

APPENDIX E THE GAMBIA QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE

Gambia Multiple Indicator Cluster Survey, 2018



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 8		HH7. LGA:	
HH6. AREA:	URBAN 1	BANJUL..... 1	
	RURAL 2	KANIFING 2	
HH8. Is the household selected for Questionnaire for Men?	YES 1	BRIKAMA 3	
	NO 2	MANSAKONKO 4	
		KEREWAN..... 5	
		KUNTAUR..... 6	
		JANJANBUREH 7	
		BASSE..... 8	
HH9. Is the household selected for Water Quality Testing?	YES 1	HH10. Is the household selected for blank testing?	YES..... 1
	NO 2		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 (<i>your name</i>). We are from The Gambia Bureau of Statistics . 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 45 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	

HH46. Result of Household Questionnaire interview:	COMPLETED..... 01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02
Discuss any result not completed with Supervisor.	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 (<i>specify</i>) 96

HH47. Name and line number of the respondent to Household Questionnaire interview:	
NAME _____	
HOUSEHOLD MEMBERS	
WOMEN AGE 15-49	
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49	
CHILDREN UNDER AGE 5	
CHILDREN AGE 5-17	

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
HH48	__ __
HH49	__
HH50	__ __
HH51	__ __
HH52	__ __

<i>To be filled after <u>all</u> the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	__ __
HH54	__ __
HH55	__ __
HH56	ZERO.... 0 ONE..... 1

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. Probe for additional household members.	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. Record line number if woman and age 15-49.	HL9. Record 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 \diamond Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO \diamond 8 DK \diamond HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO \diamond HL15	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 LGA 3 IN ANOTHER HOUSEHOLD IN ANOTHER LGA 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO \diamond HL20 8 DK \diamond HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO \diamond 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 LGA 3 IN ANOTHER HOUSEHOLD IN ANOTHER LGA 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'.
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER		
01		0 1	1 2	__	__	__	1 2	01	01	01	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	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
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:	01 HEAD	05 GRANDCHILD	09 BROTHER-IN-LAW / SISTER-IN-LAW	13 ADOPTED / FOSTER / STEPCHILD
Relationship to head of household:	02 SPOUSE / PARTNER	06 PARENT	10 UNCLE/AUNT	14 SERVANT (LIVE-IN)
	03 SON / DAUGHTER	07 PARENT-IN-LAW	11 NIECE / NEPHEW	15 CO-WIFE
	04 SON-IN-LAW / DAUGHTER-IN-LAW	08 BROTHER / SISTER	12 OTHER RELATIVE	96 OTHER (NOT RELATED)
				98 DK

EDUCATION 1																ED								
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and to next page of the module.</u>		ED3. Age 3 or above? 1 YES 2 NO ☹ Next Line		ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ☹ Next Line		ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE ☹ ED7 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 VOCATIONAL 5 DIPLOMA 6 HIGHER 8 DK								ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO 8 DK			ED7. Age 3-24? 1 YES 2 NO ☹ Next Line		ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ☹ Next Line				
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL								GRADE/YEAR			Y	N	DK	YES	NO	YES	NO
01		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
02		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
03		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
04		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
05		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
06		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
07		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
08		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
09		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
10		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
11		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
12		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
13		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
14		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	1	2	8	1	2	1	2	
15		___	1	2	1	2	0	1	2	3	4	5	6	8	___	___	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 (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ <i>ED15</i>	ED10. During 2017/2018 school year, which level and grade or year is (<i>name</i>) <u>attending</u> ? LEVEL: 0 ECE ☺ <i>ED15</i> 1 Primary 2 Lower Secondary 3 Upper Secondary 4 Vocational 5 Diploma 6 Higher 8 DK	GRADE/YEAR: 98 DK	ED15. At any time during the 2016/2017 school year did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ <i>Next Line</i> 8 DK ☺ <i>Next Line</i>	ED16. During 2016/2017 school year, which level and grade or year did (<i>name</i>) <u>attend</u> ? LEVEL: 0 ECE ☺ <i>Next Line</i> 1 Primary 2 Lower Secondary 3 Upper Secondary 4 Vocational 5 Diploma 6 Higher 8 DK	GRADE/YEAR: 98 DK
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	YES NO DK	LEVEL	GRADE/YEAR
01		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
02		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
03		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
04		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
05		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
06		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
07		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
08		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
09		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
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12		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
13		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____
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15		_____	1 2	0 1 2 3 4 5 6 8	_____	1 2 8	0 1 2 3 4 5 6 8	_____

HOUSEHOLD CHARACTERISTICS

HC

HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	ISLAM.....1 CHRISTIANITY2 TRADITIONAL3 OTHER RELIGION (<i>specify</i>).....6 NO RELIGION.....7	
HC1B. What is the nationality of (<i>name of the head of the household from HL2</i>)?	GAMBIAN01 SENEGALESE02 GUINEAN03 BISSAU GUINEAN04 MALIAN05 NIGERIAN06 SIERRA LEONEAN07 MAURITANIAN08 GHANAIAI09 LIBERIAN10 OTHER WEST AFRICAN11 OTHER AFRICAN12 NON-AFRICAN13	02 ⇒HC3 03 ⇒HC3 04 ⇒HC3 05 ⇒HC3 06 ⇒HC3 07 ⇒HC3 08 ⇒HC3 09 ⇒HC3 10 ⇒HC3 11 ⇒HC3 12 ⇒HC3 13 ⇒HC3
HC1C. What is the mother tongue/native language of (<i>name of the head of the household from HL2</i>)?	MANDINKA01 WOLLOF02 FULA03 JOLA04 SARAHULE05 SERERE06 MANJAGO07 CREOLE/ AKU MARABOUT08 BAMBARA09 OTHER LANGUAGE (<i>specify</i>).....96	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	MANDINKA01 WOLLOF02 FULA03 JOLA04 SARAHULE05 SERERE06 MANJAGO07 CREOLE/ AKU MARABOUT08 BAMBARA09 OTHER ETHNIC GROUP BAMBARA09 (<i>specify</i>).....96	

<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS__ __</p>	
<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 PLANKS21</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>LINOLEUM (Tapeh)/VINYL32</p> <p>CERAMIC TILES33</p> <p>CEMENT34</p> <p>CARPET35</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>NO ROOF 11</p> <p>THATCH / PALM LEAF 12</p> <p>RUDIMENTARY ROOFING</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN31</p> <p>WOOD32</p> <p>CALAMINE / CEMENT FIBRE.....33</p> <p>CERAMIC TILES34</p> <p>CEMENT35</p> <p>ROOFING SHINGLES36</p> <p>OTHER (<i>specify</i>) 96</p>	

<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE / PALM / TRUNKS 12</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE23</p> <p>PLYWOOD24</p> <p>CARDBOARD25</p> <p>REUSED WOOD26</p> <p>MUD/ MUD BRICKS27</p> <p>FINISHED WALLS</p> <p>CEMENT31</p> <p>STONE WITH LIME / CEMENT32</p> <p>BRICKS33</p> <p>CEMENT BLOCKS34</p> <p>WOOD PLANKS / SHINGLES36</p> <p>BAMBOO WITH CEMENT37</p> <p>OTHER (<i>specify</i>) 96</p>																															
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Bed?</p> <p>[D] Sofa?</p> <p>[E] Dining table?</p> <p>[F] Cupboard?</p> <p>[G] A Mattress?</p> <p>[H] Generator?</p> <p>[I] Solar panel?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA</td> <td>1</td> <td>2</td> </tr> <tr> <td>DINING TABLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CUPBOARD</td> <td>1</td> <td>2</td> </tr> <tr> <td>MATTRESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>GENERATOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLAR PANEL</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE	1	2	RADIO	1	2	BED	1	2	SOFA	1	2	DINING TABLE	1	2	CUPBOARD	1	2	MATTRESS	1	2	GENERATOR	1	2	SOLAR PANEL	1	2	
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HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2 NO 3	3 ⇒ HC10																								
HC9. Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>[A] A television?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] A refrigerator?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] Fan?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] Air conditioner?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] Satellite dish?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	[A] A television?	1	2	[B] A refrigerator?	1	2	[C] Fan?	1	2	[D] Air conditioner?	1	2	[E] Satellite dish?	1	2							
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HC10. Does any member of your household own:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>[A] A watch?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] A bicycle?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] A motorcycle or scooter?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] An animal-drawn cart?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] A car, truck or van?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] A boat with a motor?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] Boat without motor?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	[A] A watch?	1	2	[B] A bicycle?	1	2	[C] A motorcycle or scooter?	1	2	[D] An animal-drawn cart?	1	2	[E] A car, truck or van?	1	2	[F] A boat with a motor?	1	2	[G] Boat without motor?	1	2	
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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? <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>	OWN..... 1 RENT..... 2 RENT-FREE..... 3 OTHER (<i>specify</i>) 6																									

HC15. Does any member of this household own any land that can be used for agriculture?	YES.....1 NO2	2⇒HC17
HC16. How many hectares or acres of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES..... 1 ___ ___ ACRES2 ___ ___ 95 OR MORE95 DK98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES.....1 NO2	2⇒HC19
HC18. How many of the following animals does this household have? [A] Milk cows or bulls? [B] Other cattle? [C1] Horses? [C2] Donkey or mules? [D] Goats? [E] Sheep? [F] Chickens? [G] Pigs? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	MILK COWS OR BULLS ___ ___ OTHER CATTLE..... ___ ___ HORSES,..... ___ ___ DONKEYS OR MULES ___ ___ GOATS..... ___ ___ SHEEP ___ ___ CHICKENS ___ ___ PIGS ___ ___	
HC19. Does any member of this household have a bank account?	YES.....1 NO2 DK8	

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE.....01	01 ⇒EU5
	SOLAR COOKER02	02 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇒EU5
	PIPED NATURAL GAS STOVE.....04	04 ⇒EU5
	BIOGAS STOVE05	05 ⇒EU5
	LIQUID FUEL STOVE06	06 ⇒EU4
	MANUFACTURED SOLID FUEL STOVE.....07	
	TRADITIONAL SOLID FUEL STOVE08	
	THREE STONE STOVE / OPEN FIRE09	09 ⇒EU4
	OTHER (<i>specify</i>)..... 96	96 ⇒EU4
NO FOOD COOKED IN HOUSEHOLD97	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	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL.....01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE04	
	CHARCOAL.....05	
	WOOD06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS07	
	ANIMAL DUNG / WASTE08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS09	
	GARBAGE / PLASTIC10	
	SAWDUST11	
	OTHER (<i>specify</i>)..... 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM 1	
	IN A SEPARATE ROOM..... 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR.....4	
	ON VERANDA OR COVERED PORCH 5	
	OTHER (<i>specify</i>)..... 6	

<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING..... 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER..... 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE..... 05</p> <p>THREE STONE STOVE / OPEN FIRE 06</p> <p>OTHER (<i>specify</i>)..... 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p>	<p>01 ⇒EU8</p> <p>06 ⇒EU8</p> <p>96 ⇒EU8</p> <p>97 ⇒EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER..... 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS..... 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS..... 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL..... 06</p> <p>GASOLINE / DIESEL 07</p> <p>KEROSENE / PARAFFIN..... 08</p> <p>COAL / LIGNITE..... 09</p> <p>CHARCOAL..... 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 14</p> <p>GARBAGE / PLASTIC 15</p> <p>SAWDUST 16</p> <p>OTHER (<i>specify</i>)..... 96</p>	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>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 OTHER (<i>specify</i>) _____ 96 NO LIGHTING IN HOUSEHOLD 97</p>	
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INSECTICIDE TREATED NETS		TN
TN1. Does your household have any mosquito nets?	YES.....1 NO2	2 ⇒ End
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.	OBSERVED 1 NOT OBSERVED 2	OBSERVED1 NOT OBSERVED.....2	OBSERVED 1 NOT OBSERVED2
TN4. How many months ago did your household get the mosquito net? <i>If less than one month, record '00'.</i>	MONTHS AGO..... ____ ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) RECTANGULAR 11 CONICAL 12 OTHER BRAND (specify) 16 DK BRAND 18 OTHER TYPE (specify) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) RECTANGULAR11 CONICAL12 OTHER BRAND (specify)16 DK BRAND18 OTHER TYPE (specify)36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) RECTANGULAR 11 CONICAL 12 OTHER BRAND (specify) 16 DK BRAND 18 OTHER TYPE (specify) 36 DK BRAND/TYPE 98
TN6. Is net type LLIN (TN5=11-18)?	YES.....1 ♡ TN10 NO2	YES1 ♡ TN10 NO2	YES 1 ♡ TN10 NO 2
TN7. Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES..... 1 NO 2 DK / NOT SURE 8	YES1 NO2 DK / NOT SURE8	YES 1 NO2 DK / NOT SURE8
TN8. Was the net soaked or dipped (TN7=1)?	YES.....1 NO2 ♡ TN10	YES 1 NO2 ♡ TN10	YES 1 NO2 ♡ TN10

<p>TN9. How many months ago was the net last soaked or dipped?</p> <p><i>If less than one month, record '00'.</i></p>	<p>MONTHS AGO..... ____ ____</p> <p>MORE THAN 24 MONTHS AGO..... 95</p> <p>DK / NOT SURE..... 98</p>	<p>MONTHS AGO ____ ____</p> <p>MORE THAN 24 MONTHS AGO95</p> <p>DK / NOT SURE.....98</p>	<p>MONTHS AGO ____ ____</p> <p>MORE THAN 24 MONTHS AGO 95</p> <p>DK / NOT SURE 98</p>
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TN10. Did you get the net through the mass LLIN distribution campaign, during an antenatal care visit, or during an infant welfare clinic (IWC) visit?	YES, MASS LL IN DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IWC 3 NO 4 DK 8	YES, MASS LL IN DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IWC 3 NO 4 DK 8	YES, MASS LL IN DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, IWC 3 NO 4 DK 8
TN11. Check TN10: Is TN10=4?	YES 1 NO 2 ♡ TN13	YES 1 NO 2 ♡ TN13	YES 1 NO 2 ♡ TN13
TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98
TN13. Did anyone sleep under this mosquito net last night?	YES 1 NO 2 DK / NOT SURE 8	YES 1 NO 2 DK / NOT SURE 8	YES 1 NO 2 DK / NOT SURE 8
TN14. Did anyone sleep under the net (TN13=1)?	YES 1 NO 2 ♡ TN16	YES 1 NO 2 ♡ TN16	YES 1 NO 2 ♡ TN16
TN15. Who slept under this mosquito net last night? <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 _____ LINE NUMBER ____ NAME #2 _____ LINE NUMBER ____ NAME #3 _____ LINE NUMBER ____ NAME #4 _____ LINE NUMBER ____	NAME #1 _____ LINE NUMBER ____ NAME #2 _____ LINE NUMBER ____ NAME #3 _____ LINE NUMBER ____ NAME #4 _____ LINE NUMBER ____	NAME #1 _____ LINE NUMBER ____ NAME #2 _____ LINE NUMBER ____ NAME #3 _____ LINE NUMBER ____ NAME #4 _____ LINE NUMBER ____

TN16. <i>Is there another net?</i>	YES.....1 ☺ <i>Next Net</i>	YES1 ☺ <i>Next Net</i>	YES.....1 ☺ <i>Next Net</i>
	NO2 ☺ <i>End</i>	NO2 ☺ <i>End</i>	NO.....2 ☺ <i>End</i>

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 mosquitoes?	YES..... 1	2 ⇒End
	NO..... 2	
	DK..... 8	
IR2. Who sprayed the dwelling? <i>Record all that apply.</i>	GOVERNMENT WORKER / PROGRAM..... A	
	PRIVATE COMPANY.....B	
	NON-GOVERNMENTAL ORGANIZATIONC	
	OTHER (<i>specify</i>) _____ X	
	DK.....Z	

WATER AND SANITATION		WS
WS1. What is the <u>main</u> source of drinking water used by members of your household? <i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i>	PIPED WATER	
	PIPED INTO DWELLING..... 11	11 ⇒WS7
	PIPED TO YARD / PLOT..... 12	12 ⇒WS7
	PIPED TO NEIGHBOUR..... 13	13 ⇒WS3
	PUBLIC TAP / STANDPIPE..... 14	14 ⇒WS3
	TUBE WELL / BOREHOLE..... 21	21 ⇒WS3
	DUG WELL	
	PROTECTED WELL..... 31	31 ⇒WS3
	UNPROTECTED WELL..... 32	32 ⇒WS3
	SPRING	
	PROTECTED SPRING..... 41	41 ⇒WS3
	UNPROTECTED SPRING..... 42	42 ⇒WS3
	RAINWATER..... 51	51 ⇒WS3
	CART WITH SMALL TANK..... 71	71 ⇒WS4
	SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81	81 ⇒WS3
	PACKAGED WATER	
	BOTTLED WATER..... 91	
	SACHET WATER..... 92	
OTHER (<i>specify</i>) _____ 96	96 ⇒WS3	

<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 PIPED TO YARD / PLOT 12 PIPED TO NEIGHBOUR..... 13 PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE..... 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31 UNPROTECTED WELL..... 32</p> <p>SPRING</p> <p>PROTECTED SPRING 41 UNPROTECTED SPRING..... 42</p> <p>RAINWATER 51 TANKER-TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)81</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇨WS7 12 ⇨WS7</p> <p>61 ⇨WS4 71 ⇨WS4</p>
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3</p>	<p>1 ⇨WS7 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>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____</p> <p>LINE NUMBER ___ ___</p>	
<p>WS6. Since last (<i>day of the week</i>), 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 NO, ALWAYS SUFFICIENT 2</p> <p>DK 8</p>	<p>2 ⇨WS9 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 WATER TOO EXPENSIVE.....2 SOURCE NOT ACCESSIBLE 3 OTHER (<i>specify</i>)..... 6 DK 8</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 NO 2 DK 8</p>	<p>2 ⇒WS11 8 ⇒WS11</p>
<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>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</p>	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE..... 13 FLUSH TO DK WHERE 18 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB / OPEN PIT 23 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS14 18 ⇒WS14 95 ⇒End 96 ⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN..... 3 NO, NEVER EMPTIED 4 DK 8</p>	<p>4 ⇒WS14 8 ⇒WS14</p>

<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK 8</p>	
<p>WS14. Wheres this toilet facility located?</p>	<p>IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ End</p>
<p>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?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) 1 SHARED WITH GENERAL PUBLIC 2</p>	<p>2 ⇒ End</p>
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> __</p> <p>TEN OR MORE HOUSEHOLDS 10</p> <p>DK 98</p>	

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><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE)..... 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 5</p> <p>NO PERMISSION TO SEE..... 6</p> <p>OTHER REASON (<i>specify</i>) 7</p>	<p>5 ⇨HW5</p> <p>6 ⇨HW4</p> <p>7 ⇨HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></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>
<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 (BUCKET / JUG / KETTLE)..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 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 ⇨End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇨End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)....B</p> <p>ASH / MUD / SANDC</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><i>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.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2 ABOVE 15 PPM (AT LEAST 15 PPM) . 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇒ HH13 3 ⇒ HH13 4 ⇒ HH13 6 ⇒ HH13</p>
<p>SA2. The salt did not react to my test, so I would like to perform more tests. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of the 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>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2 ABOVE 15 PPM (AT LEAST 15 PPM) . 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	ENGLISH..... 1	
HH15. Language of the Interview.	ENGLISH..... 01 MANDINKA 02 WOLLOF 03 FULA 04 JOLA 05 SARAHULE 06 SERERE..... 07 MANJAGO 08 CREOLE/ AKU MARABOUT 09 BAMBARA 10 OTHER LANGUAGE (specify) _____ 96	

HH16. <i>Native language of the Respondent.</i>	ENGLISH..... 01 MANDINKA 02 WOLLOF 03 FULA 04 JOLA..... 05 SARAHULE 06 SERERE..... 07 MANJAGO 08 CREOLE/ AKU MARABOUT..... 09 BAMBARA 10 OTHER LANGUAGE (specify)_____ 96	
HH17. <i>Was a translator used for any parts of this questionnaire?</i>	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE..... 2 NO, NOT USED 3	
HH18. <i>Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:</i>	NO CHILDREN 0 1 CHILD..... 1 2 OR MORE CHILDREN (NUMBER) ... __	0 ⇨ HH29 1 ⇨ HH27

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. <i>Rank Number</i>	HH21. <i>Line number from HL1</i>	HH22. <i>Name from HL2</i>	HH23. <i>Sex from HL4</i>		HH24. <i>Age from HL6</i>
RANK	LINE	NAME	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	___
9	___		1	2	___
10	___		1	2	___
11	___		1	2	___
12	___		1	2	___
13	___		1	2	___
14	___		1	2	___
15	___		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 15-172

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?

- 'Yes' for all girls age 15-17 ⇒ Continue with HH34.
- 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.
- '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
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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
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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
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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≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2 ⇒ HH40
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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 MWM17 (also in UF17 and FS17, if applicable) 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 (also in UF17 and FS17, if applicable) 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 NO 2	2 ⇒ HH42
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 NO, HH9=2 2	2 ⇒ HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
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? <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>	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN..... 2	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • 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. <i>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.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS