# Appendix F. Questionnaires

## HOUSEHOLD QUESTIONNAIRE

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<tr>
<th>HOUSEHOLD INFORMATION PANEL</th>
<th>HH</th>
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<tr>
<td>HH1. Enumeration area number: ___ ___ ___</td>
<td>HH2. Household number ___ ___</td>
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<tr>
<td>HH3. Interviewer name and number: Name ___________________________________________ ___ ___</td>
<td>HH4. Supervisor name and number: Name _________________________________ ___ ___</td>
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</table>
| HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___ | HH6. Area: Urbain.___________ 1  
Rural.___________ 2 |

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 visit _______________________________2  
Entire household absent for extended period of time__________________________3  
Refused______________________________________4  
Dwelling vacant / Address not a dwelling ________________________5  
Dwelling destroyed _____________________________________________6  
Dwelling not found ___________________________________________7  
Other (specify) _________________________________________9 |
| HH10. Respondent to household questionnaire: Name: ___________________ |
| 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**

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.

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<th>M</th>
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<th>Age</th>
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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

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 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: (HL3) Relationship to head of household: 01 Head 02 Wife/Husband 03 Son/Daughter 04 Son-in-law/Daughter-in-law 05 Parent-in-law 06 Brother/Sister 07 Parent-in-law 08 Brother-in-law/Sister-in-law 09 Other relative 10 Uncle/Aunt 11 Mee/Neighbour 12 Other relative

13 Adopted/Foster/Stepchild

14 Not related

99 Don't know
## EDUCATION

For household members age 3 and above

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For household members age 3-24 years

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### Notes
- For household members age 3 and above:
  - ED1: Name and age
  - ED2: Has (name) ever attended school or preschool? (1 Yes, 2 No)
  - ED3: Name of highest level of school attended?
  - ED4: During the (2009-2010) school year, did (name) attend school or preschool at any time? (1 Yes, 2 No)
  - ED5: During this/that school year, which level and grade is/was (NAME) attending?
  - ED6: During the previous school year, which level and grade did (name) attend? (Level: PRE-SCHOOL, PRIMARY, SECONDARY, MADRAS SECOND, HIGHER, VOCATIONAL, NON STAND CURRI)

- For household members age 3-24 years:
  - ED1: Name and age
  - ED2: Has (name) ever attended school or preschool? (1 Yes, 2 No)
  - ED3: Name of highest level of school attended?
  - ED4: During the (2009-2010) school year, did (name) attend school or preschool at any time? (1 Yes, 2 No)
  - ED5: During this/that school year, which level and grade is/was (NAME) attending?
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### WATER AND SANITATION

**WS1** WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?

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</tr>
<tr>
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<tr>
<td>Piped into compound, yard or plot</td>
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<tr>
<td>Piped to neighbour</td>
<td>13</td>
</tr>
<tr>
<td>Public tap / standpipe</td>
<td>14</td>
</tr>
<tr>
<td>Tube Well, Borehole</td>
<td>21</td>
</tr>
<tr>
<td>Dug well</td>
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<td>Protected well</td>
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<tr>
<td>Unprotected well</td>
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<tr>
<td>Rainwater collection</td>
<td>51</td>
</tr>
<tr>
<td>Tanker-truck</td>
<td>61</td>
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<tr>
<td>Cart with small tank / drum</td>
<td>71</td>
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<tr>
<td>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)</td>
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<td>Bottled water</td>
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<td>Other (specify)</td>
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**WS2** WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?

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**WS3** WHERE IS THAT WATER SOURCE LOCATED?

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<tr>
<td>Elsewhere</td>
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**WS4** HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?

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</tbody>
</table>

**WS5** WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?

<table>
<thead>
<tr>
<th>Role</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult woman (age 15+ years)</td>
<td>1</td>
</tr>
<tr>
<td>Adult man (age 15+ years)</td>
<td>2</td>
</tr>
<tr>
<td>Female child (under 15)</td>
<td>3</td>
</tr>
<tr>
<td>Male child (under 15)</td>
<td>4</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

**WS6** DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?

Yes ........................................ 1
No ........................................... 2
DK ........................................... 8

**WS7** WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?

<table>
<thead>
<tr>
<th>Method</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boil</td>
<td>A</td>
</tr>
<tr>
<td>Add bleach / chlorine</td>
<td>B</td>
</tr>
<tr>
<td>Strain it through a cloth</td>
<td>C</td>
</tr>
<tr>
<td>Use water filter (ceramic, sand, composite, etc.)</td>
<td>D</td>
</tr>
<tr>
<td>Solar disinfection</td>
<td>E</td>
</tr>
<tr>
<td>Let it stand and settle</td>
<td>F</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>X</td>
</tr>
<tr>
<td>DK</td>
<td>Z</td>
</tr>
</tbody>
</table>
### Household Characteristics

