

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

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: HH7A. LGA: _____ HH7B. District: _____ HH7C. Settlement: _____ HH7D. PHC/NON-PHC: _____

WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS/ INSTITUTIONS (GAMBIA BUREAU OF STATISTICS, MOH & SW, MOBSE, WOMEN'S BUREAU, DEPT. OF COMMUNITY DEVELOPMENT, ETC.). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 1HR. 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?

- Yes, permission is given ➔ Go to HH18 to record the time and then begin the 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..... 1 No household member or no competent respondent at home at time of visit2 Entire household absent for extended period of time.....3 Refused.....4 Dwelling vacant / Address not a dwelling5 Dwelling destroyed6 Dwelling not found7 Other (specify)..... 9	HH10. Respondent to household questionnaire: Name: _____ Line number: ____ ____ HH11. Total number of household members ____ ____
HH12. Number of women age 15-49 years: ____ ____	HH13. Number of woman's questionnaires completed: ____ ____
HH14. Number of children under age 5: ____ ____	HH15. Number of under-5 questionnaires completed ____ ____
HH16. Field edited by (Name and number): Nom _____	HH17. Data entry clerk (Name and number): Nom _____

HOUSEHOLD LISTING FORM

HL

HH18.
Record the time:
Hour -----
Minutes -----

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49	For children age 5-14	For children under age 5	For all household members	For children age 0-17 years							
										HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month	Year	Age	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Y N DK	Y N DK	Father		
01		0 1	1 2	----	----	01	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
02		-- --	1 2	----	----	02	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
03		-- --	1 2	----	----	03	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
04		-- --	1 2	----	----	04	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
05		-- --	1 2	----	----	05	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
06		-- --	1 2	----	----	06	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
07		-- --	1 2	----	----	07	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
08		-- --	1 2	----	----	08	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		
09		-- --	1 2	----	----	08	---	---	1 2	1 2 8	---	1 2 8	1 2 8	1 2 8	---		

HOUSEHOLD LISTING FORM (cont.)

HL

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	For women age 15-49		For children age 5-14		For children under age 5		For all household members		For children age 0-17 years						
						HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No [§] HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No [§] Next Line 8 DK [§] Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or 00 for "No"	Y	N	DK	Y	N	DK	Father
10		0 1	1 2	-----	-----	10	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----
11		---	1 2	-----	-----	11	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----
12		---	1 2	-----	-----	12	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----
13		---	1 2	-----	-----	13	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----
14		---	1 2	-----	-----	14	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----
15		---	1 2	-----	-----	15	-----	-----	-----	1 2	-----	-----	-----	1 2 8	-----	-----	-----	1 2 8	-----	-----

Tick here if additional questionnaire used

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. 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 and each child under five in the household.

* Codes for HL3: Relationship to head of household:

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

EDUCATION

ED

ED1. Line No.	For household members age 3 and above			For household members age 3-24 years								
	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 NO Next Line	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Level: PRE-SCHOOL00 98 DK If less than 1 grade, enter 00. JUNIOR, SENIOR).....02 MADRAS. SECOND12 HIGHER (tertiary, university, college).....03 VOCATIONAL04 NON STAND CURRI.....06 dk.....98 If level=00,10 skip to ED5	ED5. DURING THE (2009-2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No Next Line ED7	ED6. During this/that school year, which level and grade is/was (NAME) attending? Level: PRE-SCHOOL.....00 98 DK PRE-SCHOOL MADRASSA.....10 PRIMARY01 PRIMARY MADRASSA11 SECONDARY (UPPER, BASIC, JUNIOR, SENIOR).02 MADRAS. SECOND12 HIGHER (tertiary, university, college).....03 VOCATIONAL.....04 NON STAND CURRI.....06 dk.....98 If level=00,10 skip to ED7	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No Next Line 8 DK Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: PRE-SCHOOL00 98 DK PRE-SCHOOL MADRASSA10 PRIMARY01 PRIMARY MADRASSA11 SECONDARY (UPPER, BASIC, JUNIOR, SENIOR).....02 MADRAS. SECOND12 HIGHER (tertiary, university, college).....03 VOCATIONAL.....04 NON STAND CURRI.....06 dk.....98 If level=00 10, go to next person					
Line	Name	Age	Yes	No	Level	Grade	Y	N	DK	Level	Grade	
01			1	2				1	2	8		
02			1	2				1	2	8		
03			1	2				1	2	8		
04			1	2				1	2	8		
05			1	2				1	2	8		
06			1	2				1	2	8		
07			1	2				1	2	8		
08			1	2				1	2	8		
09			1	2				1	2	8		
10			1	2				1	2	8		
11			1	2				1	2	8		
12			1	2				1	2	8		
13			1	2				1	2	8		
14			1	2				1	2	8		
15			1	2				1	2	8		

WATER AND SANITATION

WS

WS1	WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole.....21 Dug well Protected well31 Unprotected well32 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water91 Other (specify).....96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2	WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 Tube Well, Borehole.....21 Dug well Protected well31 Unprotected well32 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (specify).....96	11⇒WS6 12⇒WS6 13⇒WS6
WS3	WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling1 In own yard / plot.....2 Elsewhere.....3	1⇒WS6 2⇒WS6
WS4	HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ___ ___ ___ DK..... 998	
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 No.....2 DK..... 8	2⇒WS8 8⇒WS8
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 settleF Other (specify)..... X DK.....Z	

WS8	WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO? If necessary, ask permission to observe the facility.	Flush / Pour flush Flush to piped sewer system11 Flush to septic tank12 Flush to pit (latrine)13 Flush to somewhere else14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab22 Pit latrine without slab / Open pit23 Composting toilet31 Bucket41 Hanging toilet, Hanging latrine.....51 No facility, Bush, Field95 Other (specify)..... 96	95⇒Next Module
WS8A	IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, YOUR U=YARD OR ELSEWHERE?	In own dwelling 1 In own yard / plot.....2 Elsewhere.....3	
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
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

HC

HC1A	WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam 1 Christianity2 Other religion (specify) _____ 6 No religion.....7	
HC1C	TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Mandinka/Jahanka 01 Wolof..... 02 Jola/Karoninka 03 Fula/Tukulur/Lorobo 04 Serere 05 Serahuleh..... 07 Creole&Aku Marabou..... 08 Manjago 09 Bambara 10 Non-Gambian..... 11 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.....11 Dung.....12 Rudimentary floor Wood planks21 Palm / Bamboo.....22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips.....32 Ceramic tiles33 Cement.....34 Carpet35 Other (specify)..... 96	
HC4	Main material of the roof. Record observation.	Natural roofing No Roof.....11 Thatch / Palm leaf.....12 Sod.....13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo.....22 Wood planks23 Cardboard.....24 Finished roofing Metal31 Wood32 Calamine / Cement fibre.....33 Ceramic tiles34 Cement/Concrete.....35 Roofing shingles.....36 Corrugated Iron/Asbestos37 Other (specify) 96	
HC5	Main material of the exterior walls. Record observation.	Natural walls No walls.....11 Cane / Palm / Trunks.....12 Dirt.....13 Rudimentary walls Bamboo with mud21 Stone with mud22 Uncovered adobe.....23 Plywood24 Cardboard.....25 Reused wood.....26 Mud/Krinting27 Finished walls Cement.....31 Stone with lime / cement32 Bricks33 Cement blocks34 Covered adobe.....35 Wood planks / shingles36 Other (specify) 96	

HC6	WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity01 Liquefied Petroleum Gas (LPG)02 Natural gas03 Biogas.....04 Kerosene05 Coal / Lignite.....06 Charcoal07 Wood/Fuelwood08 Straw / Shrubs / Grass09 Animal dung10 Agricultural crop residue11 No food cooked in household.....95 Other (specify)96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8 95⇒HC8
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: [A] ELECTRICITY? [B] A RADIO? [C] A TELEVISION? [D] A NON-MOBILE TELEPHONE? [E] A REFRIGERATOR? [F] VIDEO CASSETTE OR PLAYER? [G] FAN? [H] CUPBOARD ? [I] SOFA? [J] AIR CONDITIONER? [K] ELECTRIC GENERATOR?	Yes No Electricity 1 2 Radio 1 2 Television 1 2 Non-mobile telephone..... 1 2 Refrigerator 1 2 Video cassette or player 1 2 Fan..... 1 2 Cupboard..... 1 2 Sofa 1 2 Air conditioner 1 2 Electrical generator 1 2	
HC9	DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR?	Yes No Watch 1 2 Mobile telephone..... 1 2 Bicycle..... 1 2 Motorcycle / Scooter 1 2 Animal drawn-cart 1 2 Car / Truck..... 1 2 Boat with motor/engine 1 2	
HC10	DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? If "Rented from someone else", circle "2". For other responses, circle "6".	Own1 Rent.....2 Other (Not owned or rented)6	
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 less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.	Hectares ____	

HC13	DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No.....2	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? If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.	Cattle, milk cows, or bulls Horses, donkeys, or mules Goats Sheep Chickens Pigs.....	
HC15	DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes1 No2 DK.....8	

INSECTICIDE TREATED NETS

TN

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?	Number of nets.....	
TN2A	HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of beds.....	
TN3	Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

		1 st Net	2 nd Net	3 rd Net
TN4	Mosquito net observed?	Observed1 Not observed2	Observed1 Not observed2	Observed1 Not observed2
TN5	Observe or ask the brand/type of mosquito net If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98	PERMANENT' NET Conical11 Rectangular12 Other(specify)16 'PRETREATED' NET (Ordinary) Conical21 Rectangular22 Other(specify)26 Dk brand28 OTHER31 NOT SURE98
TN6	HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	Months ago More than 36 mo. ago95 DK / Not sure98	Months ago More than 36 mo. ago95 DK / Not sure98	Months ago More than 36 mo. ago95 DK / Not sure98
TN7	Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-16) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-16) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else⇒ Continue	<input type="checkbox"/> Long-lasting (11-16) ⇒ 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 MOSQUITOS?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9	SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11
TN10	HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record "00"	Months ago ___ ___ More than 24 mo. ago 95 DK / Not sure 98	Months ago ___ ___ More than 24 mo. ago 95 DK / Not sure 98	Months ago ___ ___ More than 24 mo. ago 95 DK / Not sure 98
TN11	DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No 2 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 DK / Not sure 8 ⇒ TN13
TN12	WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? Record the person's line number from the household listing form If someone not in the household list slept under the mosquito net, record "00"	Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___	Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___	Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___ Name _____ Line number ___ ___
TN13		Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module

Tick here if additional questionnaire used

INDOOR RESIDUAL SPRAYING

IR

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

CHILD DISCIPLINE

CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- o 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.
- o Record the line number, name, sex, and age for each child.
- o 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
			M	F	Age
1	___ ___		1	2	___ ___
2	___ ___		1	2	___ ___
3	___ ___		1	2	___ ___
4	___ ___		1	2	___ ___
5	___ ___		1	2	___ ___
6	___ ___		1	2	___ ___
7	___ ___		1	2	___ ___
8	___ ___		1	2	___ ___

CD6. Total children age 2-14 years ___ ___

- o If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- o 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.
- o 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.
- o Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- o Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number Of Eligible Children In The Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child ___

CD9	Write 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	
CD12	EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes 1 No 2	
CD13	HOOK HIM/HER.	Yes 1 No 2	
CD14	SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD15	GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD16	SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD17	HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD18	CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD19	HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20	HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21	BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD	Yes 1 No 2	
CD22	DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 Don't know / No opinion 8	

HANDWASHING

HW

HW1	PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason 6	2 ⇒ HW4 3 ⇒ HW4 6 ⇒ HW4
HW2	Observe presence of water at the specific place for handwashing Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water	Water is available 1 Water is not available 2	
HW3	Record if soap or detergent is present at the specific place for handwashing. Circle all that apply.	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D None Y	} HH19

HW4	DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.....1 No.....2	2 ⇒ HH19
HW5	CAN YOU PLEASE SHOW IT TO ME? Record observation. Circle all that apply	Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / SandD Notable / Does not want to show.....Y	
HW6A	WHEN DO YOU WASH YOUR HANDS WITH SOAP AND WATER?	Before or after eatingA After cleansing a child.....B After using the toiletC Before or after cookingD Other (Specify)X No regular behaviourZ	
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? Once you have tested the salt, circle number that corresponds to test outcome.	Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM2 15 PPM or more.....3 No salt in the house.....6 Salt not tested7	
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HH20 Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.
 Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.
 No. ⇒ Continue.

HH21 Does any child under the age of 5 reside in the household?
Check household listing, column HL9 for any eligible child under age 5.
You should have a questionnaire with the Information Panel filled in for each eligible child.
 Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.
 No. ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete the relevant information on the cover page.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations