

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE BUREAU OF STATISTICS. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH									
HH1A. Region # ____ ____ HH1. ED/ Cluster #: _____ HH2A. Building #. ____ ____ ____	HH2. Household number: ____ ____ ____ HH2V. Ward/ Village/Community Name & #: _____										
HH3. Interviewer's name and number: Name/# _____	HH4. Supervisor's name and number: Name/# _____										
HH5. Day/Month/Year of interview: _____ / _____ / _____											
HH6. Area: Urban..... 1 Rural..... 2	Household Interview Duration <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Visit</th> <th style="width: 35%;">Start time</th> <th style="width: 50%;">End Time</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Visit	Start time	End Time	1	_____	_____	2	_____	_____
Visit	Start time	End Time									
1	_____	_____									
2	_____	_____									
HH 8. Name of head of household: _____											
<i>Fill in the region, ED/cluster, and household numbers at the top of each page of this questionnaire</i>											
<i>After all questionnaires for the household have been completed, fill in the following information:</i>											
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____										
HH11. Total number of household members: _____											
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____										
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____										
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>											
HH16. Data entry clerk: Name and No.											

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

HOUSEHOLD (EXTENDED) LISTING FORM

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List all household members starting with the head of the household in line 01 (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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

HL

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL4E. TO WHICH ETHNIC GROUP++ DOES (name) BELONG?	HL4R. TO WHICH RELIGION/DENOMINATION** DOES (name) BELONG?	HL5. HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?	Eligible for:		If age 18-59 years		For children age 0-17 years ask HL9-HL12A									
							WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO 8 DK HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? If yes, record Line no. of mother and HL11.	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSE-HOLD? If yes, record Line no. of father and HL12 next line	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?		
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
01		0	1	2		01			1	2	8	1	2	8	1	2	8	1	2	8
02			1	2		02			1	2	8	1	2	8	1	2	8	1	2	8
03			1	2		03			1	2	8	1	2	8	1	2	8	1	2	8
04			1	2		04			1	2	8	1	2	8	1	2	8	1	2	8
05			1	2		05			1	2	8	1	2	8	1	2	8	1	2	8
06			1	2		06			1	2	8	1	2	8	1	2	8	1	2	8
07			1	2		07			1	2	8	1	2	8	1	2	8	1	2	8
08			1	2		08			1	2	8	1	2	8	1	2	8	1	2	8
09			1	2		09			1	2	8	1	2	8	1	2	8	1	2	8

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

10	1	2	10	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
11	1	2	11	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
12	1	2	12	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13	1	2	13	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14	1	2	14	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15	1	2	15	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

ARE THERE ANY OTHER PERSONS LIVING HERE — EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)	Mothers Very Sick (=1)	Fathers Dead (=2)	Fathers Very Sick (=1)	Totals

Code 98 only if the household member is 50 years or older and as last resort, if his/her age is unknown.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the 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 the Questionnaire for Children Under-Five. 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	10 = Uncle/ Aunt
02 = Spouse/Partner	11 = Niece/ Nephew by blood
03 = Son/ Daughter	12 = Niece/ Nephew by marriage
04 = Son/ Daughter-in-law	13 = Other relative
05 = Grand/Great-grand child	14 = Adopted/Foster/Stepchild
06 = Parent	15 = Not related
07 = Parent-in-law	16 = Grand/Great-grand parent
08 = Brother/Sister	98 = Don't Know
09 = Brother/Sister-in-law	

++ Codes for HL4E: **Ethnic Group**

1= African/Black	6= Portuguese
2= Amerindian	7= White
3= East Indian	96= Other
4= Chinese	98= Don't Know
5= Mixed	

** Codes for HL4F: **Religion**

01= Anglican	09= Hindu
02= Methodist	10= Rastafarian
03= Pentecostal	11= Other Christians
04= Roman Catholic	95= None
05= Jehovah Witness	96= Other religion
06= Seven Days Adventist	98= Don't know
07= Bahai	99= Not Stated
08= Muslim	

Region No.: _____ ED/Cluster No.: _____ Household No.: _____

EDUCATION MODULE		ED												
For household members age 5 and above		For household members age 5-24 years												
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) REACHED? WHAT IS THE HIGHEST GRADE/YEAR (name) COMPLETED AT THIS LEVEL?	ED4. DURING THIS SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE LAST SCHOOL YEAR, THAT IS, 2004- 2005?	ED8. DURING THE LAST SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR DID (name) ATTEND?						
LINE	YES	NO	LEVEL	GRADE/YR	YES	NO	DAYS	LEVEL	GRADE/YR	Y	N	DK	LEVEL	GRADE/YR
01	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
02	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
03	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
04	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
05	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
06	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
07	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
08	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
09	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
10	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
11	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
12	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
13	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---
14	1	2	0 1 2 3 4 6 8	0 1 2 3 4 6 8	1	2	---	0 1 2 3 4 6 8	---	1	2	8	0 1 2 3 4 6 8	---

WATER AND SANITATION MODULE		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into yard or plot..... 12</p> <p>Public tap/standpipe 13</p> <p>Tubewell/borehole with hand pump..... 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring..... 41</p> <p>Unprotected spring..... 42</p> <p>Rainwater collection..... 51</p> <p>Tanker-truck..... 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, creek, lake, pond, canal) 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>)..... 96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND BATHING?</p>	<p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into yard or plot..... 12</p> <p>Public tap/standpipe 13</p> <p>Tubewell/borehole with hand pump..... 21</p> <p>Dug well</p> <p>Protected well 31</p> <p>Unprotected well 32</p> <p>Water from spring</p> <p>Protected spring..... 41</p> <p>Unprotected spring..... 42</p> <p>Rainwater collection..... 51</p> <p>Tanker-truck..... 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, creek, lake, pond, canal) 81</p> <p>Other (<i>specify</i>)..... 96</p>	<p>11⇒WS5</p> <p>12⇒WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes..... _____</p> <p>Water delivered or on premises..... 995</p> <p>DK..... 998</p>	<p>995⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i></p>	<p>Adult woman 1</p> <p>Adult man..... 2</p> <p>Female child (under 15)..... 3</p> <p>Male child (under 15)..... 4</p> <p>DK..... 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒WS7</p> <p>8⇒WS7</p>

	DK..... Z	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank..... 12</p> <p>Pour flush latrine..... 13</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Traditional Pit latrine 22</p> <p>Hanging toilet51</p> <p>No toilet, use bush or field 95</p> <p>Other (<i>specify</i>)..... 96</p>	95⇒ NEXT MODULE
<p>WS8. DOES ANY OTHER HOUSEHOLDS USE THIS TOILET FACILITY?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒ NEXT MODULE
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ____</p> <p>Ten or more households..... 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING? (See explanation in manual).	No. of rooms	
HC3. WHAT IS THE MAIN MATERIAL OF THE DWELLING FLOOR ?	Natural floor Sand..... 11 Earth/ Dung..... 12 Basic floor Unpolished wood 21 Palm/bamboo..... 22 Finished floor Polished wood..... 31 Vinyl or rubber tile 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (specify)..... 96	
HC4. WHAT IS THE MAIN MATERIAL USED FOR ROOFING?	Natural roofing No Roof 11 Thatch/palm leaf/troolie 12 Finished Roofing Shingles (Asphalt)..... 31 Shingles (Wood) 32 Shingles (Other)..... 33 Metal sheet (Zinc/Aluminum/Galv) 34 Ceramic tiles 35 Concrete 36 Makeshift.....41 Other (specify)..... 96	
HC5. WHAT IS THE MAIN CONSTRUCTION MATERIAL OF THE OUTER WALLS OF YOUR DWELLING?	Natural walls No walls 11 Mud 12 Troolie palm 13 Basic walls Zinc 21 Reused wood.....22 Carton 23 Plywood 24 Finished walls Processed wood 31 Wood and Concrete..... 32 Concrete 33 Clay bricks 34 Other (specify)..... 96 Don't Know98	

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	Don't know / Not stated 0 In the house 1 In a separate building 2 Outdoors 3 Other (specify) 6																																		
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A CELL PHONE? A LAND PHONE? A REFRIGERATOR? A WASHING MACHINE? AN ELECTRIC GENERATOR? A MICROWAVE? INTERNET CONNECTION?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Radio.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Cell phone.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Land phone.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Washing machine</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Electric generator.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Microwave.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Internet connection</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Cell phone.....	1	2	Land phone.....	1	2	Refrigerator.....	1	2	Washing machine	1	2	Electric generator.....	1	2	Microwave.....	1	2	Internet connection	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A PRIVATE CAR? A BOAT WITH A MOTOR?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Bicycle.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Private car.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Boat with motor</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart.....	1	2	Private car.....	1	2	Boat with motor	1	2													
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ITN MODULE		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? <i>If 7 or more nets, record '7'.</i>	Number of nets _____	
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR KEEP AWAY MOSQUITOES?	Yes..... 1 No 2 DK/not sure..... 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago _____ More than 24 months ago..... 95 Not sure 98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/ KEEP AWAY MOSQUITOES?	Yes..... 1 No 2 DK..... 8	2⇨NEXT MODULE 8⇨NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago _____ More than 24 months ago..... 95 Not sure 98	

