

Appendix F. Guyana MICS5 Questionnaires



HOUSEHOLD QUESTIONNAIRE  
MICS 5 Guyana

<b>HOUSEHOLD INFORMATION PANEL</b>		<b>HH</b>
<b>HH1.</b> Cluster number: _____	<b>HH2.</b> Household number: _____	
<b>HH3.</b> Interviewer's name and number: Name _____	<b>HH4.</b> Supervisor's name and number: Name _____	
<b>HH5.</b> Day / Month / Year of interview: ____ / ____ / 201 4	<b>HH7.</b> Region: Barima-Waini ..... 1 Pomeroon-Supenaam ..... 2 Essequibo Islands-West Demerara ..... 3 Demerara-Mahaica..... 4 Mahaica-Berbice ..... 5 East Berbice-Corentyne..... 6 Cuyuni-Mazaruni ..... 7 Potaro-Siparuni ..... 8 Upper Takutu-Upper Essequibo ..... 9 Upper Demerara-Berbice.....10	
<b>HH6.</b> Area: Urban ..... 1 Rural.....2		
<b>HH7A.</b> Location: Coastal.....1 Interior.....2		
<b>HH8.</b> Is the household selected for Questionnaire for Men? Yes ..... 1 No .....2		
<p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS THAT WILL BENEFIT YOUR HOUSEHOLD. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT <b>50</b> MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
<b>HH9.</b> Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time ..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed..... 06 Dwelling not found ..... 07 Other ( <i>specify</i> ) _____ 96		
<p><i>After the household questionnaire has been completed, fill in the following information:</i></p> <p><b>HH10.</b> Respondent to Household Questionnaire: Name _____</p> <p><b>HH11.</b> Total number of household members: _____</p> <p><b>HH12.</b> Number of women age 15-49 years: _____</p> <p><i>If the household is selected for Questionnaire for Men:</i></p> <p><b>HH13A.</b> Number of men age 15-49 years: _____</p> <p><b>HH14.</b> Number of children under age 5: _____</p>		
<p><i>After all questionnaires for the household have been completed, fill in the following information:</i></p> <p><b>HH13.</b> Number of women's questionnaires completed: _____</p> <p><i>If the household is selected for Questionnaire for Men:</i></p> <p><b>HH13B.</b> Number of men's questionnaires completed: _____</p> <p><b>HH15.</b> Number of under-5 questionnaires completed: _____</p>		
<b>HH16.</b> Field editor's name and number: Name _____	<b>HH17.</b> Main data entry clerk's name and number: Name _____	

MICS.HH.1

**HH18. Record the time.**

Hour.....  
Minutes.....

**LIST OF HOUSEHOLD MEMBERS**

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 List of Household Members have been used.

**HL**

Line no.	HL1 Name	HL2 Name	HL3 WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4 IS (name) MALE OR FEMALE?  1 Male 2 Female	HL5 WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK	HL6 HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'.	HL6A DID (name) STAY HERE LAST NIGHT?	HL6B TO WHICH ETHNIC GROUP DOES (name) BELONG?	For women age 15-49		For men age 15-49		For children age 0-17 years						For Children age 0-14								
									HL7 Circle line no. if woman age 15-49	HL7A Circle line no. if man age 15-49	HL7B Circle line no. if children age 0-4	HL11 IS (name)'S NATURAL MOTHER ALIVE?	HL12 DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13 IS (name)'S NATURAL FATHER ALIVE?	HL14 DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15 Record line no. of mother from HL12 if indicated.  If HL12 is blank or '00' ask:  WHO IS THE PRIMARY CARETAKER OF (name)?									
01			01	1			1	Group**	15-49	15-49	0-4	Y	N	DK	1	2	8	1	2	3	8	1	2	3	8	Mother	
02				1			1		01	01	01	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	Father
03				1			1		02	02	02	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
04				1			1		03	03	03	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
05				1			1		04	04	04	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
06				1			1		05	05	05	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
07				1			1		06	06	06	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
08				1			1		07	07	07	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
09				1			1		08	08	08	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
10				1			1		09	09	09	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
11				1			1		10	10	10	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
12				1			1		11	11	11	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
12				1			1		12	12	12	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	

HL1 Line no.	HL2 Name	HL3 WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4 IS (name) MALE OR FEMALE?  1 Male 2 Female	HL5 WHAT IS (name)'S DATE OF BIRTH?  98 DK 9998 DK	HL6 HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'.	HL6A DID (name) STAY HERE LAST NIGHT?	HL6B TO WHICH ETHNIC GROUP DOES (name) BELONG?	For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years					For Children age 0-14	
								HL7 Circle line no. if woman age 15-49 and the household is selected for question-naire for Men.	HL7A Circle line no. if man age 15-49 and the household is selected for questionnaire for Men.	HL7B Circle line no. if age 0-4.	HL11 IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK	HL12 DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of mother and go to HL13.  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL12A WHERE DOES (name)'S NATURAL MOTHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13 IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK	HL14 DOES (name)'S FATHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of father and go to HL15.  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL14A WHERE DOES (name)'S NATURAL FATHER LIVE?  1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15 Record line no. of mother from HL12 if indicated. If HL12 is blank or '00', ask: WHO IS THE PRIMARY CARETAKER OF (name)?  Mother
13			M F	Month Year	Age	Y N	Group**	15-49	15-49	0-4	Mother	Y N DK	Father	Y N DK	1 2 3 8	1 2 3 8	Mother
14			M F	Month Year	Age	Y N	Group**	13	13	13	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8
15			M F	Month Year	Age	Y N	Group**	14	14	14	1 2 8	1 2 8	1 2 8	1 2 8	1 2 3 8	1 2 3 8	1 2 3 8

Tick here if additional questionnaire used

Probe for additional household members.

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire. For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire. For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head	02 Spouse / Partner	03 Son / Daughter	04 Son-In-Law / Daughter-In-Law	05 Grandchild	06 Parent	07 Parent-In-Law	08 Brother / Sister	09 Brother-in-Law / Sister-in-Law	10 Uncle / Aunt	11 Niece / Nephew	12 Other relative	13 Adopted / Foster/ Stepchild	14 Servant (Live-in)	96 Other (Not related)	98 DK
** Codes for HL6B: Ethnicity of household member:	01 East Indian	02 African	03 Portuguese	04 Amerindian	05 Mixed Race	06 Chinese	96 Other	98 DK								

EDUCATION		For household members age 5 and above				For household members age 5-24 years				ED
ED1. Line number	ED2. Name and age  Copy from HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR NURSERY	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE /YEAR (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR NURSERY AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH GRADE /YEAR IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013 DID (name) ATTEND SCHOOL OR NURSERY AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE /YEAR DID (name) ATTEND?		
Line	Name	Age	Level	Grade/year	Yes	No	Level	Grade/year	Level	Grade/year
01		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
02		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
03		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
04		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
05		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
06		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
07		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
08		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
09		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
10		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
11		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
12		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
13		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
14		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___
15		___	0 1 2 3 8	___	1	2	0 1 2 3 8	___	0 1 2 3 8	___

**SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE**

**SL**

**SL1.** Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number ..... \_ \_

**SL2.** Check the number of children age 1- 17 years in SL1:

Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module

One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age

Two or more ⇒ Continue with SL2A

**SL2A.** List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

<b>SL3.</b> Rank number	<b>SL4.</b> Line number from HL1	<b>SL5.</b> Name from HL2	<b>SL6.</b> Sex from HL4		<b>SL7.</b> Age from HL6
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	_ _

**SL8.** 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 children age 1-17 years in SL1 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 circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	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

**SL9.** Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number ..... \_

Line number ..... \_

Name \_\_\_\_\_

Age ..... \_

MICS.HH.5

CHILD LABOUR		CL															
<b>CL1.</b> Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5- 17 years ⇒ Continue with CL2																	
<b>CL2.</b> NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.  SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, AND FOOD OR AGRICULTURAL PRODUCTS?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p><i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.</p>		Yes	No	[A] DID ( <i>name</i> ) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS	1	2	[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2	[C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, AND FOOD OR AGRICULTURAL PRODUCTS?	1	2	[D] SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?	1	2	
	Yes	No															
[A] DID ( <i>name</i> ) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS	1	2															
[B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2															
[C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, AND FOOD OR AGRICULTURAL PRODUCTS?	1	2															
[D] SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?	1	2															
<b>CL3.</b> Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
<b>CL4.</b> SINCE LAST ( <i>day of the week</i> ) ABOUT HOW MANY HOURS DID ( <i>name</i> ) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?  <i>If less than one hour, record "00"</i>	Number of hours ..... ____																
<b>CL5.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes ..... 1 No ..... 2	1 ⇒ CL8															
<b>CL6.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes ..... 1 No ..... 2	1 ⇒ CL8															

<p><b>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</b></p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes.....1 No.....2</p> <p>Yes.....1 No.....2</p> <p>Yes.....1 No.....2</p> <p>Yes.....1 No.....2</p> <p>Yes.....1 No.....2</p> <p>Yes.....1 No.....2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>																								
<p><b>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE</b></p>	<p>Yes.....1 No.....2</p>	<p>2⇒ CL10</p>																								
<p><b>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _ _</p>																									
<p><b>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</b></p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS FOR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking/cleaning utensils/house .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old/sick .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household .....	1	2	Repair household equipment .....	1	2	Cooking/cleaning utensils/house .....	1	2	Washing clothes .....	1	2	Caring for children .....	1	2	Caring for old/sick .....	1	2	Other household tasks .....	1	2	
	Yes	No																								
Shopping for household .....	1	2																								
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Caring for children .....	1	2																								
Caring for old/sick .....	1	2																								
Other household tasks .....	1	2																								
<p><b>CL11. Check CL10, A to G</b></p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>																										
<p><b>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _ _</p>																									

CHILD DISCIPLINE		CD																																				
<b>CD1.</b> Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
<b>CD2.</b> Write the line number and name of the child from SL9.	Line number ..... ____ Name _____																																					
<b>CD3.</b> ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name) IN THE PAST MONTH</u> .	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>(H) CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	(H) CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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<b>CD4.</b> 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 DK / No opinion ..... 8																																					

MICS.HH.8



HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christian..... 1 Hindu ..... 2 Muslim ..... 3 Rastafarian ..... 4 Bahai ..... 5  Other religion ( <i>specify</i> )_____ 6 No religion..... 7	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .....__ __	
<b>HC3.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand..... 11 Dung..... 12  Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22  Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet..... 35  Other ( <i>specify</i> )_____ 96	
<b>HC4.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch / Palm leaf ..... 12  Rudimentary roofing Rustic mat..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard..... 24  Finished roofing Metal..... 31 Wood ..... 32 Calamine / Cement fibre..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles..... 36 Roof tiles ..... 37  Other ( <i>specify</i> )_____ 96	

MICS.HH.9

<p><b>HC5. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11  Cane / Palm / Trunks..... 12  Dirt..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21  Stone with mud ..... 22  Uncovered adobe..... 23  Plywood ..... 24  Cardboard ..... 25  Reused wood ..... 26  Finished(wooden)walls.....27C  ement..... 31  Stone with lime / cement ..... 32  Bricks..... 33  Cement blocks ..... 34  Covered adobe ..... 35  Wood planks / shingles..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>																						
<p><b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</b></p>	<p>Electricity ..... 01  Liquefied Petroleum Gas (LPG)..... 02  Natural gas ..... 03  Biogas..... 04  Kerosene ..... 05</p> <p>Coal / Lignite ..... 06  Charcoal ..... 07  Wood ..... 08  Straw / Shrubs / Grass ..... 09  Animal dung..... 10  Agricultural crop residue..... 11</p> <p>No food cooked in household .....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8  02⇒HC8  03⇒HC8  04⇒HC8  05⇒HC8</p> <p>95⇒HC8</p>																					
<p><b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b></p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>    In a separate room used as kitchen ..... 1      Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3  Outdoors..... 4</p> <p>Other (<i>specify</i>) _____ 6</p>																						
<p><b>HC8. DOES YOUR HOUSEHOLD HAVE:</b></p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] LANDLINE TELEPHONE</p> <p>[E] A REFRIGERATOR?</p> <p>[F] STOVE THAT WORKS WITH SOLAR ENERGY</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Solar stove.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television.....	1	2	Non-mobile telephone .....	1	2	Refrigerator.....	1	2	Solar stove.....	1	2	
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Solar stove.....	1	2																					

[G] A COMPUTER (DESKTOP, LAPTOP, TABLET)	Computer.....	1	2	
[H] CONNECTION TO CABLE TV	Cable TV.....	1	2	
[I] A LAND DREDGE FOR MINING	Land dredge for mining.....	1	2	
[J] A TRACTOR/COMBINE	Tractor/Combine .....	1	2	
[K] A MATTRESS FOR SLEEPING	Mattress for sleeping .....	1	2	
[L] A SET OF TABLE AND CHAIRS	Set of table and chairs.....	1	2	
[M] A SOLAR PANEL	Solar panel.....	1	2	
[N] A GENERATOR	Generator.....	1	2	
[O] A WASHING MACHINE	Washing machine.....	1	2	
<b>HC9.</b> DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
[A] A WATCH?	Watch .....	1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone.....	1	2	
[C] A BICYCLE?	Bicycle .....	1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter .....	1	2	
[E] CATTLE/DONKEY/HORSE CART?	Cattle/ Donkey/ Horse Cart .....	1	2	
[F] A CAR OR TRUCK?	Car / Truck.....	1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor .....	1	2	
[H] BUS	Bus .....	1	2	
[I] DIGITAL PHOTO CAMERA	Digital photo camera .....	1	2	
<b>HC10.</b> DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	Own .....	1		
	Rent.....	2		
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (specify) _____	6		
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>				
<b>HC11.</b> DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes .....	1		
	No.....	2		2⇒HC13
<b>HC12.</b> HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Acres .....	___	___	
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>				
<b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes .....	1		
	No.....	2		2⇒HC15

<p><b>HC14.</b> HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS/DUCKS/TURKEYS</p> <p>[F] PIGS?</p> <p>(G) OTHER (SPECIFY)</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ..... __ __</p> <p>Horses, donkeys, or mules ..... __ __</p> <p>Goats ..... __ __</p> <p>Sheep ..... __ __</p> <p>Chickens ..... __ __</p> <p>Pigs ..... __ __</p> <p>Other (<i>specify</i>) _____</p>	
<p><b>HC15.</b> I DO NOT WANT TO KNOW HOW MUCH MONEY IS IN THE ACCOUNT; DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No.....2</p> <p>DK .....3</p>	

MICS.HH.12

INSECTICIDE TREATED NETS		TN
<b>TN1.</b> DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes..... 1 No ..... 2	2⇒Next Module
<b>TN2.</b> HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ..... ____ ____	
<b>TN3.</b> Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net
<b>TN4.</b> Mosquito net observed?	Observed ..... 1 Not observed..... 2	Observed..... 1 Not observed ..... 2	Observed ..... 1 Not observed..... 2
<b>TN5.</b> Observe or ask the type of mosquito net.  <i>If type is unknown and you cannot observe the net, show pictures of typical net types to respondent.</i>	Long-lasting treated net ..... 11 Pre-treated net ..... 21 Other net (specify) ..... 36 DK type..... 98	Long-lasting treated net ..... 11 Pre-treated net..... 21 Other net (specify) ..... 36 DK type ..... 98	Long-lasting treated net ..... 11 Pre-treated net ..... 21 Other net (specify) ..... 36 DK type..... 98
<b>TN6.</b> 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 mo. ago... 95 DK / Not sure..... 98	Months ago..... ____ ____ More than 36 mo. ago... 95 DK / Not sure..... 98	Months ago ..... ____ ____ More than 36 mo. ago... 95 DK / Not sure..... 98
<b>TN7.</b> Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
<b>TN8.</b> WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes ..... 1 No..... 2 DK / Not sure..... 8	Yes..... 1 No ..... 2 DK / Not sure ..... 8	Yes ..... 1 No..... 2 DK / Not sure..... 8
<b>TN9.</b> 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 ⇒ TN11	Yes..... 1 No ..... 2 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No..... 2 DK / Not sure..... 8 ⇒ TN11

MICS.HH.13

<p><b>TN10.</b> 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 mo. ago... 95</p> <p>DK / Not sure..... 98</p>	<p>Months ago..... __ __</p> <p>More than 24 mo. ago...95</p> <p>DK / Not sure .....98</p>	<p>Months ago ..... __ __</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure..... 98</p>
<p><b>TN11.</b> DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure..... 8</p> <p style="text-align: center;">⇒ TN13</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure..... 8</p> <p style="text-align: center;">⇒ TN13</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure..... 8</p> <p style="text-align: center;">⇒ TN13</p>
<p><b>TN12.</b> WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00"</i></p>	<p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p>	<p>Name _____</p> <p>Line number..... __ __</p> <p>Name _____</p> <p>Line number..... __ __</p> <p>Name _____</p> <p>Line number..... __ __</p> <p>Name _____</p> <p>Line number..... __ __</p>	<p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p> <p>Name _____</p> <p>Line number ..... __ __</p>
<p><b>TN13.</b></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>
			<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

WATER AND SANITATION		WS
<b>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</b>	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour..... 13	13⇒WS6
	Public tap / standpipe..... 14	14⇒WS3
	Tube Well, Borehole ..... 21	21⇒WS3
	Dug well	31⇒WS3
	Protected well..... 31	32⇒WS3
	Unprotected well..... 32	41⇒WS3
	Water from spring	42⇒WS3
	Protected spring ..... 41	51⇒WS3
	Unprotected spring ..... 42	61⇒WS3
	Rainwater collection..... 51	71⇒WS3
	Tanker-truck ..... 61	
	Cart with small tank / drum..... 71	81⇒WS3
Surface water (river, stream, lake, pond, canal, creek/stream irrigation channel) ..... 81		
Bottled water ..... 91		
Other ( <i>specify</i> ) _____ 96	96⇒WS3	
<b>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</b>	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour..... 13	13⇒WS6
	Public tap / standpipe..... 14	
	Tube Well, Borehole ..... 21	
	Dug well	
	Protected well..... 31	
	Unprotected well..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring ..... 42	
	Rainwater collection..... 51	
	Tanker-truck ..... 61	
	Cart with small tank / drum..... 71	
Surface water (river, creek/stream, lake, pond, canal, irrigation channel) ..... 81		
Other ( <i>specify</i> ) _____ 96		
<b>WS3. WHERE IS THAT WATER SOURCE LOCATED?</b>	In own dwelling..... 1	1⇒WS6
	In own yard / plot ..... 2	2⇒WS6
	Elsewhere ..... 3	
<b>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</b>	Number of minutes ..... _____	
	DK..... 998	

<p><b>WS5.</b> WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1          Adult man (age 15+ years) ..... 2          Female child (under 15) ..... 3          Male child (under 15)..... 4</p> <p>DK ..... 8</p>	
<p><b>WS6.</b> DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1          No..... 2</p> <p>DK ..... 8</p>	<p>2⇒WS8  8⇒WS8</p>
<p><b>WS7.</b> WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items 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</p> <p>Other (<i>specify</i>) _____ X          DK ..... Z</p>	
<p><b>WS8.</b> 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 somewhere else..... 14          Flush to unknown place / Not sure / DK where ..... 15</p> <p>Pit latrine          Ventilated Improved Pit latrine (VIP) .... 21          Pit latrine with slab ..... 22          Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet ..... 31          Bucket..... 41          Hanging toilet, Hanging latrine..... 51</p> <p>No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next Module</p>
<p><b>WS9.</b> DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes ..... 1          No..... 2</p>	<p>2⇒Next Module</p>
<p><b>WS10.</b> 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>Other households only (not public) ..... 1          Public facility ..... 2</p>	<p>2⇒Next Module</p>
<p><b>WS11.</b> HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___</p> <p>Ten or more households ..... 10</p> <p>DK ..... 98</p>	



HANDWASHING		HW
<b>HW1.</b> WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.  CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed ..... 1	
	Not observed	
	Not in dwelling / plot / yard ..... 2	2 ⇒HW4
	No permission to see..... 3	3 ⇒HW4
	Other reason (specify)..... 6	6 ⇒HW4
<b>HW2.</b> Observe presence of water at the place for handwashing.  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1	
	Water is not available ..... 2	
<b>HW3A.</b> Is soap, detergent or ash/mud/sand present at the place for hand washing?	Yes, present..... 1	
	No, not present ..... 2	2⇒HW4
<b>HW3B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap ..... A	A⇒HH19
	Detergent (Powder / Liquid / Paste)..... B	B⇒HH19
	Liquid soap ..... C	C⇒HH19
	Ash / Mud / Sand ..... D	D⇒HH19
<b>HW4.</b> DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes ..... 1	
	No..... 2	2⇒HH19
<b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1	
	No, not shown ..... 2	2⇒HH19
<b>HW5B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap ..... A	
	Detergent (Powder / Liquid / Paste)..... B	
	Liquid soap ..... C	
	Ash / Mud / Sand ..... D	

MICS.HH.17

<b>HH19.</b> Record the time.	Hour and minutes..... ____ : ____	
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<b>SALT IODIZATION</b>		<b>SI</b>
<p><b>SI1.</b> WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED/IODATED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Test salt for iodine using the iodate test kit. Remember to use the re-check solution on a fresh sample if no reaction is observed.</i></p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM .....1  More than 0 PPM &amp; less than 15 PPM .....2  15 PPM or more.....3</p> <p>No salt in the house .....4</p> <p>Salt not tested  (specify reason) _____ 5</p>	<p>2 ⇨ HH20  3 ⇨ HH20  4 ⇨ HH20  5 ⇨ HH20</p>
<p><b>SI2.</b> AS THE FIRST TEST WAS NEGATIVE I WILL NEED TO REPEAT IT USING ANOTHER METHOD. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT?</p> <p><i>Test salt for iodine using the iodide test kit.</i></p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM .....1  More than 0 PPM &amp; less than 15 PPM .....2  15 PPM or more.....3</p>	

**HH20.** Thank the respondent for his/her cooperation and check the List of Household Members:

A separate *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* has been issued for each woman age 15-49 years in the List of Household Members (HL7)

Check HH8. If the household is selected for *QUESTIONNAIRE FOR INDIVIDUAL MEN*:

A separate *Questionnaire for Individual Men* has been issued for each man age 15-49 years in the List of Household Members (HL7A)

A separate *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* has been issued for each child under age 5 years in the List of Household Members (HL7B)

*Return to the cover page and make sure that the result of the household interview (HH 9) the name and line number of the respondent to the household questionnaire (HH 10) and the number of eligible women (HH12), Men HH13A and under-fives (HH 14) are entered.*

*Make arrangements for the administration of the remaining questionnaire(s) in this household.*

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**