.	If level=0, skip to ED7	ED7		If level=0, skip to ED7		If level=0, go to next line.		If level=0, go to next line.				
Line	Name	Age	Yes	No	Level	Level	Std/Form/ Year	Yes	No	Level	Level	Std/Form/ Year	Y	N	DK	Level	Level	Std/Form/ Year
01			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
02			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
03			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
04			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
05			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
06			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
07			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
08			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
09			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
10			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
11			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
12			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
13			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
14			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	
15			1	2	0	1 2 4 5 6 7 8 9		1	2	0	1 2 4 5 6 7 8 9		1	2	8	0	1 2 4 5 6 7 8 9	

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> 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 Hand pump 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) _____ 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap/standpipe 14 Hand pump 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 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>WS5. 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?</p>	<p>Female (age 15+ years) 1 Male (age 15+ years) 2 Female (under 15) 3 Male (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 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 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 pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 No facilities, Bush, Field 95 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 (if less than 10) 0 __ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Anglican.....01 Baptist.....02 Jehovah's Witness.....03 Mennonite.....04 Methodist.....05 Nazarene.....06 Pentecostal.....07 Roman Catholic.....08 Seventh-Day Adventist.....09 None.....95 Other (<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 Ketchi/Mopan/Yucatecan.....04 German.....05 Indian.....06 Chinese/Taiwanese.....07 Creole.....08 Other (<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 (<i>specify</i>) _____ 96 DK/NS.....98	
HC2. HOW MANY ROOMS IN THIS DWELLING UNIT ARE USED FOR SLEEPING BY THE MEMBERS OF THIS HOUSEHOLD?	Number of rooms _ _ _	
HC3. <i>Main material of the dwelling unit floor.</i> <i>Record observation.</i> <i>If there is more than one kind of material, record the main flooring material.</i>	Natural floor Earth/ Sand 11 Rudimentary floor Wood planks 21 Plywood 23 Finished floor Parquet or polished wood..... 31 Concrete..... 34 Other (<i>specify</i>) _____ 96	

<p>HC4. <i>Main material of the roof.</i></p> <p><i>Record observation.</i></p>	<p>Natural roofing Thatch/Bay leaf 12</p> <p>Rudimentary Roofing Rubber rye..... 25</p> <p>Finished roofing Sheet metal/corrugated zinc 31 Concrete 35 Roofing shingles 36</p> <p>Other (<i>specify</i>) _____ 96</p>										
<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls No walls 11 Palmetto/Wildcane/Sticks 12</p> <p>Rudimentary walls Bamboo with mud 21 Stone with mud 22 Plywood 24 Carton 25 Reused wood 26</p> <p>Finished walls Concrete 31 Stone with lime/concrete 32 Bricks 33 Cement blocks 34 Wood planks/shingles 36 Wood and concrete 37 Stucco 38</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 Butane 02 Biogas 04 Kerosene 05 Charcoal 07 Wood 08 Agricultural crop residue 11</p> <p>No food cooked in household 95 Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8 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 In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4</p> <p>Other (<i>specify</i>) _____ 6</p>										
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p>	<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> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	
	Yes	No									
Electricity.....	1	2									
Radio.....	1	2									

	Yes	No
[C] A TELEVISION?	Television 1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone 1	2
[E] A REFRIGERATOR?	Refrigerator 1	2
[F] A FAN?	Fan 1	2
[G] A MICRO WAVE OVEN?	Micro Wave Oven 1	2
[H] A SECURITY ALARM SYSTEM?	Security Alarm System 1	2
[I] A WASHING MACHINE?	Washing Machine 1	2
[J] A DV D PLAYER?	DVD Player 1	2
[K] A GAS BAR-B-Q GRILL?	Gas Bar-B-Q Grill 1	2
[L] AN AIR CONDITIONER?	Air Conditioner 1	2
[M] A WATER COOLER?	Water Cooler 1	2
[N] A SOFA?	Sofa 1	2
[O] A DINING ROOM TABLE?	Dining Room Table 1	2
[P] A CLOTHES CLOSET?	Clothes Closet 1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		
	Yes	No
[A] A WATCH?	Watch 1	2
[B] A CELL TELEPHONE?	Cell telephone 1	2
[C] A BICYCLE?	Bicycle 1	2
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter 1	2
[F] A CAR OR TRUCK?	Car/Truck 1	2
[G] A BOAT WITH A MOTOR?	Boat with motor 1	2
[H] AN MP3/MP4 PLAYER?	Mp3/mp4 player 1	2
[I] A FISHING ROD?	Fishing Rod 1	2
[J] A WEIGHT TRAINING MACHINE?	Weight Training Machine 1	2
[K] A COMPUTER	Computer 1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own..... 1 Rent 2</p> <p>Other (Not owned or rented)..... 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes..... 1 No 2</p>	2⇒HC13
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”.If 95 or more, record ‘95’.If unknown, record ‘98’.</i></p>	<p>Acres..... ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1 No 2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD OWN?</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><i>If none, record ‘00’. If 95 or more, record ‘95’. 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>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT, A BANK BOOK OR CREDIT UNION BOOK?</p>	<p>Yes..... 1 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 age 5-14 in this household may do.

CL1. Line 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 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 FOR A HOUSEHOLD MEMBER 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?			CL11. DURING THE PAST WEEK, WHEN DID (name) CARRY OUT THESE HOUSEHOLD CHORES? <i>Circle all that apply</i> Times: A. Morning B. Afternoon C. Evening D. Night			CL12. DURING THE PAST WEEK, WHICH HOUSEHOLD CHORES WAS (name) MAINLY CARRYING OUT? <i>Circle all that apply</i> Chores: A. Cooking/Serving Food B. Shopping for H. hold C. Cleaning Utensils/ house D. Washing clothes E. Minor household repairs F. Caring for children G. Caring for elderly or sick H. Other		
Line	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	Yes	No	Number of hours	Times	Chores										
01			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
02			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
03			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
04			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
05			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
06			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
07			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
08			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
09			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
10			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
11			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
12			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
13			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
14			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									
15			1 2 3			1 2			1 2			1 2			1 2			1 2				A B C D	A B C D E F G H									

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).

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

<p>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.</p>	<p>Name _____</p> <p>Line number _____</p>	
<p>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 (name) IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD17. 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>CD18. CALLED HIM/HER STUPID, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know/No opinion 8</p>	

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 hand washing.</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 hand washing.</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 BAR SOAP, SOAP POWDER OR LIQUID SOAP 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. Record the time.

Hour, minutes and am/pm ____ : ____ ____ m

HH20. Does any eligible woman age 15-49 reside in the household?

Check Household Listing Form, column HL7 for any eligible woman.

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.

HH21. Does any child under the age of 5 reside in the household?

Check Household Listing Form, column HL9 for any eligible child under age 5.

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 ⇒ Continue.

HH22. Does any child age 2-9 reside in the household?

Check Household Listing Form, column HL9A for any eligible child.

You should have a questionnaire with the Information Panel filled in for each eligible child age 2-9.

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* to administer the questionnaire for the first eligible child.

No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15B on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations