

		HOUSEHOLD QUESTIONNAIRE GHANA 2011	
HOUSEHOLD INFORMATION PANEL		HH	
HH1. Locality Name Cluster No.: _____		HH2. Household Number: _____	
HH3. Interviewer name and number: _____		HH4. Supervisor name and number: _____	
HH5. Date of interview: (DD/ MM / YYYY) ____/____/2011		HH5A: Is the household selected for the male survey? Yes 1 No 2	
HH6. Area:	HH7. Region	HH7A. District	HH7B. Dist-type ____
Urban 1			Sub-dist ____
Rural 2			
HH7D. Structure Address:		HH7E: Contact No of HH:	

WE ARE FROM THE GHANA STATISTICAL SERVICE. WE ARE CONDUCTING A SURVEY THAT IS CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO ASK YOU A FEW QUESTIONS ON THESE AREAS. 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.

MAY I START NOW?

- Yes, permission is given Go to HH10 to get signature, then HH18 to record time, then begin 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 (specify) 96	HH10. Respondent to household questionnaire: Name: _____ _____ (Respondent's signature or thumbprint) 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: ____ ____
IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH5A=2), LEAVE HH15A AND HH15B BLANK	
HH15A. Number of men aged 15-59 years ____ ____	HH15B. Number of men's questionnaires completed: ____ ____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HOUSEHOLD LISTING FORM																				
HL18. Record the time. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON IN YOUR HOUSEHOLD 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? (THESE MAY INCLUDE CHILDREN CURRENTLY IN SCHOOL OR 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 men age 15-59 For children age 5-14 For children under 5 For all household members 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?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Check if HH5A=1 Circle line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?						
Line	Name	Relation*	M	F	Month Year	Age	15-49	15-59	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
01		01	1	2			01	01			1	2	1	2	8		1	2	8	
02			1	2			02	02			1	2	1	2	8		1	2	8	
03			1	2			03	03			1	2	1	2	8		1	2	8	
04			1	2			04	04			1	2	1	2	8		1	2	8	
05			1	2			05	05			1	2	1	2	8		1	2	8	
06			1	2			06	06			1	2	1	2	8		1	2	8	
07			1	2			07	07			1	2	1	2	8		1	2	8	
08			1	2			08	08			1	2	1	2	8		1	2	8	
09			1	2			09	09			1	2	1	2	8		1	2	8	
10			1	2			10	10			1	2	1	2	8		1	2	8	
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	

Check box if additional questionnaire is 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, physically challenged) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each man 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/Cohabiting partner	07 Parent-In-Law	12 Other relative (specify)
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															
For household members age 3 and above						For household members age 3-24 years									
ED1. Line number	ED2. Name and age	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?*	ED4B. WHAT IS THE HIGHEST CLASS/ YEAR (name) COMPLETED AT THIS LEVEL?*	ED5. DURING THE 2011-2012 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 (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR DID (name) ATTEND?*	ED9. Y	ED10. N	ED11. DK				
	Copy from Household Listing Form, HL2 and HL6	1 Yes 2 NO Next Line	If level=0 skip to ED5	Class/Year: 8 DK If less than a class/year completed, enter 0.	1 Yes 2 No ED7	If level=0 skip to ED7 Class/Year 8 DK	1 Yes 2 No Next Line 8 DK Next Line	If level=0 go to next person Class/Year: 8 DK							
Line	Name	Age	Yes	No	Level*	Class/Year	Yes	No	Level*	Class/Year	Y	N	DK	Level*	Class/Year
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		

EDUCATION (cont'd)										ED	
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		

* Codes for Educational Level: ED4A, ED6, ED8

0 Pre-school 1 Primary	2 Middle/JSS/JHS 3 Secondary/SSS/SHS	4 Voc/Comm/Tech 5 Post Secondary (Nursing/Teacher Training)	6 Tertiary 8 DK
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WATER AND SANITATION		WS	
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 WS6
	Cart with small tank / drum	71	71 WS6
	Surface water		
	River/ stream	81	81 WS3
	Dam, lake, pond, canal, irrigation channel)	82	82 WS3
Bottled water	91	91 WS3	
Sachet water	92	92 WS3	
Other (specify)	96	96 WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	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 WS4
	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	61 WS6
	Cart with small tank / drum	71	71 WS6
	Surface water		
	River/ stream	81	
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		

WATER AND SANITATION (cont'd)		WS	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? Probe: IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)	1	
	Adult man (age 15+ years)	2	
	Female child (under 15)	3	
	Male child (under 15)	4	
	DK	8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes	1	2 WS7A
	No	2	
	DK	8	8 WS7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? Probe: ANYTHING ELSE? Record all items mentioned.	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 tablet	H	
	Other (specify)	X	
	DK	Z	
	WS7A. Check WS1		
<input type="checkbox"/> WS1 = 11 to 14 Continue with WS7B			
<input type="checkbox"/> WS1 = 21 or 31 or 41 Go to WS7C			
<input type="checkbox"/> WS1 = other answers Go to WS8			
WS7B. DURING THE LAST MONTH, HOW OFTEN DID THE WATER FLOW THROUGH THE PIPE?	Everyday	1	1 WS8
	3 to 5 days a week	2	2 WS8
	Once a week	3	3 WS8
	Less than once a week	4	4 WS8
	Twice a month	5	5 WS8
	Less than twice a month	6	6 WS8
	DK	8	8 WS8
WS7C. WHEN WAS THE LAST TIME THE WATER FACILITY BROKE DOWN?	During last week	1	
	One month ago	2	
	Three months ago	3	
	More than 3 month ago	4	
	Never broke down	5	5 WS8
	DK	8	8 WS8
WS7D. LAST TIME THE FACILITY WATER BROKE DOWN, HOW LONG DID IT TAKE TO HAVE IT FIXED AND WORKING AGAIN?	Immediately/Few days	1	
	One week	2	
	During the same month	3	
	More than one month	4	
	Not fixed yet	5	
	DK	8	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? If "flush", probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush		
	Flush to piped sewer system	11	
	Flush to septic tank	12	
	Flush to pit (latrine)	13	
	Flush to somewhere else	14	
	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	
	Mobile Toilet	61	
	No facility, Bush, Field, Beach	95	95 Next Module
Other (specify)	96		
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes	1	
	No	2	2 Next Module
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?	Other households only (not public)	1	
	Public facility	2	2 Next Module

WATER AND SANITATION (cont'd)		WS
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10)	0__
	Ten or more households	10
	DK	98

HOUSEHOLD CHARACTERISTICS		
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic	11
	Protestant	12
	Pentecostal/Charismatic	13
	Deeper Life	14
	Jehovah Witness	15
	SDA	16
	Other Christian	17
	Moslem	21
	Traditional	31
	Spiritualist	32
	Other religion (specify)	96
	No Religion 97	
HC1B. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? Refer to Manual for Ethnic classifications	Akan	11
	Ga/Dangme	12
	Ewe	13
	Guan	14
	Gruma	15
	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 tiles/Asphalt strips	32
	Ceramic tiles/marble tiles/porcelain	33
	Cement/Concrete	34
	Terrazzo	36
	Burnt Bricks	37
	Other (specify)	96
HC4. Main material of the roof. Record observation.	Natural Roof	
	Thatch / Palm leaf/Raffia	12
	Rudimentary Roof	
	Palm/Bamboo	22
	Wood planks	23
	Cardboard/Polythene sheets	24
	Mud/mud bricks/earth	25
	Finished Roof	
	Metal Sheet	31
	Parquet/Polished Wood	32
	Ceramic tiles	34
	Cement	35
	Roofing titles	36
	Slate/asbestos	37
	Other (specify)	96
	HC5. Main material of the exterior walls. Record observation.	Natural Wall
Cane / Palm / Trunks		12
Earth/mud/mud bricks		13
Rudimentary Wall		
Palm/Bamboo with mud		21
Stone with mud		22
Plywood		24
Cardboard		25
Re-used wood		26
Finished Wall		
Stone with lime / cement		32
Burned Bricks		33
Cement blocks/concrete.		34
Wood planks		36
Other (specify)		96

HOUSEHOLD CHARACTERISTICS (cont'd)			
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity	01	01 HC8
	Liquefied Petroleum Gas (LPG)	02	02 HC8
	Biogas	04	04 HC8
	Kerosene	05	05 HC8
	Charcoal	07	
	Wood/Firewood	08	
	Straw / Shrubs / Grass	09	
	Animal waste	10	
	Agricultural crop residue/sawdust	11	
	No food cooked in household	95	95 HC8
	Other (specify)	96	
	HC6A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, A COAL POT OR A CLOSED STOVE?	Open fire	1
Coal pot		2	
Closed stove		3	
Other (specify)		6	
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house		
	In a separate room used as kitchen	1	
	Elsewhere in the house	2	
	In a separate building	3	
	Outdoors	4	
	Other (specify)	6	
HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No
	[A] ELECTRICITY?	1	2
	[B] A RADIO?	1	2
	[C] A BLACK AND WHITE TELEVISION?	1	2
	[C1] A COLOUR TELEVISION?	1	2
	[D] A LAND/FIXED TELEPHONE?	1	2
	[E] A REFRIGERATOR/FREEZER?	1	2
	[F] A WASHING MACHINE?	1	2
	[G] A LAPTOP COMPUTER?	1	2
	[H] A DESKTOP COMPUTER?	1	2
	[I] A VIDEO DECK?	1	2
	[J] A DVD/VCD PLAYER?	1	2
	[K] A SEWING MACHINE?	1	2
	HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes
[A] A WATCH?		1	2
[B] A MOBILE TELEPHONE?		1	2
[C] A BICYCLE?		1	2
[D] A MOTORCYCLE OR SCOOTER?		1	2
[E] AN ANIMAL-DRAWN CART?		1	2
[F] A CAR OR TRUCK?		1	2
[G] A CANOE/BOAT WITH A MOTOR?		1	2
[H] A CANOE/BOAT WITHOUT A MOTOR?		1	2
HC10. WHAT IS THE OCCUPANCY STATUS OF YOUR HOUSEHOLD IN THIS DWELLING?	Own	01	
	Rent	02	
	Squatting	03	
	Caretaker	04	
	Perching	05	
	Rent Free	06	
	Other (specify)	96	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR AGRICULTURE?	Yes	1	
	No	2	2 HC12A
HC12. HOW MANY (HECTARES/POLES/ACRES/PLOT) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If less than 1, record '00'. If 95 or more, record '95'. If unknown, record '98' for Number. If Unit is not known, circle "998".		Unit Number	
	Hectares	1 __ __	
	Poles	2 __ __	
	Acres	3 __ __	
	Plot	4 __ __	
	Ropes	5 __ __	
DK	998 __ __		
HC12A. APART FROM THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT IS USED OR CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?	Yes	1	
	No	2	2 HC13

HOUSEHOLD CHARACTERISTICS (cont'd)			
HC12B. HOW MANY (HECTARES POLES/ACRES/PLOT/ROPES) OF RESIDENTIAL PLOTS DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares Poles Acres Plot Ropes DK	Unit Number 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 998 ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes No DK	1 2 8	2 HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?	[A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] RABBITS? [H] DUCKS? [I] OTHERS (SPECIFY)	Number Cattle, milk cows, or bulls Horses, donkeys, or mules Goats Sheep Chickens/Roosters Pigs Rabbits Ducks Other (specify)	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes No DK	1 2 8	
HC16. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY FORM OF SUPPORT (KIND OR CASH) FROM NON- HOUSEHOLD MEMBER?	Yes No DK	1 2 8	
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?	Yes No DK	1 2 8	2 HC19 8 HC19
HC18. FROM WHICH SOURCE DID THE HOUSEHOLD MEMBER(S) RECEIVE THIS FORM OF SUPPORT?	LEAP District Assembly NGO Religious group Social group Other (specify) DK	A B C D E X Z	
HC19. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD SENT OUT ANY FORM OF SUPPORT (KIND OR CASH) TO NON- HOUSEHOLD MEMBERS?	Yes No DK	1 2 8	

INSECTICIDE TREATED NETS		TN	
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes No	1 2	
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 hanging Observed not hanging Not observed	1 2 3	Observed hanging Observed not hanging Not observed 1 2 3

INSECTICIDE TREATED NETS (cont'd)		TN	
TN5. Observe or ask the brand/type of mosquito net.	Long-lasting treated nets Olyset Permanet Interceptor Netprotect Duranet Icon Life Other (specify) DK brand Pre-treated nets Dawa Dawa Plus MOH/NGO treated net Other (specify) DK brand Other nets 31 DK brand / type	11 12 13 14 15 16 17 18 21 22 23 26 28 98	Long-lasting treated nets Olyset Permanet Interceptor Netprotect Duranet Icon Life Other (specify) DK brand Pre-treated nets Dawa Dawa Plus MOH/NGO treated net Other (specify) DK brand Other nets 31 DK brand / type
TN5A. WHERE DID YOU GET THIS NET?	Public Sector Govt. Hospital/Clinic Govt. Health Centre Govt. Health Post/CHPS Fieldworker/Outreach /Peer Education Campaign Other public Private Medical Sector Private Hosp/Clinic Pharmacy/Chemical/ Drug store/shop Other private medical Other Source NGO/CBAs Shop/Market Street Vendor Other Institution Other Don't know	11 12 13 14 15 16 21 22 26 31 32 33 34 36 98	Long-lasting treated nets Olyset Permanet Interceptor Netprotect Duranet Icon Life Other (specify) DK brand Pre-treated nets Dawa Dawa Plus MOH/NGO treated net Other (specify) DK brand Other nets DK brand / type
TN6. HOW MANY MONTHS AGO DID YOU OBTAIN THIS NET?	Months ago More than 94 mo ago DK / Not sure	___ 95 98	Months ago More than 94 mo ago DK / Not sure

TN6A. HOW MUCH DID IT COST YOU TO ACQUIRE THIS NET (GH¢)?	Cedis DK	_____9998	Cedis DK	_____9998	Cedis DK	_____9998
If received free of charge, record "00"						
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 No DK / Not sure	1 2 8	Yes No DK / Not sure	1 2 8	Yes No DK / Not sure	1 2 8
TN9. SINCE YOU GOT THE NET, HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes No DK / Not sure	1 2 8	Yes No DK / Not sure	1 2 8	Yes No DK / Not sure	1 2 8

INSECTICIDE TREATED NETS (cont'd)			TN			
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record "00"	Months ago	___	Months ago	___	Months ago	___
	More than 24 mo. ago	95	More than 24 mo. ago	95	More than 24 mo. ago	95
	DK / Not sure	98	DK / Not sure	98	DK / Not sure	98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes	1	Yes	1	Yes	1
	No	2	No	2	No	2
	DK / Not sure	TN13	DK / Not sure	TN13	DK / Not sure	TN13
		8		8		8
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		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
	Name		Name		Name	
	Line number	___	Line number	___	Line number	___
TN13.	Go back to TN4 for next net. If no more nets, go to TN14		Go back to TN4 for next net. If no more nets, go to TN14		Go back to TN4 for next net. If no more nets, go to TN14	
			Check box if additional questionnaire used <input type="checkbox"/>			

INSECTICIDE TREATED NETS			TN	
TN14. DURING THE LAST 12 MONTHS, HAS ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OFF ANY TREATED MOSQUITO NETS?	Yes	1	2 Next Module 8 Next Module	
	No	2		
	DK	8		
TN15. NOW I WANT TO TALK ABOUT THE LAST TREATED NET THAT YOU DISPOSED OFF. HOW DID YOU DISPOSE OFF YOUR LAST TREATED MOSQUITO NET?	Burned	1		
	Buried	2		
	Garbage/refuse dump	3		
	Reused for other purposes	4		
	Other (specify)	6		
TN16. HOW LONG DID YOU USE IT BEFORE DISPOSING IT OFF?	Less than 2 years	1		
	2 to 4 years	2		
	More than 4 years	3		
TN17. WHAT WAS THE MAIN REASON FOR DISPOSING OFF THIS NET?	Torn	1		
	Could not repel mosquitoes anymore	2		
	Got a new one	3		
	Other (specify)	6		

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? Circle all that apply.	Government worker / program	A		
	Private company	B		
	Non-governmental organization	C		
	Private individual	D		
	Other (specify)	X		
	DK	Z		

CHILD DISCIPLINE						CD	
Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions							
<ul style="list-style-type: none"> If there is no child aged 2-14 years in the household, skip to Next Module. 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	_0_7_	Kwame	1	2	_1_3_		
2	_0_8_	Kofi	1	2	_1_0_		
3	_1_0_	Adwoa	1	2	_0_8_		
4	_1_1_	Afi	1	2	_0_5_		
5	_1_6_	Fortune	1	2	_1_1_		
6	___		1	2	___		
7	___		1	2	___		
8	___		1	2	___		
CD6.	Total children age 2-14 years					_0_5_	
<ul style="list-style-type: none"> If there is only one child age 2-14 years in the household, skip table 2 and go to CD8; write down '1' and continue with CD9 							

Table 2: Selection of Random Child for Child Discipline Questions								
<ul style="list-style-type: none"> 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. Total Number of Eligible Children in the Household (CD6)								
Last digit of household number (HH2)	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								_5_

CHILD DISCIPLINE			CD	
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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.				
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.			Yes	1
			No	2
CD11A. IGNORED/REFUSED TO COMMUNICATE TO (name).			Yes	1
			No	2

CHILD DISCIPLINE (cont'd)		CD	
CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes No	1 2	
CD13. SHOOK HIM/HER.	Yes No	1 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes No	1 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes No	1 2	
CD16. SPANKED, HIT, PUSHED OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes No	1 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, COMB, HAIRBRUSH, CANE, STICK OR OTHER HARD OBJECT.	Yes No	1 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes No	1 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes No	1 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes No	1 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes No	1 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 No Don't know / No opinion	1 2 8	

HAND WASHING		HW	
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed	1	
	Not observed		
	Not in dwelling / plot / yard	2	2 HW4
	No permission to see	3	3 HW4
	Other reason	6	6 HW4
HW2. Observe presence of water at the specific place for hand washing.	Water is available	1	
Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	Water is not available	2	
HW3. Record if soap or detergent or other traditional detergents are present at the specific place for hand washing.	Washing Soap (e.g. Key soap)	A	A HH19
Circle all that apply. Skip to Next Module if any soap or detergent code (A, B, C, D, E or X) is circled. If "None" (Y) is circled, continue with HW4.	Detergent (Powder / Liquid / Paste)	B	B HH19
	Liquid hand washing soap	C	C HH19
	Ash	D	D HH19
	Toilet Soap (e.g. Lux)	E	E HH19
	Other (specify)	X	X HH19
	None	Y	
	HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ANY OTHER TRADITIONAL DETERGENTS IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes No	1 2

HAND WASHING (continued)		HW	
HW5. CAN YOU PLEASE SHOW IT TO ME?	Washing Soap (e.g. Key soap)	A	
Record observation. Circle all that apply.	Detergent (Powder / Liquid / Paste)	B	
	Liquid handwashing soap	C	
	Toilet Soap (e.g. Lux)	E	
	Ash	D	
	Other (specify)	X	
	Not able / Does not want to show	Y	
HH19. Record the time.	Hour and minutes ___ : ___		

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?	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	6 HH20
Once you have tested the salt, circle the number that corresponds to the test outcome.	Salt not tested	7	

SI1A. Has the household been selected for male questionnaire?

Check HH5A=1

Yes Collect salt sample from the household for further testing.

No Skip to HH20

SI2. HAS THE SALT SAMPLE BEEN COLLECTED FROM THIS HOUSEHOLD?	Yes No Refused	1 2 3	
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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 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 Administer the questionnaire to mother or caretaker of the first eligible child.

No Continue.

SALT IODIZATION (cont'd)

SI

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
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.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations