

APPENDIX E. GHANA MICS 2017/18 QUESTIONNAIRES

The questionnaires of the 2017 Ghana MICS are presented in Appendix E. They include:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Individual Men
- Questionnaire for Children Under Five
- Questionnaire for Children Age 5-17



HOUSEHOLD QUESTIONNAIRE



Ghana MICS 2017/18

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. REGION:	
HH6. AREA:	URBAN 1	WESTERN01	
	RURAL 2	CENTRAL..... 02	
HH8. Is the household selected for Questionnaire for Men?	YES 1	GREATER ACCRA 03	
	NO 2	VOLTA..... 04	
		EASTERN..... 05	
		ASHANTI 06	
		BRONG AHAFO 07	
		NORTHERN 08	
		UPPER EAST 09	
		UPPER WEST..... 10	
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2

CHECK THAT THE RESPONDENT IS A KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD AND AT LEAST 18 YEARS OLD BEFORE PROCEEDING. YOU MAY ONLY INTERVIEW A CHILD AGE 15-17 IF THERE IS NO ADULT MEMBER OF THE HOUSEHOLD OR ALL ADULT MEMBERS ARE INCAPACITATED. YOU MAY NOT INTERVIEW A CHILD UNDER AGE 15.	HH11. RECORD THE TIME.	
	HOURS	: MINUTES
	___	: ___
HH12. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM GHANA STATISTICAL SERVICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THIS INTERVIEW USUALLY TAKES ABOUT 40 MINUTES. FOLLOWING THIS, I MAY ASK TO CONDUCT ADDITIONAL INTERVIEWS WITH YOU OR OTHER INDIVIDUAL MEMBERS OF YOUR HOUSEHOLD. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU DO NOT WISH TO ANSWER A QUESTION OR STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?		
YES 1	1⇒LIST OF HOUSEHOLD MEMBERS	
No / NOT ASKED 2	2⇒HH46	
YES / BUT REVISIT LATER 3	3⇒HH46 (REVISIT THE HOUSEHOLD LATER)	

HH46. Result of Household Questionnaire interview: <i>Discuss any result not completed with Supervisor.</i>	COMPLETED	01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	03
	REFUSED	04
	DWELLING VACANT OR ADDRESS NOT A DWELLING	05
	DWELLING DESTROYED	06
	DWELLING NOT FOUND	07
	OTHER (specify) _____	96

HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____	To be filled after the Household Questionnaire is completed		To be filled after <u>all</u> the questionnaires are completed	
	TOTAL NUMBER		COMPLETED NUMBER	
HOUSEHOLD MEMBERS	HH48	__ __		
WOMEN AGE 15-49	HH49	__ __	HH53	__ __
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49	HH50	__ __	HH54	__ __
CHILDREN UNDER AGE 5	HH51	__ __	HH55	__ __
CHILDREN AGE 5-17	HH52	__ __	HH56	ZERO0 ONE1

list of household members HL

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. LINE NUMBER	HL2. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO (NAME) OF THE HEAD OF HOUSEHOLD)?	HL4. IS (NAME) MALE OR FEMALE? 1 MALE 2 FEMALE	HL5. WHAT IS (NAME)'S DATE OF BIRTH? 98 DK MONTH YEAR 9998 DK	HL6. HOW OLD IS (NAME)? RECORD IN COMPLETED YEARS. IF AGE IS 95 OR ABOVE, RECORD '95'.	HL7. DID (NAME) STAY HERE LAST NIGHT? 1 YES 2 NO	HL8. RE-CORD LINE NUMBER IF WOMAN AND AGE 15-49.	HL9. RE-CORD LINE NUMBER IF MAN, AGE 15-49 AND HHB IS YES.	HL10. RECORD LINE NUMBER IF AGE 0-4.	HL11. AGE 0-17? 1 YES 2 NO DK	HL12. IS (NAME)'S NATURAL MOTHER ALIVE? 1 YES 2 NO 8 DK	HL13. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO HLJ5	HL14. RECORD the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. IS (NAME)'S NATURAL FATHER ALIVE? 1 YES 2 NO HL20 8 DK	HL17. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: WHO IS THE PRIMARY CARETAKER OF (NAME)? IF 'NO ONE' FOR A CHILD AGE 15-17, RECORD '90'.
01		0 1	M F 1 2	98 DK MONTH YEAR 9998 DK	AGE — —	Y N 1 2	W 15-49 01	M 15-49 01	0-4 01	Y N 1 2	Y N DK 1 2 8	Y N 1 2	MOTHER — —	1 2 3 4 8 1 2 3 4 8	Y N DK 1 2 8	Y N 1 2	FATHER — —	1 2 3 4 8 1 2 3 4 8	— — — —
02		— —	1 2	— — — —	— —	1 2	02	02	02	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
03		— —	1 2	— — — —	— —	1 2	03	03	03	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
04		— —	1 2	— — — —	— —	1 2	04	04	04	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
05		— —	1 2	— — — —	— —	1 2	05	05	05	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
06		— —	1 2	— — — —	— —	1 2	06	06	06	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
07		— —	1 2	— — — —	— —	1 2	07	07	07	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
08		— —	1 2	— — — —	— —	1 2	08	08	08	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —
09		— —	1 2	— — — —	— —	1 2	09	09	09	1 2	1 2 8	1 2	— —	1 2 3 4 8	1 2 8	1 2	— —	1 2 3 4 8	— — — —

HL
list of household members

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. LINE NUMBER	HL2. PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO (NAME) OF THE HEAD OF HOUSEHOLD)?	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. DID (NAME) STAY HERE LAST NIGHT? 1 YES 2 NO	HL8. RE-CORD LINE NUMBER IF WOMAN AND AGE 15-49. 15-49 AND HH8 IS YES.	HL9. RE-CORD LINE NUMBER IF MAN, AGE 15-49 AND HH8 IS YES.	HL10. RECORD LINE NUMBER IF AGE 0-4.	HL11. AGE 0-17? 1 YES 2 NO	HL12. IS (NAME)'S NATURAL MOTHER ALIVE? 1 YES 2 NO 8 DK'S	HL13. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO HL15 8 DK'S	HL14. RECORD the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. IS (NAME)'S NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK'S	HL17. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? 1 YES 2 NO HL19 8 DK'S	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. COPY THE LINE NUMBER OF MOTHER FROM HL14. IF BLANK, ASK: WHO IS THE PRIMARY CARETAKER OF (NAME)? IF 'NO ONE' FOR A CHILD AGE 15-17, RECORD '90'.
10			1 2	---	---	1 2	10	10	10	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
11			1 2	---	---	1 2	11	11	11	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
12			1 2	---	---	1 2	12	12	12	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
13			1 2	---	---	1 2	13	13	13	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
14			1 2	---	---	1 2	14	14	14	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
15			1 2	---	---	1 2	15	15	15	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---

* Codes for HL3: Relationship to head of household:

EDUCATION 1										ED		
ED1. Line number	ED2. Name and age.	ED3. Age 3 or above?	ED4. Has (name) ever attended school or any Early Childhood Education programme, pre-primary, kindergarten or nursery?	ED5. What is the highest level and grade or year of school (name) has ever attended?	ED6. Did (name) ever complete that (grade/year)?	ED7. Age 3-24?	ED8. Check ED4: Ever attended school or ECE?			YES	NO	
				LEVEL: 0ECE/PRE-PRIMARY/KINDERGARTEN OR NURSERY↕ ED7 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY/TECH /VOC/COMM 5 SSS/SHS/TECH /VOC/COMM 6 HIGHER 8 DK	Y	N	DK	YES	NO	YES	NO	
LINE	NAME	AGE	YES	NO	GRADE/YEAR	Y	N	DK	YES	NO	YES	NO
01		___	1	2	___01_	1	2	8	1	2	1	2
02		___	1	2	___	1	2	8	1	2	1	2
03		___	1	2	___	1	2	8	1	2	1	2
04		___	1	2	___	1	2	8	1	2	1	2
05		___	1	2	___	1	2	8	1	2	1	2
06		___	1	2	___	1	2	8	1	2	1	2
07		___	1	2	___	1	2	8	1	2	1	2
08		___	1	2	___	1	2	8	1	2	1	2
09		___	1	2	___	1	2	8	1	2	1	2
10		___	1	2	___	1	2	8	1	2	1	2
11		___	1	2	___	1	2	8	1	2	1	2
12		___	1	2	___	1	2	8	1	2	1	2
13		___	1	2	___	1	2	8	1	2	1	2
14		___	1	2	___	1	2	8	1	2	1	2
15		___	1	2	___	1	2	8	1	2	1	2

ED1. Line number	ED2. Name and age.	ED9. At any time during the 2017/2018 school year did (name) attend school or any Early Childhood Education programme?	ED10. During 2017/2018 school year, which level and grade or year is (name) attending? 1 YES 2 NO LEVEL: 0 ECE/PRE-PRIMARY 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY/TECH/VOC/COMM 5 SSS/SHS/TECH/VOC/COMM 6 HIGHER 8 DK	ED11. Is (name) attending a public school? If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2017/2018 school year, has (name) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED13. Who provided the tuition support? Record all mentioned. A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the 2017/2018 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the 2016/2017 school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO 8 DK	ED16. During 2016/2017 school year, which level and grade or year did (name) attend? LEVEL: 0 ECE/PRE-PRIMARY 1 PRIMARY 2 MIDDLE 3 JSS/JHS 4 SECONDARY/TECH/VOC/COMM 5 SSS/SHS/TECH/VOC/COMM 6 HIGHER 8 DK	GRADE/YEAR/FORM: 98 DK	
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	LEVEL	GRADE/YEAR
01			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
02			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
03			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
04			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
05			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
06			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
07			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
08			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
09			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
10			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
11			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
12			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
13			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
14			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---
15			1 2	0 1 2 3 4 5 6 8	1 2 3 6 8	A B C X Z	1 2 8	A B C X Z	1 2 8	0 1 2 3 4 5 6 8	---

Household characteristics	HC	
<p>HC1A. WHAT IS THE RELIGION OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	CATHOLIC 11 ANGLICAN 12 METHODIST..... 13 PRESBYTERIAN..... 14 PENTECOSTAL/CHARISMATIC..... 15 OTHER CHRISTIANS 16 ISLAM..... 17 TRADITIONAL/SPRITUAL..... 18 <p style="text-align: right;">OTHER RELIGION</p> (specify) _____ 96 NO RELIGION 97	
<p>HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	ENGLISH..... 11 AKAN..... 12 GA 13 EWE..... 15 DAGBANI 17 KASEM 18 GONJA..... 19 <p style="text-align: right;">OTHER LANGUAGE</p> (specify) _____ 96	
<p>HC2. TO WHAT ETHNIC GROUP DOES (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) BELONG?</p>	AKAN..... 11 GA/DAMGME 12 EWE..... 13 GUAN 14 GRUMA..... 15 MOLE DAGBANI 21 GRUSI..... 22 MANDE 23 OTHER (specify) _____ 96	
<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	NUMBER OF ROOMS..... ____	

Household characteristics	HC	
<p>HC4. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS..... 21</p> <p>PALM / BAMBOO..... 22</p> <p>STONE 23</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD..... 31</p> <p>VINYL OR ASPHALT STRIPS..... 32</p> <p>CERAMIC TILES..... 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>TERRAZZO 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF/RAFIA 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT..... 21</p> <p>PALM / BAMBOO..... 22</p> <p>WOOD PLANKS..... 23</p> <p>CARDBOARD/POLYTHENE SHEET 24</p> <p>MUD/MUD BRICK/EARTH 25</p> <p>FINISHED ROOFING</p> <p>METAL / TIN / CORRUGATED</p> <p>IRON SHEET 31</p> <p>WOOD..... 32</p> <p>CALAMINE / CEMENT FIBRE 33</p> <p>CERAMIC TILES..... 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES..... 36</p> <p>SLATE/ASBESTOS..... 37</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

Household characteristics	HC	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS 12</p> <p>EARTH/MUD/MUD BRICKS 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>PLYWOOD 24</p> <p>CARDBOARD..... 25</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME / CEMENT 32</p> <p>BRICKS..... 33</p> <p>CEMENT BLOCKS..... 34</p> <p>WOOD PLANKS..... 36</p> <p>SLATES/ASBESTOS..... 37</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

Household characteristics	HC	
HC7. Does your household have:	YES	NO
[A] A fixed telephone line?	FIXED TELEPHONE LINE 1	2
[B] A radio?	RADIO 1	2
[C] Wall Clock	WALL CLOCK..... 1	2
[D] Photo Camera (Not on phone)	PHOTO CAMERA 1	2
[E] Sewing machine (non-electric)	SEWING MACHINE..... 1	2
[F] Bed	BED..... 1	2
[G] Table (work desk/writing table)	TABLE 1	2
[H] Dining table	DINING TABLE 1	2
[I] Chair/Stool	CHAIRS/STOOL 1	2
[J] Sofa set	SOFA SET..... 1	2
[K] Cabinet/Cupboard	CABINET/CUPBOARD..... 1	2
[L] Storage box/trunk	STORAGE BOX/TRUNK..... 1	2
[M] Piano	PIANO 1	2
[N] Keyboard	KEYBOARD..... 1	2
[O] Guitar	GUITAR..... 1	2
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1	
	YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)2	
	NO 3	
		3⇒HC10

Household characteristics	HC	
HC9. Does your household have:	YES	NO
[B] A refrigerator?	REFRIGERATOR 1	2
[C] A freezer?	FREEZER..... 1	2
[D] A black and white television?	BLACK AND WHITE TELEVISION 1	2
[E] A color television? (traditional)	COLOR TELEVISION..... 1	2
[F] A LCD/LED/Plasma or smart television?	LCD/LED/PLASMA OR SMART TV 1	2
[G] An electric generator/UPS inverter?	ELECTRIC GENERATOR/INV-..... 1	2
[H] A washing machine?	WASHING MACHINE..... 1	2
[I] An audio player/stereo/deck?	AUDIO PLAYER/DECK..... 1	2
[J] A DVD/VCD/VCR/Blu-ray?	DVD/VCD/VCR/BLEU RAY 1	2
[K] A water cooler (electric)?	WATER COOLER..... 1	2
[L] A water pump?	WATER PUMP 1	2
[M] An electric/table/pedestal fan?	ELECTRIC FAN..... 1	2
[N] An air cooler?	AIR COOLER..... 1	2
[O] Food processor/blender?	FOOD PROCESSOR/BLENDER..... 1	2
[P] Air conditioner?	AIR CONDITIONER 1	2

Household characteristics	HC		
HC10. Does any member of your household own:	YES	NO	
[A] A watch?			
	WATCH	1 2	
[B] A bicycle?			
	BICYCLE.....	1 2	
[C] A motorcycle or scooter?			
	MOTORCYCLE / SCOOTER	1 2	
[D] An animal-drawn cart?			
	ANIMAL-DRAWN CART.....	1 2	
[E] A car, truck or van?			
	CAR / TRUCK / VAN	1 2	
[F] A boat with a motor?			
	BOAT WITH MOTOR.....	1 2	
[G] A boat without motor?			
	BOAT WITHOUT MOTOR	1 2	
[H] A motor bike (tri-wheel)?			
	MOTOR BIKE (TRI-WHEEL)	1 2	
HC11. Does any member of your household have a computer or a tablet?	YES	1	
	NO	2	
HC12. Does any member of your household have a mobile telephone?	YES	1	
	NO	2	
HC13. Does your household have access to internet at home?	YES	1	
	NO	2	
HC14. Do you or someone living in this household own this dwelling?	OWN	1	
	RENT	2	
<i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i>			
<i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OTHER (specify) _____	6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES	1	
	NO	2	2⇒HC17

Household characteristics	HC	
<p>HC16. How many hectares or acres or poles or plots of agricultural land do members of this household own?</p> <p><i>If less than 1 hectare, or less than 1 acre, or less than 1 pole or less than 1 plot, record "00" in the category.</i></p> <p><i>If reported land ownership is in decimal units above one unit of measure, round down to the nearest unit of measure. For any category of size, if ownership is 95 or more, record 95.</i></p>	<p>HECTARES1 __ __</p> <p>ACRES.....2 __ __</p> <p>POLES.....3 __ __</p> <p>PLOTS4 __ __</p> <p>DK..... 998</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2⇒HC19</p>



Household characteristics	HC	
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens</p> <p>[G] Ducks</p> <p>[H] Other poultry such as guinea fowl?</p> <p>[I] Pigs?</p> <p>[J] Rabbits</p> <p>[K] Grass cutters</p> <p>[L] Other</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS..... __ __</p> <p>OTHER CATTLE __ __</p> <p>HORSES, DONKEYS OR MULES..... __ __</p> <p>GOATS..... __ __</p> <p>SHEEP..... __ __</p> <p>CHICKENS __ __</p> <p>DUCKS..... __ __</p> <p>OTHER POULTRY __ __</p> <p>PIGS..... __ __</p> <p>RABBITS..... __ __</p> <p>GRASS CUTTER..... __ __</p> <p>OTHER..... __ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

HOUSEHOLD ENERGY USE		EU
EU1. IN YOUR HOUSEHOLD, WHAT TYPE OF COOK-STOVE IS <u>MAINLY</u> USED FOR <u>COOKING</u>?	ELECTRIC STOVE 01	01⇒EU5
	SOLAR COOKER..... 02	02⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03⇒EU5
	BIOGAS STOVE 05	05⇒EU5
	LIQUID FUEL STOVE..... 06	06⇒EU4
	MANUFACTURED SOLID FUEL STOVE / COAL POT07	
	TRADITIONAL SOLID FUEL STOVE 08	
	THREE STONE STOVE / OPEN FIRE 09	09⇒EU4
	OTHER (specify) _____ 96	96⇒EU4
	NO FOOD COOKED IN HOUSEHOLD..... 97	97⇒EU6
EU2. DOES IT HAVE A CHIMNEY?	YES..... 1	
	NO 2	
	DK..... 8	
EU3. DOES IT HAVE A FAN?	YES..... 1	
	NO 2	
	DK..... 8	

HOUSEHOLD ENERGY USE		EU
<p>EU4. WHAT TYPE OF FUEL OR ENERGY SOURCE IS USED IN THIS COOK-STOVE?</p> <p><i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS COOKSTOVE.</i></p>	ALCOHOL / ETHANOL01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN03	
	COAL / LIGNITE04	
	CHARCOAL.....05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS07	
	ANIMAL DUNG / WASTE08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS09	
	GARBAGE / PLASTIC10	
	SAWDUST11	
	OTHER (specify) _____ 96	
	<p>EU5. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>IF IN MAIN HOUSE, PROBE TO DETERMINE IF COOKING IS DONE IN A SEPARATE ROOM.</i></p> <p><i>IF OUTDOORS, PROBE TO DETERMINE IF COOKING IS DONE ON VERANDA, COVERED PORCH, OR OPEN AIR.</i></p>	

HOUSEHOLD ENERGY USE		EU
EU6. WHAT DOES YOUR HOUSEHOLD MAINLY USE FOR SPACE HEATING WHEN NEEDED?	CENTRAL HEATING..... 01	01⇒EU8
	MANUFACTURED SPACE HEATER 02	
	TRADITIONAL SPACE HEATER 03	
	MANUFACTURED COOKSTOVE..... 04	
	TRADITIONAL COOKSTOVE..... 05	
	THREE STONE STOVE / OPEN FIRE 06	06⇒EU8
	OTHER (specify) _____ 96	96⇒EU8
NO SPACE HEATING IN HOUSEHOLD..... 97	97⇒EU9	
EU7. DOES IT HAVE A CHIMNEY?	YES..... 1	
	NO 2	
	DK..... 8	

HOUSEHOLD ENERGY USE		EU
EU8. WHAT TYPE OF FUEL AND ENERGY SOURCE IS USED IN THIS HEATER? <i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS HEATER.</i>	SOLAR AIR HEATER01	
	ELECTRICITY02	
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS04	04
	BIOGAS05	
	ALCOHOL / ETHANOL06	
	GASOLINE / DIESEL07	
	KEROSENE / PARAFFIN08	
	COAL / LIGNITE09	
	CHARCOAL10	
	WOOD11	
	CROP RESIDUE / GRASS / STRAW / SHRUBS12	
	ANIMAL DUNG / WASTE13	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS14	
	GARBAGE / PLASTIC15	
	SAWDUST16	
	OTHER (specify) _____96	

HOUSEHOLD ENERGY USE		EU
EU9. AT NIGHT, WHAT DOES YOUR HOUSEHOLD MAINLY USE TO LIGHT THE HOUSEHOLD?	ELECTRICITY 01	
	SOLAR LANTERN 02	
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03	
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04	
	BIOGAS LAMP 05	
	GASOLINE LAMP 06	
	KEROSENE OR PARAFFIN LAMP 07	
	CHARCOAL 08	
	WOOD 09	
	CROP RESIDUE / GRASS / STRAW / SHRUBS 10	
	ANIMAL DUNG / WASTE 11	
	OIL LAMP 12	
	CANDLE 13	
	LPG GAS LIGHT/LAMP 14	
	OTHER (specify) _____ 96	
NO LIGHTING IN HOUSEHOLD 97		

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS?	YES 1	2 ⇒ END
	NO 2	
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	NUMBER OF NETS..... ____	

	1 ST NET	2 ND NET	3 RD NET
TN3. ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.	OBSERVED1	OBSERVED1	OBSERVED1
	NOT OBSERVED.....2	NOT OBSERVED.....2	NOT OBSERVED.....2
TN4. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ____	MONTHS AGO ____	MONTHS AGO ____
	MORE THAN 36	MORE THAN 36	MORE THAN 36
	MONTHS AGO95	MONTHS AGO95	MONTHS AGO95
	DK / NOT SURE98	DK / NOT SURE98	DK / NOT SURE98

INSECTICIDE TREATED NETS			TN
<p>TN5. OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.</p> <p><i>IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.</i></p>	<p>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</p> <p>OLYSET11</p> <p>PARMANET12</p> <p>INTERCEPTOR.....13</p> <p>NETPROTECT14</p> <p>DURANET.....15</p> <p>LIFE NET17</p> <p>MAGNET19</p> <p>YORKKOL20</p> <p>DAWA PLUS21</p> <p>OTHER BRAND (specify) _____ 16</p> <p>DK BRAND.....18</p> <p>MOH/NGO TRE- NET.....23</p> <p>OTHER PRE-TRE-NET26</p> <p>DK BRAND OF P-T-NET28</p> <p>OTHER TYPE (specify) _____ 36</p> <p>DK BRAND/TYPE98</p>	<p>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</p> <p>OLYSET11</p> <p>PARMANET12</p> <p>INTERCEPTOR.....13</p> <p>NETPROTECT14</p> <p>DURANET.....15</p> <p>LIFE NET17</p> <p>MAGNET19</p> <p>YORKKOL20</p> <p>DAWA PLUS21</p> <p>OTHER BRAND (specify) _____ 16</p> <p>DK BRAND.....18</p> <p>MOH/NGO TRE- NET.....23</p> <p>OTHER PRE-TRE-NET26</p> <p>DK BRAND OF P-T-NET28</p> <p>OTHER TYPE (specify) _____ 36</p> <p>DK BRAND/TYPE98</p>	<p>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</p> <p>OLYSET11</p> <p>PARMANET12</p> <p>INTERCEPTOR.....13</p> <p>NETPROTECT14</p> <p>DURANET.....15</p> <p>LIFE NET17</p> <p>MAGNET19</p> <p>YORKKOL20</p> <p>DAWA PLUS21</p> <p>OTHER BRAND (specify) _____ 16</p> <p>DK BRAND.....18</p> <p>MOH/NGO TRE- NET.....23</p> <p>OTHER PRE-TRE-NET26</p> <p>DK BRAND OF P-T-NET28</p> <p>OTHER TYPE (specify)36</p> <p>DK BRAND/TYPE98</p>
	<p>TN6. IS NET TYPE LLIN (TN5=11-21)?</p> <p>YES.....1 ☒</p> <p style="text-align: right;">TN10</p> <p>NO2</p>	<p>YES.....1 ☒</p> <p style="text-align: right;">TN10</p> <p>NO2</p>	<p>YES.....1 ☒</p> <p style="text-align: right;">TN10</p> <p>NO2</p>
	<p>TN7. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?</p> <p>YES.....1</p> <p>NO2</p> <p>DK / NOT SURE8</p>	<p>YES.....1</p> <p>NO2</p> <p>DK / NOT SURE8</p>	<p>YES.....1</p> <p>NO2</p> <p>DK / NOT SURE8</p>

INSECTICIDE TREATED NETS		TN	
TN8. WAS THE NET SOAKED OR DIPPED (TN7=1)?	YES..... 1	YES..... 1	YES..... 1
	NO 2 ☹	NO 2 ☹	NO 2 ☹
	TN10	TN10	TN10
TN9. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>IF LESS THAN ONE MONTH, RECORD '00'.</i>	MONTHS AGO ____	MONTHS AGO ____	MONTHS AGO ____
	MORE THAN 24 MONTHS AGO 95	MORE THAN 24 MONTHS AGO 95	MORE THAN 24 MONTHS AGO 95
	DK / NOT SURE98	DK / NOT SURE98	DK / NOT SURE98
TN10. DID YOU GET THE NET THROUGH ONE OF THE 2014-2017 MASS DISTRIBUTION CAMPAIGN, DURING AN ANTENATAL CARE VISIT, OR DURING AN IMMUNIZATION VISIT?	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN1	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN1	YES, 2014-2017 MASS DISTRIBUTION CAMPAIGN..... 1
	YES, ANC2	YES, ANC2	YES, ANC2
	YES, IMMUNIZATION3	YES, IMMUNIZATION3	YES, IMMUNIZATION3
	NO4	NO4	NO4
	DK.....8	DK.....8	DK.....8
TN11. CHECK TN10: Is TN10=4?	YES..... 1	YES..... 1	YES..... 1
	NO 2 ☹	NO 2 ☹	NO 2 ☹
	TN13	TN13	TN13

INSECTICIDE TREATED NETS		TN	
TN12. WHERE DID YOU GET THE NET?	GOVERNMENT	GOVERNMENT	GOVERNMENT
	HEALTH FACILITY.....01	HEALTH FACILITY.....01	HEALTH FACILITY.....01
	PRIVATE	PRIVATE	PRIVATE
	HEALTH FACILITY.....02	HEALTH FACILITY.....02	HEALTH FACILITY.....02
	PHARMACY.....03	PHARMACY.....03	PHARMACY.....03
	SHOP / MARKET / STREET04	SHOP / MARKET / STREET04	SHOP / MARKET / STREET04
	COMMUNITY HEALTH	COMMUNITY HEALTH	COMMUNITY HEALTH
	WORKER05	WORKER05	WORKER05
	RELIGIOUS	RELIGIOUS	RELIGIOUS
	INSTITUTION06	INSTITUTION06	INSTITUTION06
	SCHOOL07	SCHOOL07	SCHOOL07
	OTHER.....96	OTHER.....96	OTHER.....96
DK.....98	DK.....98	DK.....98	
TN13. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	YES.....1	YES.....1	YES.....1
	NO2	NO2	NO2
	DK / NOT SURE8	DK / NOT SURE8	DK / NOT SURE8
TN14. DID ANYONE SLEEP UNDER THE NET (TN13=1)?	YES.....1	YES.....1	YES.....1
	NO2 ☒	NO2 ☒	NO2 ☒
	TN16	TN16	TN16

INSECTICIDE TREATED NETS		TN	
<p>TN15. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>RECORD THE PERSON'S LINE NUMBER FROM THE LIST OF HOUSEHOLD MEMBERS.</i></p> <p><i>IF SOMEONE NOT IN THE LIST OF HOUSEHOLD MEMBERS SLEPT UNDER THE MOSQUITO NET, RECORD '00'.</i></p>	NAME #1 _____	NAME #1 _____	NAME #1 _____
	LINE NUMBER..... ____	LINE NUMBER..... ____	LINE NUMBER..... ____
	NAME #2 _____	NAME #2 _____	NAME #2 _____
	LINE NUMBER..... ____	LINE NUMBER..... ____	LINE NUMBER..... ____
	NAME #3 _____	NAME #3 _____	NAME #3 _____
	LINE NUMBER..... ____	LINE NUMBER..... ____	LINE NUMBER..... ____
	NAME #4 _____	NAME #4 _____	NAME #4 _____
	LINE NUMBER..... ____	LINE NUMBER..... ____	LINE NUMBER..... ____
<p>TN16. IS THERE ANOTHER NET?</p>	YES..... 1 ☞ <i>Next Net</i>	YES..... 1 ☞ <i>Next Net</i>	YES..... 1 ☞ <i>Next Net</i>
	NO 2 ☞ <i>END</i>	NO 2 ☞ <i>END</i>	NO 2 ☞ <i>END</i>
			TICK HERE IF ADDITIONAL QUESTIONNAIRE USED: <input type="checkbox"/>

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	
	NO 2	2⇒End
	DK..... 8	8⇒End
IR2. WHO SPRAYED THE DWELLING? <i>RECORD ALL THAT APPLY.</i>	GOVERNMENT WORKER / PROGRAMA	
	PRIVATE COMPANY B	
	NON-GOVERNMENTAL ORGANIZATION C	
	OTHER (<i>specify</i>) _____ X	
	DK..... Z	

WATER AND SANITATION		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER USED BY MEMBERS OF YOUR HOUSEHOLD?</p> <p>IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT DRINKING WATER (COLLECTION POINT).</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR..... 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL..... 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER (specify) _____ 96</p>	<p>11⇒WS7</p> <p>12⇒WS7</p> <p>13⇒WS3</p> <p>14⇒WS3</p> <p>21⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>51⇒WS3</p> <p>61⇒WS4</p> <p>71⇒WS4</p> <p>81⇒WS3</p> <p>96⇒WS3</p>

WATER AND SANITATION		WS
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY MEMBERS OF YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p> <p><i>IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT WATER FOR OTHER PURPOSES.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR..... 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL..... 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER (specify) _____ 96</p>	<p>11 ⇨ WS7</p> <p>12 ⇨ WS7</p> <p>61 ⇨ WS4</p> <p>71 ⇨ WS4</p>
	<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p> <p>IN OWN DWELLING 1</p> <p>IN OWN YARD / PLOT..... 2</p> <p>ELSEWHERE..... 3</p>	<p>1 ⇨ WS7</p> <p>2 ⇨ WS7</p>
	<p>WS4. HOW LONG DOES IT TAKE FOR MEMBERS OF YOUR HOUSEHOLD TO GO THERE, GET WATER, AND COME BACK?</p> <p>MEMBERS DO NOT COLLECT 000</p> <p>NUMBER OF MINUTES _ _ _</p> <p>DK..... 998</p>	<p>000 ⇨ WS7</p>

WATER AND SANITATION		WS
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p>RECORD THE NAME OF THE PERSON AND COPY THE LINE NUMBER OF THIS PERSON FROM THE LIST OF HOUSEHOLD MEMBERS MODULE.</p>	<p>NAME _____</p> <p>LINE NUMBER _____</p>	
<p>WS6. SINCE LAST (DAY OF THE WEEK), HOW MANY TIMES HAS THIS PERSON COLLECTED WATER?</p>	<p>NUMBER OF TIMES..... _____</p> <p>DK..... 98</p>	
<p>WS7. IN THE LAST MONTH, HAS THERE BEEN ANY TIME WHEN YOUR HOUSEHOLD DID NOT HAVE SUFFICIENT QUANTITIES OF DRINKING WATER?</p>	<p>YES, AT LEAST ONCE 1</p> <p>NO, ALWAYS SUFFICIENT..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ WS9</p> <p>8 ⇒ WS9</p>
<p>WS8. WHAT WAS THE MAIN REASON THAT YOU WERE UNABLE TO ACCESS WATER IN SUFFICIENT QUANTITIES WHEN NEEDED?</p>	<p>WATER NOT AVAILABLE FROM SOURCE 1</p> <p>WATER TOO EXPENSIVE..... 2</p> <p>SOURCE NOT ACCESSIBLE..... 3</p> <p>OTHER (specify) _____ 6</p> <p>DK..... 8</p>	
<p>WS8A. IN THE LAST MONTH, ON HOW MANY FULL DAYS WATER WAS NOT AVAILABLE AT ALL?</p>	<p>NUMBER OF DAYS..... _____</p>	
<p>WS9. DO YOU OR ANY OTHER MEMBER OF THIS HOUSEHOLD DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2 ⇒ WS10A</p> <p>8 ⇒ WS10A</p>

WATER AND SANITATION		WS
<p>WS10. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p>PROBE:</p> <p>ANYTHING ELSE?</p> <p>RECORD ALL METHODS MENTIONED.</p>	<p>BOIL A</p> <p>ADD BLEACH / CHLORINE..... B</p> <p>STRAIN IT THROUGH A CLOTH..... C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D</p> <p>SOLAR DISINFECTION..... E</p> <p>LET IT STAND AND SETTLEF</p> <p>ADD CAMPHOR G</p> <p>ADD WATER TABLET H</p> <p>OTHER (specify) _____ X</p> <p>DK..... Z</p>	
<p>WS10A. DO YOU OR YOUR HOUSEHOLD STORE WATER FOR DRINKING?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK..... 8</p>	<p>2⇒WS11</p> <p>8⇒WS11</p>
<p>WS10B. HOW DOES YOUR HOUSEHOLD USUALLY STORE DRINKING WATER?</p> <p><i>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE STORAGE FACILITY.</i></p>	<p>STORAGE IN A SECURED AND COVERED VESSELS</p> <p>OPEN, EXPOSED VESSELS..... B</p> <p>STORAGE IS OUT OF REACH OF ANIMALS AND INFANTS C</p> <p>STORE IN REFRIGERATOR/FRIDGE/WATER DISPENSOR D</p> <p>OTHER (SPECIFY) _____ X</p> <p>DK..... Z</p>	

WATER AND SANITATION		WS
<p>WS10C. HOW DO YOU USUALLY COLLECT WATER TO DRINK FROM STORAGE IN YOUR HOUSEHOLD?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE PRACTICE.</p>	WITH DRINKING VESSEL OR ANY VESSEL AVAILABLE	A
	SINGLE/ DESIGNATED COLLECTING/DISPENSING VESSEL	B
	A VESSEL WITH A SPIGOT/TAP/PERFORATED OPENING OPERATED BY A MECHANISM (E.G. "VERONICA BUCKET")	C
	OTHER (SPECIFY) _____	X
	DK.....	Z

WATER AND SANITATION		WS
WS11. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?	FLUSH / POUR FLUSH	
	FLUSH TO PIPED SEWER SYSTEM 11	11⇒WS14
IF 'FLUSH' OR 'POUR FLUSH', PROBE:	FLUSH TO SEPTIC TANK 12	
	FLUSH TO PIT LATRINE..... 13	
WHERE DOES IT FLUSH TO?	FLUSH TO OPEN DRAIN 14	14⇒WS14
	FLUSH TO DK WHERE..... 18	18⇒WS14
IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	PIT LATRINE	
	VENTILATED IMPROVED PIT	
	LATRINE 21	
	PIT LATRINE WITH SLAB 22	
	PIT LATRINE WITHOUT SLAB /	
	OPEN PIT..... 23	
	PIT LATRINE WITH SEAT..... 24	
	COMPOSTING TOILET..... 31	
	BUCKET..... 41	41⇒WS14
	HANGING TOILET /	
	HANGING LATRINE..... 51	51⇒WS14
	MOBILE TOILET 61	61⇒WS16
NO FACILITY / BUSH / FIELD..... 95	95⇒End	
OTHER (SPECIFY) _____ 96	96⇒WS14	

WATER AND SANITATION		WS
<p>WS12. HAS YOUR (<i>ANSWER FROM WS11</i>) EVER BEEN EMPTIED?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS 1</p> <p>MORE THAN 5 YEARS AGO 2</p> <p>DON'T KNOW WHEN 3</p> <p>NO, NEVER EMPTIED 4</p> <p>DK..... 8</p>	<p>4⇒WS14</p> <p>8⇒WS14</p>
<p>WS13. THE LAST TIME IT WAS EMPTIED, WHERE WERE THE CONTENTS EMPTIED TO?</p> <p>PROBE:</p> <p>WAS IT REMOVED BY A SERVICE PROVIDER?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT..... 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (specify) _____ 6</p> <p>DK..... 8</p>	
<p>WS14. WHERE IS THIS TOILET FACILITY LOCATED?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD / PLOT..... 2</p> <p>ELSEWHERE 3</p>	
<p>WS15. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2⇒End</p>

WATER AND SANITATION		WS
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) 1	2⇒End
	SHARED WITH GENERAL PUBLIC..... 2	
WS17. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u>	
	TEN OR MORE HOUSEHOLDS 10	
	DK..... 98	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT WHERE MEMBERS OF THIS HOUSEHOLD WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p> <p>RECORD RESULT AND OBSERVATION.</p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP, TIPPY TAPS)</p> <p>IN DWELLING..... 1</p> <p>IN YARD /PLOT..... 2</p> <p>MOBILE OBJECT OBSERVED</p> <p>(BUCKET / JUG / KETTLE)..... 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT..... 4</p> <p>NO PERMISSION TO SEE..... 5</p> <p>OTHER REASON (specify)_____ 6</p>	<p>4⇒HW5</p> <p>5⇒HW4</p> <p>6⇒HW5</p>
<p>HW2. OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p> <p>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER.</p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE..... 2</p>	
<p>HW3. IS SOAP OR DETERGENT OR ASH/ MUD/SAND PRESENT AT THE PLACE FOR HANDWASHING?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1⇒HW7</p> <p>2⇒HW5</p>

HANDWASHING	HW	
<p>HW4. WHERE DO YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH YOUR HANDS?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING..... 1</p> <p>IN YARD / PLOT..... 2</p> <p>MOBILE OBJECT</p> <p>(BUCKET / JUG / KETTLE)..... 3</p> <p>NO HANDWASHING PLACE IN</p> <p>DWELLING / YARD / PLOT..... 4</p> <p>OTHER (specify) _____ 6</p>	
<p>HW5. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2⇒HW8</p>
<p>HW6. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>YES, SHOWN..... 1</p> <p>NO, NOT SHOWN 2</p>	<p>2⇒HW8</p>
<p>HW7. RECORD YOUR OBSERVATION.</p> <p>RECORD ALL THAT APPLY.</p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)..... B</p> <p>ASH / MUD / SAND C</p>	
<p>HW8. IN WHAT SITUATIONS IS IT IMPORTANT TO WASH YOUR HANDS?</p> <p>PROBE:</p> <p>AT ANY OTHER SITUATIONS?</p> <p>RECORD ALL METHODS MENTIONED.</p>	<p>AFTER GOING TO TOILET A</p> <p>AFTER CLEANING A BABY (ESP. CLEANING THE BOTTOM) B</p> <p>BEFORE EATING C</p> <p>BEFORE PREPARING FOOD D</p> <p>BEFORE FEEDING A CHILD E</p> <p>OTHER (specify) _____ X</p>	

HANDWASHING	HW	
<p>HW9. IN WHAT SITUATIONS IS IT IMPORTANT TO <u>USE SOAP</u> TO WASH YOUR HANDS?</p> <p>PROBE:</p> <p>AT ANY OTHER SITUATIONS?</p> <p><i>RECORD ALL METHODS MENTIONED.</i></p>	<p>AFTER GOING TO TOILETA</p> <p>AFTER CLEANING A BABY (ESP. CLEANING THE BOTTOM)B</p> <p>BEFORE EATINGC</p> <p>BEFORE PREPARING FOOD D</p> <p>BEFORE FEEDING A CHILD E</p> <p>OTHER (<i>specify</i>) _____ X</p>	

SALT IODIZATION		SA
<p>SA1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p>APPLY 2 DROPS OF TEST SOLUTION, OBSERVE THE DARKEST REACTION WITHIN 30 SECONDS, COMPARE TO THE COLOUR CHART AND THEN RECORD THE RESPONSE (1, 2 OR 3) THAT CORRESPONDS TO TEST OUTCOME.</p>	<p>SALT TESTED</p> <p>0 PPM (NO REACTION) 1</p> <p>BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2</p> <p>ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED</p> <p>NO SALT IN THE HOUSE 4</p> <p>OTHER REASON (specify) _____ 6</p>	<p>2⇒HH13</p> <p>3⇒HH13</p> <p>4⇒HH13</p> <p>6⇒HH13</p>
<p>SA2. I WOULD LIKE TO PERFORM ONE MORE TEST. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT?</p> <p><i>APPLY 5 DROPS OF RECHECK SOLUTION. THEN APPLY 2 DROPS OF TEST SOLUTION ON THE SAME SPOT. OBSERVE THE DARKEST REACTION WITHIN 30 SECONDS, COMPARE TO THE COLOUR CHART AND THEN RECORD THE RESPONSE (1, 2 OR 3) THAT CORRESPONDS TO TEST OUTCOME.</i></p> <p><i>IF NO REACTION OBSERVED WITH THE USE OF RECHECK SOLUTION, REPEAT THE TEST WITH IODIDE REAGENT AND RECORD THE OBSERVATION.</i></p>	<p>SALT TESTED</p> <p>0 PPM (NO REACTION) 1</p> <p>BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2</p> <p>ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED</p> <p>OTHER REASON (specify) _____ 6</p>	



HH13. RECORD THE TIME.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	ENGLISH..... 11 AKAN..... 12 GA 13 EWE..... 15 DAGBANI 17	
HH15. Language of the Interview.	ENGLISH..... 11 AKAN..... 12 GA 13 EWE..... 15 DAGBANI 17 KASEM 18 GONJA..... 19 OTHER LANGUAGE (specify) _____ 96	
HH16. Native language of the Respondent.	ENGLISH..... 11 AKAN..... 12 GA 13 EWE..... 15 DAGBANI 17 KASEM 18 GONJA..... 19 OTHER LANGUAGE (specify) _____ 96	
HH17. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE..... 2 NO, NOT USED 3	

HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN..... 0	0⇒HH29
	1 CHILD 1	1⇒HH27
	2 OR MORE CHILDREN (NUMBER)..... _	

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6
	RANK		LINE	M	F
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. RECORD THE RANK NUMBER (HH20), LINE NUMBER (HH21), NAME (HH22) AND AGE (HH24) OF THE SELECTED CHILD.

RANK NUMBER

LINE NUMBER

HH27. (WHEN HH18=1 OR WHEN THERE IS A SINGLE CHILD AGE 5-17 IN THE HOUSEHOLD): RECORD THE RANK NUMBER AS '1' AND RECORD THE LINE NUMBER (HL1), THE NAME (HL2) AND AGE (HL6) OF THIS CHILD FROM THE LIST OF HOUSEHOLD MEMBERS.

NAME

AGE

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49 1

NO 2

2 ⇒ HH34

HH30. ISSUE A SEPARATE QUESTIONNAIRE FOR INDIVIDUAL WOMEN FOR EACH WOMAN AGE 15-49 YEARS.

HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17..... 1 NO 2	2⇒HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL GIRLS AGE 15-17 2	2⇒HH34
HH33. AS PART OF THE SURVEY WE ARE ALSO INTERVIEWING WOMEN AGE 15-49. WE ASK EACH PERSON WE INTERVIEW FOR PERMISSION. A FEMALE INTERVIEWER CONDUCTS THESE INTERVIEWS.		
FOR GIRLS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.		
MAY WE INTERVIEW (NAME(S) OF FEMALE MEMBER(S) AGE 15-17) LATER?		
<input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.		
<input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.		
<input type="checkbox"/> 'NO' FOR ALL GIRLS AGE 15-17 ⇒ RECORD '06' IN WM17 ON ALL INDIVIDUAL QUESTIONNAIRES FOR WHOM ADULT CONSENT WAS NOT GIVEN. THEN CONTINUE WITH HH34.		
HH34. CHECK HH8 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR QUESTIONNAIRE FOR MEN?	YES, HH8=1 1 NO, HH8=0 2	2⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49..... 1 NO 2	2⇒HH40
HH36. ISSUE A SEPARATE QUESTIONNAIRE FOR INDIVIDUAL MEN FOR EACH MAN AGE 15-49 YEARS.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO 2	2⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2⇒HH40

HH39. AS PART OF THE SURVEY WE ARE ALSO INTERVIEWING MEN AGE 15-49. WE ASK EACH PERSON WE INTERVIEW FOR PERMISSION. A MALE INTERVIEWER CONDUCTS THESE INTERVIEWS.

FOR BOYS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY WE INTERVIEW (*NAME(S) OF MALE MEMBER(S) AGE 15-17*) LATER?

- 'Yes' for all boys age 15-17 ⇒ Continue with HH40.
- 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.
- 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE..... 1	2⇒HH42
	NO 2	

HH41. ISSUE A SEPARATE QUESTIONNAIRE FOR CHILDREN UNDER FIVE FOR EACH CHILD AGE 0-4 YEARS.

HH42. CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?	YES, HH9=1 1	2⇒HH45
	NO, HH9=2 2	

HH43. ISSUE A SEPARATE WATER QUALITY TESTING QUESTIONNAIRE FOR THIS HOUSEHOLD

<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN.. 1</p> <p>NO, PERMISSION IS NOT GIVEN..... 2</p>	<p>2⇒Record '02' in WQ29 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
--	---	---

HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,

- Record '01' in question HH46 (Result of the Household Questionnaire interview),
- Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,
- Fill the questions HH48 – HH52,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) in this household.

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.