

household questionnaire

Good! My name is and I am here on behalf of the Ghana Statistical Service and Ministry of Health. We are working on a nationwide survey concerned with family health and education. We would very much appreciate your participation in this survey. The interview will take about 20 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.*

IDENTIFICATION PANEL										HH							
HH1. LOCALITY NAME					CLUSTER NUMBER:					HH2. HOUSEHOLD NUMBER:							

HH3. INTERVIEWER NAME					NUMBER:					HH4. SUPERVISOR NAME				NUMBER:			
_____										_____							
HH5. DAY/MONTH/YEAR OF INTERVIEW														2	0	0	6
HH6. AREA:					HH7. REGION												
URBAN 1																	
RURAL 2					HH7A. DISTRICT												
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 HOUSEHOLD INTERVIEW:							HH10. RESPONDENT TO HOUSEHOLD QUESTIONNAIRE:										
COMPLETED 1							NAME: _____										
NOT AT HOME 2							LINE NO:										
REFUSED 3																	
HOUSEHOLD NOT FOUND/STRUCTURE							HH11. TOTAL NUMBER OF HOUSEHOLD MEMBERS:										
DESTROYED 4																	
OTHER (specify) 6																	
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:										
HH15A. HOUSEHOLD SELECTED FOR MAN'S INTERVIEW: (CIRCLE)				HH15B. NUMBER OF MEN ELIGIBLE FOR INTERVIEW:				HH15C. NUMBER OF MEN QUESTIONNAIRES COMPLETED:									
YES=1 NO=2																	
↓																	
INTERVIEWER/SUPERVISOR NOTES: 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..																	
HH16. DATA ENTRY CLERK:																	

MODULE 1: HOUSEHOLD LISTING FORM **HL**

First, please tell me the name of each person who usually lives here or spent the last night in this 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 HEAD OF HOUSEHOLD (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 currently 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>			
					WOMEN'S INTERVIEW	MEN'S INTERVIEW	WORKING CHILDREN	UNDER-5 INTERVIEW
HL1.	HL2. <i>Name</i>	*HL3. What is the relationship of (NAME) to the head of the household?	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>	HL6A. <i>CHECK 15A: IF HOUSEHOLD SELECTED FOR MAN'S INTERVIEW: CIRCLE LINE NO. IF MAN IS AGE 15-49</i>	HL7. FOR EACH CHILD AGE 5-14: Who is the mother or primary caretaker of this child? RECORD LINE NO. OF MOTHER/CARE-TAKER	HL8. <i>FOR EACH CHILD UNDER 5: Who is the mother or primary caretaker of this child?</i> <i>RECORD LINE NO. OF MOTHER/CARE-TAKER</i>
LINE	NAME	REL.	M F	AGE	15-49	15-49	MOTHER/CARE-TAKER	MOTHER/CARE-TAKER
01			1 2		01	01		
02			1 2		02	02		
03			1 2		03	03		
04			1 2		04	04		
05			1 2		05	05		
06			1 2		06	06		
07			1 2		07	07		
08			1 2		08	08		
09			1 2		09	09		
10			1 2		10	10		
11			1 2		11	11		
12			1 2		12	12		
13			1 2		13	13		
14			1 2		14	14		
15			1 2		15	15		

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? Including children at work or at school? IF YES, INSERT CHILD'S NAME AND COMPLETE FORM. THEN, COMPLETE THE TOTALS BELOW.

	WOMEN 15-49	MEN 15-49	CHILDREN 5-14	UNDER 5s
TOTALS				

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 UNDER FIVE. IN SELECTED HOUSEHOLD FOR EACH MAN AGE 15-49 YEARS, WRITE HIS NAME AND LINE NUMBER AND OTHER IDENTIFYING INFORMATION IN THE INFORMATION PANEL OF THE MEN'S QUESTIONNAIRE. YOU SHOULD NOW HAVE A SEPARATE QUESTIONNAIRE FOR EACH ELIGIBLE WOMAN AND EACH CHILD UNDER FIVE IN THE HOUSEHOLD AND MALE WHERE APPROPRIATE.

CHECK: HL5=CHILD(REN) 0-17 YEARS ⇒ CONTINUE
CHECK: HL5=NO CHILD 0-17 YEARS ⇒ EDI

FOR CHILDREN AGE 0-17 YEARS
ASK HL9 – HL12

HL1. <i>LINE NO.</i>	HL9. Is (NAME'S) biological mother alive? 1 YES 2 NO ⇒ HL11 8 DK ⇒ HL11	HL10. <i>IF ALIVE:</i> Does (NAME'S) biological mother live in this household? IF YES: What is her name? <i>RECORD LINE NO. OF MOTHER OR CODE 00 FOR 'NO'</i>	HL11. Is (NAME'S) biological father alive? 1 YES 2 NO ⇒ NEXT MEMBER 8 DK ⇒ NEXT MEMBER	HL12. <i>IF ALIVE:</i> Does (NAME'S) biological father live in this household? IF YES: What is his name? <i>RECORD LINE NO. OF FATHER OR 00 FOR 'NO'</i>
LINE	MOTHER Y N DK	MOTHER'S LINE NO.	FATHER Y N DK	FATHER'S LINE NO.
01	1 2 8	___ ___	1 2 8	___ ___
02	1 2 8	___ ___	1 2 8	___ ___
03	1 2 8	___ ___	1 2 8	___ ___
04	1 2 8	___ ___	1 2 8	___ ___
05	1 2 8	___ ___	1 2 8	___ ___
06	1 2 8	___ ___	1 2 8	___ ___
07	1 2 8	___ ___	1 2 8	___ ___
08	1 2 8	___ ___	1 2 8	___ ___
09	1 2 8	___ ___	1 2 8	___ ___
10	1 2 8	___ ___	1 2 8	___ ___
11	1 2 8	___ ___	1 2 8	___ ___
12	1 2 8	___ ___	1 2 8	___ ___
13	1 2 8	___ ___	1 2 8	___ ___
14	1 2 8	___ ___	1 2 8	___ ___
15	1 2 8	___ ___	1 2 8	___ ___

***CODES FOR HL3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- | | | |
|---|-------------------------------|--|
| 01 = Head | 06 = Parent | 11 = Other Relative (<i>specify</i>) |
| 02 = Wife or Husband/
Cohabiting partner | 07 = Parent-In-Law | 12 = Adopted/Foster/Stepchild |
| 03 = Son or Daughter | 08 = Brother or Sister | 13 = Not Related |
| 04 = Son or Daughter-In-Law | 09 = Brother or Sister-In-Law | 98 = Don't Know |
| 05 = Grandchild | 10 = Co Wife | |

MODULE 2: EDUCATION	ED
ASK QUESTIONS FOR HOUSEHOLD MEMBERS AGE 3 YEARS AND ABOVE	

ED1. <i>LINE NO.</i>	ED1A. Name	ED2. Has (NAME) ever attended school or pre-school? 1 YES 2 NO ↘ NEXT MEMBER	ED3. What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at this level? LEVEL: 00 = PRE-SCHOOL 10 = PRIMARY 20 = MIDDLE/JSS 30 = SECONDARY/SSS 40 = VOC./COMM/TECH 50 = POST SEC (NURSING/TEACHER TR. 60 = TERTIARY 96 = OTHER (<i>specify</i>) 98 = DK GRADE: 98 = DK <i>IF LESS THAN 1 GRADE, ENTER 00.</i>			
LINE	COPY NAMES FROM HL2	SCHOOL		LEVEL		GRADE
		YES	NO			
01		1	2			
02		1	2			
03		1	2			
04		1	2			
05		1	2			
06		1	2			
07		1	2			
08		1	2			
09		1	2			
10		1	2			
11		1	2			
12		1	2			
13		1	2			
14		1	2			
15		1	2			

FOR HOUSEHOLD MEMBERS AGE 3-24 YEARS

ED1. <i>LINE NO.</i>	ED4. During the (2005-2006) school year, did (NAME) attend school or pre-school 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/that school year, which level and grade is/was (NAME) attending? LEVEL: 00 = PRE-SCHOOL 10 = PRIMARY 20 = MIDDLE/JSS 30 = SECONDARY/SSS 40 = VOC./COMM/TECH 50 = POST SEC 60 = TERTIARY 96 = OTHER (<i>specify</i>) 98 = DK GRADE: 98 = DK		ED7. Did (NAME) attend school or pre-school at any time during the previous school year, that is (2004-2005)? 1 YES 2 NO <input type="checkbox"/> NEXT MEMBER 8 DK <input type="checkbox"/> NEXT MEMBER	ED8. During that previous school year, which level and grade did (NAME) attend? LEVEL: 00 = PRE-SCHOOL 10 = PRIMARY 20 = MIDDLE/JSS 30 = SECONDARY/SSS 40 = VOC./COMM/TECH 50 = POST SEC 60 = TERTIARY 96 = OTHER (<i>specify</i>) 98 = DK GRADE: 98 = DK	
<i>PLEASE CIRCLE MEMBER ID.</i>	1 YES 2 NO <input type="checkbox"/> ED7						
LINE	SCHOOL YES NO	DAYS	LEVEL	GRADE	SCHOOL Y N DK	LEVEL	GRADE
01	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		
10	1 2	---			1 2 8		
11	1 2	---			1 2 8		
12	1 2	---			1 2 8		
13	1 2	---			1 2 8		
14	1 2	---			1 2 8		
15	1 2	---			1 2 8		

MODULE 3: WATER AND SANITATION		WS
<p>WS1. What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER Piped into dwelling.....11 Piped into yard or plot12 Public tap/standpipe13 Borehole.....21 DUG WELL Protected well31 Unprotected well.....32 Spring41 Rainwater collection42 Tanker-truck51 Cart with small tank/drum61 SURFACE WATER River/stream.....71 Dam/lake/pond/canal/ irrigation channel)72 Sachet water81 Bottled water91 Other (<i>specify</i>)96</p>	11⇒WS5 12⇒WS5
<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 Piped into dwelling.....11 Piped into yard or plot12 Public tap/standpipe13 Borehole.....21 DUG WELL Protected well31 Unprotected well.....32 Spring41 Rainwater collection42 Tanker-truck51 Cart with small tank/drum61 SURFACE WATER River/stream.....71 Dam/lake/pond/canal/ irrigation channel72 Sachet water81 Bottled water91 Other (<i>specify</i>)96</p>	11⇒WS5 12⇒WS5
<p>WS3. How long does it take to go there, get water, and come back?</p>	<p>No. of minutes <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Water on premises995 DK998</p>	995⇒WS5
<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.....11 Adult man12 Female (under 15)13 Male (under 15)14 Children (both sexes)15 Adult woman + child(ren).....16 Adult man + child(ren)17 Other (<i>specify</i>)96 DK98</p>	

WS5. Do you treat your water in any way to make it safer to drink?	Yes 1 No..... 2 DK 8	2⇒WS7 8⇒WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? <i>RECORD ALL ITEMS MENTIONED.</i>	Boil A Add bleach/chlorine/alloy 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	
WS7. What kind of toilet facility do members of your household usually use? <i>IF "FLUSH" OR "POUR FLUSH", PROBE: Where does it flush to?</i> <i>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</i>	Flush/pour flush Flush to piped sewer system.....11 Flush to septic tank12 Flush to pit (latrine)13 Ventilated Improved Pit latrine (VIP).....21 Pit latrine with slab22 Pit latrine without slab/open pit.....23 Bucket.....41 No facilities (bush/beach, etc)95 Other (<i>specify</i>) _____96	95⇒ WS10 96⇒ WS10
WS8. Do you share this facility with other households?	Yes 1 No..... 2	2⇒ WS10
WS9. How many households in total use this toilet facility?	No. of households (if less than 10) <input type="text" value="0"/> <input type="text"/> Ten or more households10 DK98	
WS10. How does your household dispose of refuse (solid waste)?	Collected.....11 Dump into public container21 Public dump.....22 Dump elsewhere23 Burned by household31 Buried by household32 Other (<i>specify</i>) _____96	
WS10A. How does your household dispose of liquid waste?	Through the sewerage system 1 Thrown into gutter..... 2 Thrown onto compound..... 3 Thrown onto outside compound..... 4 Other (<i>specify</i>) _____ 6	

MODULE 4: HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religious affiliation of the head of this household?	Catholic..... 11 Protestant..... 12 Pentecostal/Charismatic..... 13 Deeper Life..... 14 Jehovah Witness..... 15 SDA..... 16 Moslem..... 21 Traditional..... 31 Spiritualist..... 32 No Religion..... 41 Other (<i>specify</i>) 96 DK..... 98	
HC1B. What is the mother tongue/native language of the head of this household?	Asante..... 11 Fanti..... 12 Akuapem..... 13 Sefwi..... 14 Brong..... 15 Nzema..... 16 Ga..... 21 Dangme..... 22 Ewe..... 31 Guan..... 41 Buli..... 51 Mamprusi..... 52 Frafra/Gruni..... 53 Kassene..... 54 Dagbani..... 55 Wali/Dagari..... 56 Sissala..... 57 Other language (<i>specify</i>) 96 DK..... 98	
HC1C. To which ethnic group does the head of this household belong?	Akan..... 11 Ga/Dangme..... 12 Ewe..... 13 Guan..... 14 Gruma..... 15 Mole Dagbani..... 21 Grusi..... 22 Mande..... 23 Other ethnic group (<i>specify</i>) 96 DK..... 98	
HC2. How many rooms in this household are used for sleeping?	No. of rooms..... <input type="text"/> <input type="text"/>	

<p>HC3. Main material of the dwelling floor:</p> <p><i>RECORD OBSERVATION.</i></p>	<p>Earth/mud/mud bricks.....11 Wood.....21 Stone.....31 Burnt bricks.....32 Cement/concrete.....41 Vinyl tiles.....42 Ceramic/marble tiles/porcelain.....43 Terrazzo.....44</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC4. Main material of the roof.</p> <p><i>RECORD OBSERVATION.</i></p>	<p>Thatch/palm leaf/raffia.....11 Bamboo.....12 Mud/mud bricks/earth.....21 Wood.....31 Corrugated metal sheet.....41 Slate/asbestos.....42 Cement/concrete.....51 Roofing tiles.....61</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC5. Main material of the walls.</p> <p><i>(RECORD OBSERVATION)</i></p>	<p>Palm leaves/thatch (grass)/raffia.....11 Mud/mud brick/earth.....21 Bamboo.....31 Wood.....32 Metal sheet or slate/asbestos.....41 Landcrete.....51 Burnt bricks.....61 Cement blocks/concrete.....71 Stone.....72</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC6. What type of fuel does your household mainly use for cooking?</p>	<p>Electricity.....11 Liquefied Petroleum Gas (LPG).....21 Biogas.....22 Kerosene.....23 Charcoal.....31 Wood.....32 Crop residue/sawdust.....41 Animal waste.....51 None, no cooking.....61</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒HC8 21⇒HC8 22⇒HC8</p> <p>61⇒HC9</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/coal pot.....2 Closed stove.....3</p> <p>Other (<i>specify</i>) _____ 6</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 building.....2 Outdoors.....3</p> <p>Other (<i>specify</i>) _____ 6</p>	

HC9. Does your household have: Electricity? Radio? Television? Computer Clock Mobile telephone? Fixed land line? Refrigerator? Video deck? Freezer DVD/VCD? Wood furniture?	<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>Computer</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Clock.....</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>Fixed land line</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> <tr><td>Video deck</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Freezer</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DVD/VCD.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Wood furniture</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	Computer	1	2	Clock.....	1	2	Mobile Telephone	1	2	Fixed land line	1	2	Refrigerator	1	2	Video deck	1	2	Freezer	1	2	DVD/VCD.....	1	2	Wood furniture	1	2	
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HC10. Does any member of your household own: Bicycle? Motorcycle or scooter? Animal-drawn cart? Car or truck? Canoe/Boat without a motor? Canoe/Boat with a motor?	<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>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>Canoe/Boat without a motor.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Canoe/Boat with a motor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Bicycle	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart	1	2	Car/Truck	1	2	Canoe/Boat without a motor.....	1	2	Canoe/Boat with a motor	1	2																			
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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 hectares/acres/plots of agricultural land do members of this household own? IF MORE THAN 97, RECORD 97 IN RESPECTIVE BOXES.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Hectares.....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Acres</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Plots</td> <td style="text-align: center;">3</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>DK</td> <td style="text-align: center;">998</td> <td></td> </tr> </tbody> </table>	Hectares.....	1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Acres	2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Plots	3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DK	998																													
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DK	998																																								
HC13. Does this household own any livestock, herds, farm animals or poultry?	Yes 1 No..... 2	2⇒ HC15H																																							
HC14. How many of the following animals does this household have? Cattle? Horses, Donkeys, or Mules? Goats? Sheep? Pig? Other farm animal (<i>specify</i>) Chickens? Other poultry? (<i>specify</i>) Other? (<i>specify</i>) IF NONE, RECORD '0000'. IF MORE THAN 9997, RECORD '9997'. IF UNKNOWN, RECORD '9998'.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Cattle.....</td> <td style="width: 40%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Horses, Donkeys, or Mules.</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Goats</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Sheep</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Pigs</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Other farm animal.....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Chickens.....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Other poultry.....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>Other (specify)</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </tbody> </table>	Cattle.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Horses, Donkeys, or Mules.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Goats	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sheep	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Pigs	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Other farm animal.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Chickens.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Other poultry.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Other (specify)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																						
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<p>HC15H. Dwelling located in or near:</p> <p>OBSERVE, AND CIRCLE ALL ITEMS THAT DESCRIBE THE LOCATION OF DWELLING.</p>	<p>Landslide area A</p> <p>Flood-prone area B</p> <p>River bank C</p> <p>Steep hill D</p> <p>Garbage heap/pile E</p> <p>Industrial pollution area F</p> <p>Railway line G</p> <p>Power plant H</p> <p>Flyover I</p> <p>Public toilet J</p> <p>Poultry farm K</p> <p>Piggery/Pen L</p> <p>Mining/Quarrying M</p> <p>Along the coast line N</p> <p>None of the above Y</p>	
<p>HC15I. Condition of dwelling:</p> <p>RECORD OBSERVATION.</p> <p>RECORD ALL THAT APPLY.</p>	<p>Cracks/openings in walls A</p> <p>No windows B</p> <p>Windows with broken glass/no glass C</p> <p>Visible holes in the roof D</p> <p>Incomplete roof E</p> <p>Insecure door F</p> <p>No netting G</p> <p>None of the above Y</p>	
<p>HC15J. Dwelling surroundings:</p> <p>RECORD OBSERVATION.</p> <p>RECORD ALL THAT APPLY.</p>	<p>Very narrow passage between houses instead of road A</p> <p>Too many power cables connecting to neighborhood's main distribution post B</p> <p>Choked drain C</p> <p>Stagnant water D</p> <p>Bushy surrounding E</p> <p>None of the above Y</p>	

MODULE 5: INSECTICIDE TREATED MOSQUITO NETS		TN
TN1. Does your household have any mosquito net that can be used while sleeping?	Yes 1 No..... 2	2→NEXT MODULE
TN2. How many mosquito nets does your household have? <i>IF 7 OR MORE NETS, RECORD '7'.</i>	Number of nets <input type="text"/>	
TN3. Is the net (are any of the nets) any of the following brands: <i>READ EACH BRAND NAME, SHOW PICTURE CARD, AND CIRCLE CODES FOR YES OR NO FOR EACH BRAND. IF POSSIBLE, OBSERVE THE NET TO VERIFY BRAND.</i>		
LONG-LASTING TREATED NETS: TN3L1. Olyset? TN3L2. Permanet	Long-lasting treated nets: Olyset.....1 2 8 Permanet1 2 8	Y N DK
PRE-TREATED NETS: TN3P1. Dawa? TN3P2. Dawa Plus?	Pre-treated nets: Dawa1 2 8 Dawa Plus1 2 8	
OTHER NETS: TN3O1. MOH Treated net? TN3O2. Calico net? TN3O3. Second-hand net?	Other nets: MOH Treated net1 2 8 Calico net.....1 2 8 Second-hand net1 2 8	
TN3O4. Other (<i>specify</i>)?	Other (<i>specify</i>)..... 1 2 8	
TN3O4. DK brand	DK brand.....1 2 8	
TN3A. Where did you get the (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) mosquito net? ASK QUESTION IN RELATION TO THE MOST EFFECTIVE MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.	Public sector Govt. hospital/clinic.....11 Govt. health centre12 Govt. health post13 Village health worker/CBA.....14 Mobile/outreach clinic15 Other public (<i>specify</i>).....16 Private medical sector Private hospital/clinic21 Private physician22 Private pharmacy23 Mobile clinic24 Other private medical (<i>specify</i>)26 Other source Relative or friend31 Chemical shop32 Traditional practitioner33 Other (<i>specify</i>).....96 DK98	

<p>TN3B. How much did you pay for the (<i>NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3</i>) mosquito net?</p> <p>ASK QUESTION IN RELATION TO THE MOST RECENT MOSQUITO NET AVAILABLE IN THE HOUSEHOLD (CHECK TN3). IF THERE IS MORE THAN ONE NET IN THE SAME CATEGORY, ASK QUESTION REFERRING TO THE MOST RECENTLY OBTAINED NET.</p>	<p>Cedis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Free 999996</p> <p>DK 999998</p>	
<p>TN4. CHECK TN3 FOR BRAND OF NET(S). GO THROUGH THE ABOVE LIST IN ORDER UNTIL ONE BOX IS CHECKED AND FOLLOW INSTRUCTIONS :</p> <p>1. <input type="checkbox"/> LONG-LASTING TREATED NET (OLYSET OR PERMANET) MENTIONED?⇒ GO TO NEXT MODULE</p> <p>2. <input type="checkbox"/> PRE-TREATED NET (DAWA OR DAWA PLUS) MENTIONED?⇒ GO TO TN6</p> <p>3. <input type="checkbox"/> OTHER NET (MOH TREATED, CALICO OR SECOND-HAND, OR OTHER (SPECIFY) MENTIONED?⇒ CONTINUE WITH TN5</p>		
<p>TN5. When you got the (most recent) net, was it already treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK/not sure 8</p>	
<p>TN6. How many months ago was the (most recent) net obtained?</p> <p><i>IF LESS THAN 1 MONTH AGO, RECORD '00'.</i> <i>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS OBTAINED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago95</p> <p>Not sure98</p>	
<p>TN7. Since you got the net(s) has it (have any of these nets) ever been soaked or dipped in a liquid to kill/repel mosquitoes?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>TN8. How long ago was the most recent soaking/dipping done?</p> <p><i>IF LESS THAN 1 MONTH, RECORD '00'.</i> <i>IF ANSWER IS "12 MONTHS" OR "1 YEAR", PROBE TO DETERMINE IF NET WAS TREATED EXACTLY 12 MONTHS AGO OR EARLIER OR LATER.</i></p>	<p>Months ago <input type="text"/> <input type="text"/></p> <p>More than 24 months ago95</p> <p>Not sure98</p>	

MODULE 6: WORKING CHILDREN **CL**

TO BE ADMINISTERED TO MOTHER/CARETAKER OF EACH CHILD IN THE HOUSEHOLD AGE 5-14 YEARS. FOR HOUSEHOLD MEMBERS BELOW AGE 5 OR ABOVE AGE 14, LEAVE ROWS BLANK.
 Now I would like to ask about any work children in this household may do.

CL1. <i>Line no.</i> <i>COPY FROM HLI</i> CIRCLE LINE NO. OF APPLICABLE CHILD	CL2. <i>NAME</i> COPY FROM HL2 ON A RESPECTIVE LINE	CL3. During the past week, did (<i>NAME</i>) 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> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ to CL5	CL4. <i>IF YES:</i> Since last (<i>DAY OF THE WEEK</i>), about how many hours did he/she do this work for someone who is not a member of this household? INCLUDE ALL HOURS AT ALL JOBS. IF LESS THAN 1 HOUR, RECORD '00' RECORD RESPONSE THEN ⇒ CL.6	CL5. At any time during the past year, did (<i>NAME</i>) 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> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. During the past week, did (<i>NAME</i>) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 YES 2 NO ⇒ to CL8	CL7. <i>IF YES:</i> Since last (<i>DAY OF THE WEEK</i>), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (<i>NAME</i>) do any other family work (on the farm or in a business or selling goods in the street, road side or market?) 1 YES 2 NO ⇒ NEXT MEMBER	CL9. <i>IF YES:</i> Since last (<i>DAY OF THE WEEK</i>), about how many hours did he/she do this work?
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LINE NO.	NAME	PD	UNPD	NO	NO. HOURS	PD	UP	N	Y	N	NO. HOURS	Y	N	NO. HOURS
01		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
02		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
03		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
04		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
05		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
06		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
07		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
08		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
09		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
10		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
11		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
12		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
13		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___
14		1	2	3	___ ___	1	2	3	1	2	___ ___	1	2	___ ___

15		1 2 3	__ __	1 2 3	1 2	__ __	1 2	__ __
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MODULE 7: CHILD DISCIPLINE

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 HL7 or HL8.	
LINE NO.		NAME	SEX	CHILD'S AGE	LINE NO.	
01						
02						
03						
04						
05						
06						
07						
08						
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 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 CHILDREN (2-14) 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 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
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MODULE 7: CHILD DISCIPLINE (cont'd.)		CD
<p>IDENTIFY ELIGIBLE CHILD AGED 2 TO 14 YEARS 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>		
<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: <input type="text"/> <input type="text"/></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 house).</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12B. Counselling/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, etc.</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 implement (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>	

MODULE 8: DISABILITY

DA

TO BE ADMINISTERED TO CARETAKERS OF ALL CHILDREN AGED 2 TO 9 YEARS 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 child in this household aged 2 to 9 years 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 consciousness?	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. 3-9 YEARS: Is (NAME's) speech in any way different from normal (not clear enough to be understood by people other than the immediate family)? ⇒ DA13	DA12. AGE 2- ONLY: 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

MODULE 9: SALT IODIZATION		SI
<p>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?</p> <p><i>ONCE YOU HAVE EXAMINED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3</p> <p>No salt in home 4 Salt not tested 5</p>	

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.

SI2A. CHECK HOUSEHOLD LISTING, COLUMN HL6A. IF HOUSEHOLD IS SELECTED FOR MAN'S INTERVIEW, DOES ANY ELIGIBLE MAN AGE 15-49 RESIDE IN THE HOUSEHOLD? YOU SHOULD HAVE A QUESTIONNAIRE WITH THE INFORMATION PANEL FILLED IN FOR EACH ELIGIBLE MAN.

YES. ⇒ GO TO QUESTIONNAIRE FOR INDIVIDUAL MEN TO ADMINISTER THE QUESTIONNAIRE TO THE FIRST ELIGIBLE MAN.

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.