

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: _____	HH2. Household number: _____ HH2A: Is household selected for the male survey Yes..... 1 No..... 2
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____
HH5. Date of interview (DD/ MM / YYYY)	_____ / _____ / 2010
HH6. Area: Urban..... 1	HH7. Locality _____ (see codes below)

**LOCALITY CODES: BUBUASHIE – 1 LA – 2 JAMES TOWN – 3 NIMA – 4
ACCRA NEW TOWN – 5**

WE ARE FROM THE INSTITUTE OF STATISTICAL, SOCIAL AND ECONOMIC RESEARCH (ISSER) AT THE UNIVERSITY OF GHANA, LEGON. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- | | |
|--|--|
| <input type="checkbox"/> Yes, permission is given | <input type="checkbox"/> Go to HH18 to record the time and then begin the interview. |
| <input type="checkbox"/> No, permission is not given | <input type="checkbox"/> Complete HH9. Discuss this result with your supervisor. |

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
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 (specify)..... 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
<i>IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH2A=2), LEAVE HH15A AND HH15B BLANK</i>	
HH15A. Number of men aged 15-59 years _____	HH15. Number of under-5 questionnaires completed: _____
HH15B. Number of man's questionnaires completed: _____	_____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HOUSEHOLD LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

HH18.

Record the time.

Hour

Minutes

HL1 Line num ber	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?		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. For women age 15-49 HL7A. If the household is selected for the male interview (HH2A=1): 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	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 HL13	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 Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
				Month	Year									
01		0 1	1 2				15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
02			1 2				01			1 2	1 2 8		1 2 8	
03			1 2				02			1 2	1 2 8		1 2 8	
04			1 2				03			1 2	1 2 8		1 2 8	
05			1 2				04			1 2	1 2 8		1 2 8	
06			1 2				05			1 2	1 2 8		1 2 8	
07			1 2				06			1 2	1 2 8		1 2 8	
08			1 2				07			1 2	1 2 8		1 2 8	
09			1 2				08			1 2	1 2 8		1 2 8	
10			1 2				09			1 2	1 2 8		1 2 8	
			1 2				10			1 2	1 2 8		1 2 8	

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 completed years. If age is 95 or above, record '95'.	HL7. Circle line number if woman is age 15-49	HL7A. If the household is selected for the male interview (HH2A=1): Circle line number if man is age 15-59	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	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	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 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	15-49	15-59	Mother	Y N	DK	Mother	Y N DK	Father
11			1 2			11		11		1 2	1 2 8		1 2 8	
12			1 2			12		12		1 2	1 2 8		1 2 8	
13			1 2			13		13		1 2	1 2 8		1 2 8	
14			1 2			14		14		1 2	1 2 8		1 2 8	
15			1 2			15		15		1 2	1 2 8		1 2 8	

Tick here if additional questionnaire used

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

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. Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire if the household is selected for the Male Interview

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

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION

ED

ED1		For household members age 3 and above					For household members age 3-24 years								
Line number	Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST CLASS/YEAR (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR IS/WAS (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 CLASS/YEAR DID (name) ATTEND?			
		1 Yes	2 No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade	
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01			1	2			1	2			1	2	8		
02			1	2			1	2			1	2	8		
03			1	2			1	2			1	2	8		
04			1	2			1	2			1	2	8		
05			1	2			1	2			1	2	8		
06			1	2			1	2			1	2	8		
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11			1	2			1	2			1	2	8		
12			1	2			1	2			1	2	8		
13			1	2			1	2			1	2	8		
14			1	2			1	2			1	2	8		
15			1	2			1	2			1	2	8		

CODES FOR EDUCATIONAL LEVEL IN ED4, ED6 AND ED8

0	Preschool	
1	Primary	
2	Middle/JSS/JHS	
3	Secondary/SSS/SHS/TECH/VO	
4	Higher	
5	Islamic Education (Makaranta)	
		8 DK

WATER AND SANITATION		W
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling.....11	11▶▶WS6
	Piped into compound, yard or plot.....12	12▶▶WS6
	Piped to neighbour.....13	13▶▶WS6
	Public tap / standpipe.....14	14▶▶WS3
	Tube Well, Borehole.....21	21▶▶WS3
	Dug well	
	Protected well.....31	31▶▶WS3
	Unprotected well.....32	32▶▶WS3
	Protected spring.....41	41▶▶WS3
	Unprotected spring.....42	42▶▶WS3
	Rainwater collection.....51	51▶▶WS3
	Tanker-truck.....61	61▶▶WS3
	Cart with small tank / drum.....71	71▶▶WS3
	Surface water	
	River/ stream81	81▶▶WS3
	Dam, lake, pond, canal, irrigation channel).....82	82▶▶WS3
Bottled water.....91		
Sachet water92		
Other (specify).....96	96▶▶WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling.....11	11▶▶WS6
	Piped into compound, yard or plot.....12	12▶▶WS6
	Piped to neighbour.....13	13▶▶WS6
	Public tap / standpipe.....14	
	Tube Well, Borehole.....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/ stream81	
Dam, lake, pond, canal, irrigation channel).....82		
Other (specify).....96		
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling.....1	1▶▶WS6
	In own yard / plot.....2	2▶▶WS6
	Elsewhere.....3	
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 COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p>Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years).....11 Adult man (age 15+ years).....12 Female child (under 15).....13 Male child (under 15).....14 Children (both sexes)15 Adult women and child(ren)16 Adult men and child(ren)17 DK.....98</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>Probe: ANYTHING ELSE?</p> <p>Record all items mentioned</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 Add camphor/naphthalene.....G Add water tabletH Other (specify).....X DK.....Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p>If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO?</p> <p>If necessary, ask permission to observe the facility.</p>	<p>Flush / Pour flush Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else14 Flush, don't know 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 facility, Bush, Field, Beach.....95 Other (specify).....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		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic.....11 Protestant.....12 Pentecostal/Charismatic.....13 Deeper Life.....14 Jehovah Witness.....15 SDA16 Moslem.....21 Traditional.....31 Spiritualist.....32 Other religion (specify)..... 96 No Religion97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? Refer to Manual to get the correct Classification	Akan.....11 Ga/Dangme.....12 Ewe.....13 Guan.....14 Gruma15 Mole Dagbani.....21 Grusi.....22 Mande.....23 Non-Ghanaian.....24 Other ethnic group (specify).....96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _ _	
HC3. Main material of the dwelling floor. Record observation.	Natural Floor Earth/sand/mud/mud bricks.....11 Rudimentary floor Wood planks.....21 Palm / Bamboo.....22 Stone.....23 Finished floor Parquet or polished wood.....31 Vinyl/Asphalt strips32 Ceramic tiles/marble tiles/porcelain.....33 Cement/Concrete.....34 Carpet (woollen/synthetic).....35 Carpet (Linoleum/Rubber Carpet)36 Terrazzo.....37 Burnt Bricks.....38 Other (specify).....96	

<p>HC4. Main material of the roof.</p> <p>Record observation.</p>	<p>Natural Roof</p> <p>No Roof.....11</p> <p>Thatch / Palm leaf/Raffia.....12</p> <p>Sod.....13</p> <p>Rudimentary Roof</p> <p>Palm/Bamboo.....22</p> <p>Wood planks.....23</p> <p>Cardboard/Polythene sheets.....24</p> <p>Mud/mud bricks/earth25</p> <p>Finished Roof</p> <p>Metal Sheet or slate/asbestos.....31</p> <p>Parquet/Polished Wood.....32</p> <p>Calamine / Cement fibre.....33</p> <p>Ceramic tiles.....34</p> <p>Cement.....35</p> <p>Roofing shingles.....36</p> <p>Other (specify).....96</p>	
<p>HC5. Main material of the exterior walls.</p> <p>Record observation</p>	<p>Natural Wall</p> <p>No walls.....11</p> <p>Cane / Palm / Trunks.....12</p> <p>Dirt.....13</p> <p>Rudimentary Wall</p> <p>Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe.....23</p> <p>Plywood.....24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Finished Wall</p> <p>Cement (plastered).....31</p> <p>Stone with lime / cement.....32</p> <p>Bricks.....33</p> <p>Cement blocks/concrete (not plastered).....34</p> <p>Covered adobe.....35</p> <p>Wood planks / shingles.....36</p> <p>Other (specify).....96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG).....02</p> <p>Biogas.....04</p> <p>Kerosene.....05</p> <p>Charcoal.....07</p> <p>Wood/</p> <p>Firewood.....08</p> <p>Straw / Shrubs / Grass.....09</p> <p>Animal waste.....10</p> <p>Agricultural crop residue/sawdust.....11</p> <p>No food cooked in household95</p> <p>Other (specify).....96</p>	<p>01 ▶▶ HC8</p> <p>02 ▶▶ HC8</p> <p>04 ▶▶ HC8</p> <p>05 ▶▶ HC8</p> <p>95 ▶▶ HC8</p>
<p>HC7A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p>	<p>Open fire.....1</p> <p>Open stove/coal pot.....2</p> <p>Closed stove.....3</p> <p>Other (specify)6</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 Outdoors4 Other (specify).....6</p>																																								
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY? [B] A RADIO? [C] A BLACK AND WHITE TELEVISION? [C1] A COLOUR TELEVISION? [D] LAND/FIXED TELEPHONE? [E] A REFRIGERATOR/FREEZER? [F] WASHING MACHINE? [G] A LAPTOP COMPUTER? [H] A DESKTOP COMPUTER? [I] A VIDEO DECK? [J] A DVD/VCD PLAYER? [K] A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>A. Electricity.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. Radio.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. Black and white television.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C1. Colour Television.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. Land/Fixed Telephone.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. Refrigerator/freezer.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. Washing Machine.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. Laptop Computer.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. Desktop Computer.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. Video Deck.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. DVD/VCD Player.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>K. Sewing Machine.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	A. Electricity.....	1	2	B. Radio.....	1	2	C. Black and white television.....	1	2	C1. Colour Television.....	1	2	D. Land/Fixed Telephone.....	1	2	E. Refrigerator/freezer.....	1	2	F. Washing Machine.....	1	2	G. Laptop Computer.....	1	2	H. Desktop Computer.....	1	2	I. Video Deck.....	1	2	J. DVD/VCD Player.....	1	2	K. Sewing Machine.....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A CANOE/BOAT WITH A MOTOR? [H] A CANOE/BOAT WITHOUT A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>A. A watch.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. Mobile Telephone.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. Bicycle.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. Motorcycle or Scooter.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. Animal drawn-cart.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. Car / Truck.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. Canoe/Boat with motor.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. Canoe/Boat without a motor.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	A. A watch.....	1	2	B. Mobile Telephone.....	1	2	C. Bicycle.....	1	2	D. Motorcycle or Scooter.....	1	2	E. Animal drawn-cart.....	1	2	F. Car / Truck.....	1	2	G. Canoe/Boat with motor.....	1	2	H. Canoe/Boat without a motor.....	1	2													
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<p>HC10. WHAT IS THE OCCUPANCY STATUS OF YOUR HOUSEHOLD IN THIS DWELLING?</p>	<p>Own.....11 Rent.....12 Squatting.....13 Caretaker.....14 Mortgaged.....15 Family House (without rent).....16 Other (specify)96</p>																																								
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1 No.....2</p>	2▶▶HC12A																																							
<p>HC12. HOW MANY (HECTARES POLES/ACRES/ PLOT) 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, circle '8' for unit</i></p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Unit</th> <th style="text-align: center;">Size</th> </tr> </thead> <tbody> <tr><td>Hectares.....</td><td style="text-align: center;">1</td><td style="text-align: center;">---</td></tr> <tr><td>Poles.....</td><td style="text-align: center;">2</td><td style="text-align: center;">---</td></tr> <tr><td>Acres.....</td><td style="text-align: center;">3</td><td style="text-align: center;">---</td></tr> <tr><td>Plot.....</td><td style="text-align: center;">4</td><td style="text-align: center;">---</td></tr> <tr><td>Other.....</td><td style="text-align: center;">6</td><td style="text-align: center;">---</td></tr> <tr><td>DK.....</td><td style="text-align: center;">8</td><td style="text-align: center;">---</td></tr> </tbody> </table>		Unit	Size	Hectares.....	1	---	Poles.....	2	---	Acres.....	3	---	Plot.....	4	---	Other.....	6	---	DK.....	8	---																			
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DK.....	8	---																																							