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HC1A</strong> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?</td>
<td>Islam ............................................................................................... 1</td>
</tr>
<tr>
<td></td>
<td>Christianity .................................................................................... 2</td>
</tr>
<tr>
<td></td>
<td>Other religion (specify) ................................................................ 6</td>
</tr>
<tr>
<td></td>
<td>No religion ..................................................................................... 7</td>
</tr>
<tr>
<td><strong>HC1C</strong> TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?</td>
<td>Mandinka/Jahanka ............................................................................ 01</td>
</tr>
<tr>
<td></td>
<td>Wolof .............................................................................................. 02</td>
</tr>
<tr>
<td></td>
<td>Jola/Karoninka ............................................................................... 03</td>
</tr>
<tr>
<td></td>
<td>Fula/Tukulur/Lorobo ........................................................................ 04</td>
</tr>
<tr>
<td></td>
<td>Serere ............................................................................................. 05</td>
</tr>
<tr>
<td></td>
<td>Serahuleh ....................................................................................... 07</td>
</tr>
<tr>
<td></td>
<td>Creole&amp;Aku Marabou ......................................................................... 08</td>
</tr>
<tr>
<td></td>
<td>Manjago ............................................................................................ 09</td>
</tr>
<tr>
<td></td>
<td>Bambara ........................................................................................... 10</td>
</tr>
<tr>
<td></td>
<td>Non-Gambian .................................................................................... 11</td>
</tr>
<tr>
<td></td>
<td>Other ethnic group (specify) ....................................................... 96</td>
</tr>
<tr>
<td><strong>HC2</strong> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?</td>
<td>Number of rooms ............................................................................... __</td>
</tr>
</tbody>
</table>

**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.

**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

**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

**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
<table>
<thead>
<tr>
<th>HC3</th>
<th>Main material of the dwelling floor. Record observation.</th>
<th>Natural floor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Earth / Sand ................................................................</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Dung .......................................................................</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Rudimentary floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wood planks ................................................................</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Palm / Bamboo</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Finished floor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parquet or polished wood</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Vinyl or asphalt strips</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Ceramic tiles</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Cement</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Carpet</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td>96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC4</th>
<th>Main material of the roof. Record observation.</th>
<th>Natural roofing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Roof</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Thatch / Palm leaf</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Sod</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Rudimentary Roofing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rustic mat</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Palm / Bamboo</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Wood planks</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Cardboard</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Finished roofing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Metal</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Wood</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Calamine / Cement fibre</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Ceramic tiles</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Cement/Concrete</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Roofing shingles</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Corrugated Iron/Asbestos</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td>96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC5</th>
<th>Main material of the exterior walls. Record observation.</th>
<th>Natural walls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No walls</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Cane / Palm / Trunks</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Dirt</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Rudimentary walls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bamboo with mud</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Stone with mud</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Uncovered adobe</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Plywood</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Cardboard</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Reused wood</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Mud/Krinting</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Finished walls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cement</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Stone with lime / cement</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Bricks</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Cement blocks</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Covered adobe</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Wood planks / shingles</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td>96</td>
</tr>
<tr>
<td>HC6</td>
<td>WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</td>
<td>Electricity ..........................................................01</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>HC7</td>
<td>IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</td>
<td>In the house ..................................................................1</td>
</tr>
<tr>
<td>HC8</td>
<td>DOES YOUR HOUSEHOLD HAVE:</td>
<td>Electricity ........................................................................1</td>
</tr>
<tr>
<td>HC9</td>
<td>DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</td>
<td>Watch ...............................................................................1</td>
</tr>
<tr>
<td>HC10</td>
<td>DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</td>
<td>Own ...............................................................................1</td>
</tr>
<tr>
<td>HC11</td>
<td>DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</td>
<td>Yes ...............................................................................1</td>
</tr>
<tr>
<td>HC12</td>
<td>HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</td>
<td>Hectares ............................................................................</td>
</tr>
</tbody>
</table>
**INSECTICIDE TREATED NETS**

<table>
<thead>
<tr>
<th>Module</th>
<th>Question</th>
<th>1st Net</th>
<th>2nd Net</th>
<th>3rd Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN4</td>
<td>Mosquito net observed?</td>
<td>Observed</td>
<td>1</td>
<td>Observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not observed</td>
<td>2</td>
<td>Not observed</td>
</tr>
<tr>
<td>TN5</td>
<td>Observe or ask the brand/type of mosquito net</td>
<td>PERMANENT NET Conical</td>
<td>11</td>
<td>Conical</td>
</tr>
<tr>
<td></td>
<td>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</td>
<td>Rectangular</td>
<td>12</td>
<td>Rectangular</td>
</tr>
<tr>
<td></td>
<td>Other(specify)</td>
<td>16</td>
<td>Other(specify)</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>NOT SURE</td>
<td>98</td>
<td>NOT SURE</td>
<td>98</td>
</tr>
<tr>
<td>TN6</td>
<td>HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?</td>
<td>Months ago</td>
<td>95</td>
<td>Months ago</td>
</tr>
<tr>
<td></td>
<td>If less than one month, record “00”</td>
<td>More than 36 mo. ago</td>
<td>95</td>
<td>More than 36 mo. ago</td>
</tr>
<tr>
<td></td>
<td>DK / Not sure</td>
<td>98</td>
<td>DK / Not sure</td>
<td>98</td>
</tr>
<tr>
<td>TN7</td>
<td>Check TN5 for type of net</td>
<td>☐ Long-lasting (11-16) ⇔ TN11</td>
<td></td>
<td>☐ Long-lasting (11-16) ⇔ TN11</td>
</tr>
<tr>
<td></td>
<td>☐ Pre-treated (21-28) ⇔ TN9</td>
<td></td>
<td>☐ Pre-treated (21-28) ⇔ TN9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Else ⇔ Continue</td>
<td></td>
<td>☐ Else ⇔ Continue</td>
<td></td>
</tr>
<tr>
<td>Module</td>
<td>Question</td>
<td>Answers</td>
<td>Instructions</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>TN8</td>
<td>WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?</td>
<td>Yes ........................................... 1  No ........................................... 2  DK / Not sure ......................... 8</td>
<td>Go back to TN4 for next net. If no more nets, go to next module</td>
<td></td>
</tr>
<tr>
<td>TN9</td>
<td>SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?</td>
<td>Yes ........................................... 1  No ........................................... 2  DK / Not sure ......................... 8</td>
<td>Go back to TN4 for next net. If no more nets, go to next module</td>
<td></td>
</tr>
<tr>
<td>TN10</td>
<td>HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? If less than one month, record &quot;00&quot;</td>
<td>Months ago ......................... ___  More than 24 mo. ago ............ 95  DK / Not sure ......................... 98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TN11</td>
<td>DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</td>
<td>Yes ........................................... 1  No ........................................... 2  DK / Not sure ......................... 8</td>
<td>Go back to TN4 for next net. If no more nets, go to next module</td>
<td></td>
</tr>
<tr>
<td>TN12</td>
<td>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 &quot;00&quot;</td>
<td>Name ___________________  Line number ................. ___ __</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TN13</td>
<td>Go back to TN4 for next net. If no more nets, go to next module</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INDOOR RESIDUAL SPRAYING**

<table>
<thead>
<tr>
<th>Module</th>
<th>Question</th>
<th>Answers</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR1</td>
<td>AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOS?</td>
<td>Yes ........................................... 1  No ........................................... 2  DK ........................................... 8</td>
<td>2⇒Next Module 8⇒Next Module</td>
</tr>
<tr>
<td>IR2</td>
<td>WHO SPRAYED THE DWELLING? Circle all that apply.</td>
<td>Government worker / program .......................................................... A  Private company .................................................. B  Non-governmental organization ........................................ C  Other (specify) ...................................................... X  DK ...................................................... 2</td>
<td></td>
</tr>
</tbody>
</table>
### CHILD DISCIPLINE

#### TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS
- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

<table>
<thead>
<tr>
<th>Rank</th>
<th>CD2. Line number from HL1</th>
<th>CD3. Name from HL2</th>
<th>CD4. Sex from HL4</th>
<th>CD5. Age from HL6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>2</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>3</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>4</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>5</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>6</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>7</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
<tr>
<td>8</td>
<td>__ _</td>
<td>1</td>
<td>2</td>
<td>__ _</td>
</tr>
</tbody>
</table>

CD6. Total children age 2-14 years _ ___

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

#### TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS
- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

<table>
<thead>
<tr>
<th>Last digit of household number (HH2)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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 BEHAVIOR OR TO ADDRESS A BEHAVIOR 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**

| 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 |

| 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 |
| HW4  | DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS? | Yes........................................................................1  
|      |                                                                 | No........................................................................2  
|      |                                                                 | ☰ HH19 |
| HW5  | CAN YOU PLEASE SHOW IT TO ME?                                    | Bar soap..................................................A  
|      | Record observation. Circle all that apply                         | Detergent (Powder / Liquid / Paste)..................B  
|      |                                                                 | Liquid soap..............................................C  
|      |                                                                 | Ash / Mud / Sand.........................................D  
|      |                                                                 | Notable / Does not want to show........................Y  
| HH19 | Record the time.                                                 | Hour and minutes ....................................  

| HW6A | WHEN DO YOU WASH YOUR HANDS WITH SOAP AND WATER?                 | Before or after eating ................................A  
|      |                                                                 | After cleansing a child.................................B  
|      |                                                                 | After using the toilet..................................C  
|      |                                                                 | Before or after cooking.................................D  
|      |                                                                 | Other (Specify)..........................................X  
|      |                                                                 | No regular behaviour.....................................Z  

| HH19 | Record the time.                                                 | Hour and minutes ....................................  

| SI   | SALT IODIZATION                                                    | Not iodized 0 PPM......................................1  
|      | 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? | More than 0 PPM & less than 15 PPM................2  
|      | Once you have tested the salt, circle number that corresponds to test outcome. | 15 PPM or more.........................................3  
|      |                                                                 | No salt in the house..................................6  
|      |                                                                 | Salt not tested.........................................7  

| HH20 | Does any eligible woman age 15-49 reside in the household?        | Yes. ☐ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.  
|      | Check household listing, column HL7 for any eligible woman.       | ☰ No. ☐ Continue.  

| HH21 | Does any child under the age of 5 reside in the household?        | Yes. ☐ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.  
|      | Check household listing, column HL9 for any eligible child under age 5. | ☰ 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.