

APPENDIX F: QUESTIONNAIRES

Household Questionnaire

We are from various government departments (Central Statistics Dept., DoSH, DOSE, etc.). We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about 1hr.30 minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with all mothers or others who take care of children in the household.

May I start now? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Enumeration area number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: LGA: District: Settlement: PHC/NON PHC:	
HH 8. Name of head of household:		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed..... 1 Not at home.....2 Refused.....3 HH not found/destroyed.....4 Other (specify) 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
	HH11. Total number of household members: _____	
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
<i>Interviewer/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk:		

EDUCATION MODULE		FOR HOUSEHOLD MEMBERS AGE 5-24 YEARS										ED	
For household members age 5 and above													
ED1. Line No	ED1A. NAME	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name)/ATTENDED? WHAT IS THE HIGHEST GRADE (name)/COMPLETED AT THIS LEVEL?	ED3AA IS (NAME) CURRENTLY ATTENDING SCHOOL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name)/ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED9. WHAT WAS THE REASON FOR (NAME) NOT ATTENDING SCHOOL. PRE-SCHOOL PREVIOUS SCHOOL YEAR?	ED9.	ED9.	
LINE		YES NO	LEVEL GRADE	LEVEL GRADE	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE				
01		1	2 → NEXT LINE		1	2		1	2	8			
02		1	2 → NEXT LINE		1	2		1	2	8			
03		1	2 → NEXT LINE		1	2		1	2	8			
04		1	2 → NEXT LINE		1	2		1	2	8			
05		1	2 → NEXT LINE		1	2		1	2	8			
06		1	2 → NEXT LINE		1	2		1	2	8			
07		1	2 → NEXT LINE		1	2		1	2	8			
08		1	2 → NEXT LINE		1	2		1	2	8			
09		1	2 → NEXT LINE		1	2		1	2	8			
10		1	2 → NEXT LINE		1	2		1	2	8			
11		1	2 → NEXT LINE		1	2		1	2	8			
12		1	2 → NEXT LINE		1	2		1	2	8			
13		1	2 → NEXT LINE		1	2		1	2	8			
14		1	2 → NEXT LINE		1	2		1	2	8			
15		1	2 → NEXT LINE		1	2		1	2	8			

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into yard or plot..... 12 Public tap/standpipe..... 13 Tubewell/borehole with pump..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank/drum..... 71 Surface water (river, stream, dam, lake, Pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>)..... 96	11 ⇒ WS5 12 ⇒ WS5 } ⇒ WS3 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 Piped into yard or plot..... 12 Public tap/standpipe..... 13 Tubewell/borehole with hand pump..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Rainwater collection..... 51 Tanker-truck..... 61 Cart with small tank/drum..... 71 Surface water (river, stream, dam, lake, Pond, canal, irrigation channel)..... 81 Other (<i>specify</i>)..... 96	11 ⇒ WS5 12 ⇒ WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes..... — — — Water on premises..... 995 DK..... 998	995 ⇒ WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman..... 1 Adult man..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK..... 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes..... 1 No..... 2 DK..... 8	2 ⇒ WS7 8 ⇒ WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil..... A Add bleach/chlorine..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle..... F Other (<i>specify</i>)..... X DK..... Z	
WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If "flush" or "pour flush," probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility</i>	Flush / pour flush Flush to piped sewer system..... 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place/not sure/DK where..... 15 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab..... 22 Pit latrine without slab / open pit..... 23 Bucket..... 41 No facilities or bush or field..... 95 Other (<i>specify</i>)..... 96	95 ⇒ WS7CC

Appendix F. Questionnaires

WS7AA. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?	Yes, in dwelling/yard/compound..... 1 No, outside dwelling/yard/compound..... 2 DK 8	⇒ WS7CC
WS7BB. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST TOILET FACILITY?	Less than 30 metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7CC. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST REFUSE DISPOSAL SITE?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7DD. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST TOILET FACILITY?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7EE. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST DISPOSAL SITE?	Less than 30metres..... 1 30 - 50 metres..... 2 51 - 100 metres..... 3 Greater than 100metres..... 4	
WS7FF. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?	Children always use toilet or latrine..... 1 Thrown into toilet or latrine..... 2 Thrown outside the yard..... 3 Buried in the yard..... 4 Not disposed of or left on the ground..... 5 Other (specify)..... 6 No young children in household..... 8	1 ⇒ WS 8 8 ⇒ WS 8
WS7GG. DO YOU USE SOAP AFTER TOILET OR WHEN YOU REMOVE WASTE/FAECES FROM CHILDREN?	Yes..... 1 No..... 2	
WS8. DO YOU SHARE YOUR TOILET FACILITY WITH OTHER HOUSEHOLDS?	Yes..... 1 No..... 2	2 ⇒ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10)..... 0 ___ Ten or more households..... 10 DK..... 98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam..... 1 Christianity..... 2 Other religion (<i>specify</i>)..... 6 No religion..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mandinka..... 1 Wolof..... 2 Jola..... 3 Fula..... 4 Serer..... 5 Other language (<i>specify</i>)..... 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Mandinka..... 1 Wolof..... 2 Jola..... 3 Fula..... 4 Serer..... 5 Other language (<i>specify</i>)..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms.....	
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth/sand..... 11 Dung..... 12 Rudimentary floor Wood planks..... 21 Palm/bamboo..... 22 Finished floor Parquet or polished wood..... 31 Vinyl or asphalt strips..... 32 Ceramic tiles..... 33 Cement..... 34 Carpet..... 35 Other (<i>specify</i>)..... 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch/palm leaf..... 12 Rudimentary Roofing Rustic mat..... 21 Palm/bamboo..... 22 Wood planks..... 23 Finished roofing Metal/corrugated iron..... 31 Wood..... 32 Calamine/cement fiber..... 33 Ceramic tiles..... 34 Cement..... 35 Other (<i>specify</i>)..... 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls..... 11 Cane/palm/trunks..... 12 Dirt..... 13 Rudimentary walls Bamboo/ krinting with mud/cement..... 21 Stone with mud..... 22 Plywood..... 24 Carton..... 25 Reused wood..... 26 Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks..... 33 Cement blocks..... 34 Other (<i>specify</i>)..... 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG)..... 02 Natural gas..... 03 Biogas..... 04 Kerosene..... 05 Coal / Lignite..... 06 Charcoal..... 07 Wood..... 08 Straw/shrubs/grass..... 09 Animal dung..... 10 Agricultural crop residue..... 11 Other (<i>specify</i>)..... 96	01 ⇒ HC8 02 ⇒ HC8 03 ⇒ HC8 04 ⇒ HC8																																										
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire..... 1 Open stove..... 2 Closed stove..... 3 Other (<i>specify</i>)..... 6	3 ⇒ HC8 6 ⇒ HC8																																										
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes..... 1 No..... 2																																											
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house..... 1 In a separate building..... 2 Outdoors..... 3 Other (<i>specify</i>)..... 6																																											
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? AN ELECTRICAL GENERATOR? A VIDEO PLAYER? A FAN? A CASSETTE OR VIDEO PLAYER? A SOFA? A CUPBOARD? AN AIR CONDITIONER?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>Radio.....</td><td>1</td><td>2</td></tr> <tr><td>Television.....</td><td>1</td><td>2</td></tr> <tr><td>Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Non-Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr> <tr><td>Electrical Generator.....</td><td>1</td><td>2</td></tr> <tr><td>Video.....</td><td>1</td><td>2</td></tr> <tr><td>Fan.....</td><td>1</td><td>2</td></tr> <tr><td>Cassette or Video player.....</td><td>1</td><td>2</td></tr> <tr><td>Sofa.....</td><td>1</td><td>2</td></tr> <tr><td>Cupboard.....</td><td>1</td><td>2</td></tr> <tr><td>Air conditioner.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile Telephone.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	Electrical Generator.....	1	2	Video.....	1	2	Fan.....	1	2	Cassette or Video player.....	1	2	Sofa.....	1	2	Cupboard.....	1	2	Air conditioner.....	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Watch.....</td><td>1</td><td>2</td></tr> <tr><td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle/Scooter.....</td><td>1</td><td>2</td></tr> <tr><td>Animal drawn-cart.....</td><td>1</td><td>2</td></tr> <tr><td>Car/Truck.....</td><td>1</td><td>2</td></tr> <tr><td>Boat with motor.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/Scooter.....	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Boat with motor.....	1	2																						
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HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No..... 2	2 ⇒ HC13																																										
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? If more than 97, record '97'. If unknown, record '98'.	Hectares..... _ _																																											
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes..... 1 No..... 2	2 ⇒ NEXT MODULE																																										
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? CATTLE? MILK COWS OR BULLS? HORSES, DONKEYS, OR MULES? GOATS? SHEEP? CHICKENS? If none, record '00'. If more than 97, record '97'. If unknown, record '98'.	Cattle..... _ _ _ Milk cows or bulls..... _ _ _ Horses, donkeys, or mules..... _ _ _ Goats..... _ _ _ Sheep..... _ _ _ Chickens..... _ _ _																																											

SECURITY OF TENURE MODULE		ST
HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own..... 1 Rent..... 2 Rent free/squatter/other..... 3	2⇒HC15D 3⇒HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes..... 1 No..... 2	1⇒HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING? ANYTHING ELSE? Record all items mentioned.	Certificate of occupation (or adjudication certificate)..... A Property tax certification..... B Utility bills..... C Other (<i>specify</i>)..... X None/No document..... Y	⇒HC15F
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes..... 1 No..... 2	1⇒HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING? <i>If Yes</i> , WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING? ANYTHING ELSE? Record all items mentioned.	Informal agreement (written)..... A Verbal agreement (no document)..... B Occupied rent free With knowledge of owner..... C Without knowledge of owner..... D Other (<i>specify</i>)..... X None/No document..... Y	
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes..... 1 No..... 2 DK..... 8	
HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS?	Yes..... 1 No..... 2	
HC15H. Dwelling located in or near: Observe, and circle all items that describe the location of dwelling.	Landslide area..... A Flood-prone area..... B River bank..... C Steep hill..... D Garbage mountain/pile..... E Industrial pollution area..... F Railroad..... G Power plant..... H Flyover..... I None of the above..... Y	
HC15I. Condition of dwelling: Record observation. Record all that apply.	Cracks/openings in walls..... A No windows..... B Windows with broken glass/no glass..... C Visible holes in the roof..... D Incomplete roof..... E Insecure door..... F None of the above..... Y	
HC15J. Dwelling surroundings: Record observation. Record all that apply.	Very narrow passage between houses instead of road..... A Too many power cables connecting to neighborhood's main distribution post..... B None of the above..... Y	

SECURITY OF TENURE MODULE		ST
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes..... 1 No..... 2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets..... _____	
TN2AA. HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of beds with nets..... _____	
TN2BB. HOW MANY OF THESE BEDS HAVE NETS?	Yes..... 1 No..... 2	
TN2CC. DO YOU SLEEP UNDER A TREATED NET?	Long Lasting Net (LLN)..... 1 Pre-Treated with Insecticides..... 2 Not Treated with Insecticide..... 3 Type of Net Not Known..... 8	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES? <i>If the respondent does not know the type of the net, explain to him/her the type of nets available.</i>	Public sector Govt. hospital.....11 Govt. health centre..... 12 Govt. health post..... 13 Village health worker..... 14 Mobile/outreach clinic..... 15 Other public (<i>specify</i>).....16 Private medical sector Private hospital/clinic..... 21 Private physician..... 22 Private pharmacy..... 23 Mobile clinic 24 Other private Medical (<i>specify</i>)..... 26 Other source Relative or friend..... 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>)..... 96 DK..... 98	
TN3A. WHERE DID YOU GET THE (<i>name of net highest in the list of nets available in the household, in TN3</i>) MOSQUITO NET?		
TN3B. HOW MUCH DID YOU PAY FOR THE (<i>name of net highest in the list of nets available in the household, in TN3</i>) MOSQUITO NET?	Dalasis..... _____ Free..... 9996 DK..... 9998	

TN4. Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:
1. Long-lasting treated net mentioned?⇒ Go to Next Module
2. Pre-treated net mentioned?⇒ Go to TN6
3. Other net mentioned?⇒ Continue with TN5

<p>TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1 No..... 2 DK/not sure..... 8</p>	
<p>TN6. HOW MANY MONTHS AGO WAS THE NET OBTAINED?</p> <p><i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... — — More than 24 months ago..... 95 Not sure..... 98</p>	
<p>TN7. SINCE YOU GOT THE NET HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?</p>	<p>Yes..... 1 No..... 2 DK/not sure..... 8</p>	<p>2 ⇒ NEXT MODULE 28 ⇒ NEXT MODULE</p>
<p>TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... — — More than 24 months ago..... 95 Not sure..... 98</p>	

CHILD LABOUR MODULE										CL		
CL1. LINE NO.	CL2. NAME			CL3. DURING THE PAST WEEK, DID (NAME) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? IF YES: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL3AA IF YES (IN CL3), WHAT TYPE OF WORK? <i>record answer as reported.</i>		CL3BB WHY IS THE CHILD WORKING? 1.SUPPORT FAMILY 2.EDUACTION 6.OTHER (SPECIFY) 8. DK		CL4. <i>If yes:</i> 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? If more than one job, include all hours at all jobs. <i>Record response then ⇒ CL.6</i>	
LINE NO.	NAME			YES PAID UNPAID NO					NO. OF HOURS			
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				___	___	
CL1. LINE NO.	CL5 AT ANYTIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSE- HOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIRE- WOOD, COOKING, WASHING, CLEANING , FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8			CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		CL8. CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET, COOKING OR LAUNDRY?) 1 YES 2 NO ⇒ NEXT LINE		CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
LINE NO.	YES PAID UNPAID NO			YES NO		NO. OF HOURS		YES NO		NO. OF HOURS		
01	1	2	3	1	2	___	___	1	2	___	___	
02	1	2	3	1	2	___	___	1	2	___	___	
03	1	2	3	1	2	___	___	1	2	___	___	
04	1	2	3	1	2	___	___	1	2	___	___	
05	1	2	3	1	2	___	___	1	2	___	___	
06	1	2	3	1	2	___	___	1	2	___	___	
07	1	2	3	1	2	___	___	1	2	___	___	
08	1	2	3	1	2	___	___	1	2	___	___	
09	1	2	3	1	2	___	___	1	2	___	___	
10	1	2	3	1	2	___	___	1	2	___	___	
11	1	2	3	1	2	___	___	1	2	___	___	
12	1	2	3	1	2	___	___	1	2	___	___	
13	1	2	3	1	2	___	___	1	2	___	___	
14	1	2	3	1	2	___	___	1	2	___	___	
15	1	2	3	1	2	___	___	1	2	___	___	

CHILD DISCIPLINE MODULE**CD**

Table 1: Children aged 12 - 14 years eligible for child discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank No.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8
LINE	LINE	NAME	M	F	AGE	MOTHER
01	— —		1	2	— —	— —
02	— —		1	2	— —	— —
03	— —		1	2	— —	— —
04	— —		1	2	— —	— —
05	— —		1	2	— —	— —
06	— —		1	2	— —	— —
07	— —		1	2	— —	— —
08	— —		1	2	— —	— —
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					— —

If there is only one child aged 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

Table 2: Selection of random child for child discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5
CD9. Record the rank number of the selected child from table 2 above					Rank number of child..... — —			

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH OR 2 - 3 MONTHS.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes..... 1 No..... 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes..... 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes..... 1 No..... 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes..... 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... 1 No..... 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... 1 No..... 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... 1 No..... 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes..... 1 No..... 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes..... 1 No..... 2 Don't know/no opinion..... 8	

SALT IODIZATION MODULE**SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?

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

Not iodized 0 PPM	1
Less than 15 PPM.....	2
15 PPM or more.....	3
No salt in home.....	6
Salt not tested.....	7

SI2. Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.