<p>OV1. Check HL5: any children 0-17?</p> <p><input type="checkbox"/> Yes ⇒ Continue to OV2</p> <p><input type="checkbox"/> No ⇒ Next Module</p>		
<p>OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒OV5</p>
<p>OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒OV5</p>
<p>OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?</p>	<p>Yes1</p> <p>No2</p>	<p>1⇒OV8</p>
<p>OV5. Return to the Household Listing and check the following:</p> <p>1. Check totals for HL9 and HL11.</p> <p><input type="checkbox"/> At least one mother or father dead. ⇒ Go to OV8</p> <p><input type="checkbox"/> No mother or father dead</p> <p>2. Check totals for HL8A.</p> <p><input type="checkbox"/> At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8</p> <p><input type="checkbox"/> No adult aged 18-59 very sick 3 of last 12 months</p> <p>3. Check totals for HL10A and HL12A.</p> <p><input type="checkbox"/> At least one mother or father ill 3 of last 12 months ⇒ Go to OV8</p> <p><input type="checkbox"/> No mother or father ill 3 of last 12 months ⇒ Go to Next Module</p>		

<p>OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the Household (Extended) Listing Module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Tick here <input type="checkbox"/> if continuation sheet used. Ask all questions for one child before moving to the next child.</p>				
	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	__ __	__ __	__ __	__ __
Age (from HL5)	_____	_____	_____	_____
<p>OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.</p>				
<p>OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (name). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (name), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?</p>	<p>Yes.....1 No2 DK8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>
<p>OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (name), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUNSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?</p>	<p>Yes.....1 No2 ⇒ OV13 DK8 ⇒ OV13</p>	<p>Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13</p>	<p>Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13</p>	<p>Yes..... 1 No 2 ⇒ OV13 DK 8 ⇒ OV13</p>
<p>OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?</p>	<p>Yes.....1 No2 DK8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>
<p>OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (name), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?</p>	<p>Yes.....1 No2 ⇒ OV15 DK8 ⇒ OV15</p>	<p>Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15</p>	<p>Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15</p>	<p>Yes..... 1 No 2 ⇒ OV15 DK 8 ⇒ OV15</p>
<p>OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?</p>	<p>Yes.....1 No2 DK8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>
<p>OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (name), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?</p>	<p>Yes.....1 No2 ⇒ OV17 DK8 ⇒ OV17</p>	<p>Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17</p>	<p>Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17</p>	<p>Yes..... 1 No 2 ⇒ OV17 DK 8 ⇒ OV17</p>
<p>OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?</p>	<p>Yes.....1 No2 DK8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>
<p>OV17. Check OV8 for age of child:</p>	<p><input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18</p>	<p><input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18</p>	<p><input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18</p>	<p><input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18</p>
<p>OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (name's) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>Yes..... 1 No 2 DK 8</p>

CHILD LABOUR MODULE									
To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank Now I would like to ask about any work children in this household may do.									
CL1. Line no.	CL2. Name	CL3. Since last (day of the week), did (name) do any kind of work for someone who is not a member of this household? If yes: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. If yes: about how many hours during that week did he/she do this work for someone who is not a member of this household? If more than one job, include all hours at all jobs. Record response then ⇒ CL.6	CL5. At any time during the past year, did (name) do any kind of work for someone who is not a member of this household? If yes: for pay in cash or kind? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. During the past week, did (name) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 YES 2 NO ⇒ TO CL8	CL7. If yes: since last (day of the week), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) 1 YES 2 NO ⇒ NEXT LINE	CL9. If yes: since last (day of the week), about how many hours did he/she do this work?	CL
LINE NO.	NAME	PAID YES UNPAID NO	NO. HOURS	PAID YES UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS	
01		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
02		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
03		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
04		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
05		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
06		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
07		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
08		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
09		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
10		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
11		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
12		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
13		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	
14		1 2 3	— — —	1 2 3	1 2	— — —	1 2	— — —	

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

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

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

If there is only one child aged 2-14 years in the household, then skip table 2 and go to CD9; write down in CD9, the rank number of the child (i.e. 01) and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

CD8. Last digit of the household number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child	Rank number of child _____
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instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name _____</p> <p>Line number</p>	
<p>CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM.</p> <p>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 I.E. SINCE (day of interview) OF LAST MONTH.</p> <p>AT ANYTIME DURING THAT PERIOD, WHEN (name) BEHAVED 'BAD', DID YOU OR ANYONE ELSE IN YOUR HOUSEHOLD:</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12B. EXPLAINED WHY THE BEHAVIOR WAS WRONG.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12D. SHOUTED AT, HOLLERED ON OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO AS A DISTRACTION.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12G. LASH OR HIT HIM/HER ON THE BOTTOM AND OR OTHER PARTS ON THE BODY WITH SOMETHING LIKE A STICK, WOOD, BELT, HAIRBRUSH, OR OTHER HARD OBJECT.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12H. CALLED HIM/HER STUPID, GOOD FOR NOTHING, DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12K. BEAT/ HIT HIM/HER UP WITH SOMETHING (AN OBJECT) OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD13. DO YOU THINK THAT IN ORDER TO RAISE OR BRING UP (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/ HER BY BEATING OR LASHING OR HITTING OR SUCH LIKE?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know/no opinion..... 8</p>	

CD14. Does any eligible woman age 15-17 reside in the household?

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

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

No. ⇒ Continue.

CD15. Does any child under the age of 5 reside in the household?

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

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to 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 tally the number of interviews completed on the cover page.