<p>HC12A. OTHER THAN THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2▶▶HC13</p>																					
<p>HC12B. HOW MANY (HECTARES POLES/ ACRES/PLOT) RESIDENTIAL AND/OR COMMERCIAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record '00'. If 95 or more, record '95'. If unknown, circle '8' for unit</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Unit</th> <th>Size</th> </tr> </thead> <tbody> <tr> <td>Hectares.....</td> <td>1</td> <td>—</td> </tr> <tr> <td>Poles.....</td> <td>2</td> <td>—</td> </tr> <tr> <td>Acres.....</td> <td>3</td> <td>—</td> </tr> <tr> <td>Plot.....</td> <td>4</td> <td>—</td> </tr> <tr> <td>Other.....</td> <td>6</td> <td>—</td> </tr> <tr> <td>DK.....</td> <td>8</td> <td>—</td> </tr> </tbody> </table>		Unit	Size	Hectares.....	1	—	Poles.....	2	—	Acres.....	3	—	Plot.....	4	—	Other.....	6	—	DK.....	8	—	
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Plot.....	4	—																					
Other.....	6	—																					
DK.....	8	—																					
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>2▶▶HC15</p>																					
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] RABBITS? [H] DUCKS?</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/Roosters.....__ __</p> <p>Pigs.....__ __</p> <p>Rabbits.....__ __</p> <p>Ducks.....__ __</p>																						
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No.....2</p>																						
<p>HC16. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY IN-TRANSFERS (KIND OR CASH) FROM NON- HOUSEHOLD RESIDENT RELATIVES?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't Know.....8</p>																						
<p>HC17. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY FORM OF SUPPORT (KIND OR CASH) FROM GOVERNMENT OR OTHER ORGANIZATION?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't Know.....8</p>	<p>2▶▶HC19</p> <p>8▶▶HC19</p>																					
<p>HC18. FROM WHICH SOURCE DID THE MEMBER(S) RECEIVE THIS FORM OF SUPPORT?</p> <p><i>CIRCLE ALL THAT APPLY</i></p>	<p>LEAP.....A</p> <p>District Assembly.....B</p> <p>NGO.....C</p> <p>Religious/Social group.....D</p> <p>Other (specify).....X</p> <p>DK.....Z</p>																						
<p>HC19 OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD SENT ANY OUT-TRANSFERS (KIND OR CASH) TO NON- HOUSEHOLD RESIDENT RELATIVES?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>Don't Know.....8</p>																						

INSECTICIDE TREATED NETS		TN	
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2		2»HC13
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets.....__ __		
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).			
	1st Net	2nd Net	3rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/ type of mosquito net <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/ brands to respondent.</i>	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98	Long-lasting treated nets Olyset.....11 Permanet.....12 Interceptor.....13 Netprotect.....14 Duranet.....15 Icon Life.....17 Other (specify).....16 DK brand.....18 Pre-treated nets Dawa.....21 Dawa Plus.....22 MOH treated net.....23 Other (specify).....26 DK brand.....28 Other net Calico net.....31 Locally Sewn net.....32 Net from second hand Clothing.....33 Other (specify).....36 DK brand / type.....98
TN5A. WHERE DID YOU GET THIS NET?	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98	Public Sector Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS...13 Fieldworker/Outreach /Peer Education.....14 Campaign.....15 Other public.....16 Private Medical Sector Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26 Other Source NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36 Don't know.....98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THIS NET? <i>If less than one month, record "00"</i>	Months ago __ __ More than 36 mo. ago.....95 DK / Not sure.....98	Months ago __ __ More than 36 mo. ago.....95 DK / Not sure.....98	Months ago __ __ More than 36 mo. ago.....95 DK / Not sure.....98

TN6A. HOW MUCH DID IT COST YOU TO ACQUIRE THIS NET (GH¢) <i>If received free of charge, record "00.0"</i>	____ . ____ Cedis p DK99.8	____ . ____ Cedis p DK99.8	____ . ____ Cedis p DK99.8
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 DK / Not sure 8	Yes..... 1 No 2 DK / Not sure 8	Yes..... 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? IF LESS THAN ONE MONTH, RECORD "00"	Months ago ____ More than 24 mo. ago... 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago... 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago... 95 DK / Not sure 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes..... 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes..... 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes..... 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD LISTING FORM IF SOMEONE NOT IN THE HOUSEHOLD LIST SLEPT UNDER THE MOSQUITO NET, RECORD "00"	Name Line number ____ Name Line number ____ Name Line number ____ Name Line number ____	Name Line number ____ Name Line number ____ Name Line number ____ Name Line number ____	Name Line number ____ Name Line number ____ Name Line number ____ Name Line number ____
TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i>

Tick here if additional questionnaire used

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes.....1	2▶▶Next Module 8▶▶Next Module
	No.....2	
	DK.....8	
IR2. WHO SPRAYED THE INTERIOR WALLS OF YOUR DWELLING? <i>Circle all that apply.</i>	Government worker / program.....A	
	Private company.....B	
	Non-governmental organization.....C	
	Other (specify).....X	
	DK.....Z	

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 IN THIS HOUSEHOLD MAY DO.

Line	Name	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 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?
			Yes Paid	No Unpaid		Yes	No		Yes	No		Yes	No	
01			1	2	3									
02			1	2	3									
03			1	2	3									
04			1	2	3									
05			1	2	3									
06			1	2	3									
07			1	2	3									
08			1	2	3									
09			1	2	3									
10			1	2	3									
11			1	2	3									
12			1	2	3									
13			1	2	3									
14			1	2	3									
15			1	2	3									

CHILD DISCIPLINE

CD

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.....

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.	Name _____ Line number	
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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes 1 No 2	
CD11A. IGNORED/REFUSED TO COMMUNICATE TO <i>(name)</i> .	Yes 1 No 2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes 1 No 2	
CD13. SHOOK HIM/HER.	Yes 1 No 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD16. SPANKED, HIT, PUSHED OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, COMB, HAIRBRUSH, CAIN, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 Don't know / No opinion 8	

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 handwashing.</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 handwashing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to Next Module if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Washing Soap (e.g. Key soap) A</p> <p>Toilet Soap (e.g. Lux) B</p> <p>Detergent (Powder / Liquid / Paste) C</p> <p>Ash / Mud / Sand D</p> <p>None Y</p>	<p>A ⇨ Next Module</p> <p>B ⇨ Next Module</p> <p>C ⇨ Next Module</p> <p>D ⇨ Next Module</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇨ Next Module</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Washing Soap (eg. Key soap) A</p> <p>Toilet Soap (eg. Lux) B</p> <p>Detergent (Powder / Liquid / Paste) C</p> <p>Ash / Mud / Sand D</p> <p>Not able / Does not want to show Y</p>	

SALT IODIZATION**SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?

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

- Not iodized 0 PPM 1
- More than 0 PPM & less than 15 PPM 2
- 15 PPM or more 3

- No salt in the house 6

- Salt not tested 7

HH19. Record the time.	Hour and minutes ____ : ____	
------------------------	------------------------------------	--

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. [IF THIS HOUSEHOLD WAS SELECTED FOR THE MALE QUESTIONNAIRE] Does any eligible man age 15-59 reside in the household?

*Check Household Listing Form, column HL7A for any eligible man.
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 ⇒ 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.