

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE IRAQ 2011

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH2a. Geographical Location (GPS coordinates)	Longitude	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Latitude	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HH3. Field interviewer (researcher) name and number: Name _____	HH4. Field supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Location: 1. Governorate 2. District 3. Sub-district 4. <i>Mahalah</i> (quarter) 5. County 6. Village 7. Block 8. Census- Building number.....	

WE ARE FROM (***the Central Organisation for Statistics (CSO) and the Ministry of Health***). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT THIRTY MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM. WE WOULD LIKE TO TALK TO YOU; THEREFORE, WE HOPE YOU CAN PARTICIPATE IN THIS SURVEY, BECAUSE YOUR OPINION / VIEWS ARE IMPORTANT.

MAY I START NOW?

- Yes, permission is given* ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given* ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. 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	HH10. Respondent to household questionnaire: Name: _____ Line Number: ___ ___ HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___
HH16. Field edited by (Name and number): Name _____ ___ ___	HH17. Locally edited by (Name and number): Name _____ ___ ___
HH17A. Centrally edited by (Name and number): Name _____ ___ ___	HH17B. Data entry clerk (Name and number): Name _____ ___ ___

HH18.
Record the time.
Morning 1
Evening 2
Hour..... ____
Minutes..... ____

HOUSEHOLD LISTING FORM

HL

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 additional questionnaire if there are more than 15 members in the household.

	For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years
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HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95' If less than one year write '00'</i>	HL7. <i>Circle line number if woman is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (name)'S NATURAL MOTHER ALIVE? IF YES: WHAT IS HER NAME?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record line number of mother or 00 for "No"</i>	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? IF YES: WHAT IS HIS NAME? <i>Record line number of father or 00 for "No"</i>
			1 Male 2 Female	98 DK 9998 DK	Month	Year								
01		0 1	1	2	___	_____	___	01	___	___	1 2 8	___	1 2 8	___
02		___	1	2	___	_____	___	02	___	___	1 2 8	___	1 2 8	___
03		___	1	2	___	_____	___	03	___	___	1 2 8	___	1 2 8	___
04		___	1	2	___	_____	___	04	___	___	1 2 8	___	1 2 8	___
05		___	1	2	___	_____	___	05	___	___	1 2 8	___	1 2 8	___
06		___	1	2	___	_____	___	06	___	___	1 2 8	___	1 2 8	___
07		___	1	2	___	_____	___	07	___	___	1 2 8	___	1 2 8	___
08		___	1	2	___	_____	___	08	___	___	1 2 8	___	1 2 8	___
09		___	1	2	___	_____	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1	2	___	_____	___	10	___	___	1 2 8	___	1 2 8	___
11		___	1	2	___	_____	___	11	___	___	1 2 8	___	1 2 8	___

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (name)'S NATURAL MOTHER ALIVE? IF YES: WHAT IS HER NAME?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? IF YES: WHAT IS HIS NAME?	
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95' If less than one year write '00'	Circle line number if woman is age 15-49	Record line number of mother/ caretaker	Record line number of mother/ caretaker	1 Yes 2 No [⊗] 8 DK [⊗] HL13	Record line number of mother or 00 for "No"	1 Yes 2 No [⊗] 8 DK [⊗] Next Line	Record line number of father or 00 for "No"	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
12		___	1	2	___	_____	___	12	___	___	1 2 8	___	1 2 8	___
13		___	1	2	___	_____	___	13	___	___	1 2 8	___	1 2 8	___
14		___	1	2	___	_____	___	14	___	___	1 2 8	___	1 2 8	___
15		___	1	2	___	_____	___	15	___	___	1 2 8	___	1 2 8	___

Tick here if additional questionnaire used

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

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

- * Codes for HL3: Relationship to head of household:
- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| 01 Head | 06 Parent | 11 Niece / Nephew |
| 02 Wife / Husband | 07 Parent-In-Law | 12 Other relative |
| 03 Son / Daughter | 08 Brother / Sister | 13 Adopted / Foster / Stepchild |
| 04 Son-In-Law / Daughter-In-Law | 09 Brother-In-Law / Sister-In-Law | 14 Not related |
| 05 Grandchild | 10 Uncle / Aunt | 98 Don't know |

EDUCATION												ED			
For household members age 5 and above						For household members age 5-24 years									
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ↘ Next Line		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK If level=0 or 8, leave grade blank		ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ ED7		ED6. DURING THE (2010-2011) SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK If level=0, leave grade blank		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line			ED8. DURING THE (2009-2010) SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Intermediate 3 Secondary 4 Diploma 5 Bachelor 6 Higher studies 7 Nonstandard curriculum 8 DK If level=0, go to next person	
					Level	Grade: 98 DK If less than 1 grade, enter 00.	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
02			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
03			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
04			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
05			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
06			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
07			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
08			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
09			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
10			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
11			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
12			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
13			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
14			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	
15			1	2	0 1 2 3 4 5 6 7 8		1	2	0 1 2 3 4 5 6 7 8		1	2	8	0 1 2 3 4 5 6 7 8	

WATER AND SANITATION		WS
<p>WS5. 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>	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK..... 8	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	Yes 1 No 2 DK..... 8	2⇒WS8 8⇒WS8
<p>WS7. 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>	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>WS8. 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 necessary, ask permission to observe the facility.</i></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 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96	95⇒ WS12
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	Yes 1 No 2	2⇒ WS12
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	Other households only (not public) 1 Public facility 2	2⇒ WS12
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	Number of households (if less than 10) 0 ____ Ten or more households 10 DK..... 98	

WATER AND SANITATION		WS
WS12: HOW DO YOU USUALLY DISPOSE OF WASTE (GARBAGE)?	Collection from dwelling	
	Closable containers.....1	
	No containers.....2	
	Uncovered containers on streets.....3	03⇒ HC
	Closable containers on streets4	04⇒ HC
	Waste disposed of in the open5	05⇒ HC
	Burning.....6	06⇒ HC
	Used as organic fertilizer (compost)7	07⇒ HC
	Burying.....8	08⇒ HC
Other (specify).....9	09⇒ HC	
WS13: HOW MANY TIMES WASTE IS COLLECTED IN THE PAST 14 DAYS BEFORE THE DAY OF THE VISIT?	Once in 2 weeks1	
	Once a week2	
	Twice a week or more3	
	Once a day4	
	Twice a day5	
WS6A. TESTING CHLORINE (CONCENTRATION) IN WATER	Less than (0.5).....1	
	(0.5 – 1).....2	
	(1 – 1.5).....3	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms	__ __
HC3. Main material of the dwelling floor. <i>Record observation.</i>	Natural floor Earth / Sand 11 Clay / stony soil / rocky ground 12 Rudimentary floor Wood planks 21 Palm / Bamboo / Grass 22 Canes / reeds 23 Finished floor Parquet or polished wood 31 Asphalt strips..... 32 <i>Kashi "tiles"</i> (mosaic, marble, ceramic) 33 Cement (slab)..... 34 Carpet or permanent moquette 35 Plastic strips..... 36 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Mud with dry hard straw 12 Grass stems 13 Rudimentary Roofing Rustic mat 21 Palm / Bamboo..... 22 Wood planks 23 Cardboard 24 Canes / reeds 25 Finished (modern) roofing Metal..... 31 Wooden..... 32 Jenco (Metal sheets) or Asbestos sheets 33 Ceramic tiles 34 Cement (reinforced concrete) 35 Roofing shingles..... 36 <i>Shelman</i> (Bricks and T-steel / <i>Akada</i> (bricks and gypsum) 37 Other (<i>specify</i>) 96	

HOUSEHOLD CHARACTERISTICS		HC																								
<p>HC5. 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>Mud 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime / cement..... 32</p> <p>Bricks..... 33</p> <p>Cement blocks 34</p> <p>Clay bricks 35</p> <p>Wood planks / shingles 36</p> <p>Metal sheets (<i>Jenco</i>) 37</p> <p>Taboog 38</p> <p>Other (<i>specify</i>) 96</p>																									
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Gas..... 02</p> <p>Kerosene 05</p> <p>Charcoal 07</p> <p>Wood 08</p> <p>Straw / Shrubs / Grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																								
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</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</p> <p>Elsewhere in the house 2</p> <p>In a separate building..... 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																									
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] AN ELECTRIC REFRIGERATOR?</p> <p>[F] A SATELLITE SYSTEM (PARABOLIC DISH)?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity, national grid.</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>Satellite system (arabolic dish)</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internet connection</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity, national grid.	1	2	Radio.....	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Satellite system (arabolic dish)	1	2	Internet connection	1	2	
	Yes	No																								
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Internet connection	1	2																								

HOUSEHOLD CHARACTERISTICS		HC
[G] INTERNET CONNECTION?	Shared grid (External generator)1 . 2	
[H] SHARED GRID (EXTERNAL GENERATOR)?	Power generator 1 2	
[I] OWN POWER GENERATOR?	Deep freezer 1 2	
[J] DEEP FREEZER?	Split unit air conditioner..... 1 2	
[K] SPLIT UNIT AIR CONDITIONER?	Air cooler 1 2	
[L] AIR COOLER?	Cold box 1 2	
[M] COLD BOX (WOOD OR ASBESTOS)?	Earthen water container 1 2	
[M] EARTHEN WATER CONTAINER?		
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WRIST WATCH?	Watch.....1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone.....1 2	
[C] A BICYCLE?	Bicycle.....1 2	
[D] A MOTORCYCLE?	Motorcycle.....1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart.....1 2	
[F] A CAR OR TRUCK?	Car / Truck.....1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor.....1 2	
[H] COMPUTER?	Boat with motor.....1 2	
HC10. 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 (Not owned or rented) 6	
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>		
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No.....2	2⇒HC13
HC12. HOW MANY DUNUMS (HECTARS) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Dunums (Hectares) ____ ____	
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>		
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No.....2	2⇒HC15

HOUSEHOLD CHARACTERISTICS		HC
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS?</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 __ __ Horses, donkeys, or mules __ __ Goats..... __ __ Sheep..... __ __ Chickens __ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1 No..... 2</p>	

CHILD LABOUR													CL							
To be administered for mother/ care taker of all children in the household age 5-14 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 number	CL2. Name and Age		CL3. DURING THE PAST 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?			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS 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.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners.		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
Line	Name	Age	Yes Paid	No Unpaid	3	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		
01			1	2	3			1	2			1	2			1	2			
02			1	2	3			1	2			1	2			1	2			
03			1	2	3			1	2			1	2			1	2			
04			1	2	3			1	2			1	2			1	2			
05			1	2	3			1	2			1	2			1	2			
06			1	2	3			1	2			1	2			1	2			
07			1	2	3			1	2			1	2			1	2			
08			1	2	3			1	2			1	2			1	2			
09			1	2	3			1	2			1	2			1	2			
10			1	2	3			1	2			1	2			1	2			
11			1	2	3			1	2			1	2			1	2			
12			1	2	3			1	2			1	2			1	2			
13			1	2	3			1	2			1	2			1	2			
14			1	2	3			1	2			1	2			1	2			
15			1	2	3			1	2			1	2			1	2			

Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	___
CD6.	Total children age 2-14 years				___

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

Table 2: Selection of Random Child for Child Discipline Questions

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

CD7. Household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
01	1	1	3	1	4	1	6	5
02	1	2	1	2	5	2	7	6
03	1	1	2	3	1	3	1	7
04	1	2	3	4	2	4	2	8
05	1	1	1	1	3	5	3	1
06	1	2	2	2	4	6	4	2
07	1	1	3	3	5	1	5	3
08	1	2	1	4	1	2	6	4
09	1	1	2	1	2	3	7	5
10	1	2	2	4	3	6	5	4

CD8. Record the rank number of the selected child

CHILD DISCIPLINE		CD
CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number _ _	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</u>		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes.....1 No2	
CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.	Yes.....1 No2	
CD13. SHOOK HIM/HER.	Yes.....1 No2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD, NECK OR EARS.	Yes.....1 No2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes.....1 No2	
CD21A. BURN HIM/HER USING A HOT METAL OR ANYTHING ELSE?	Yes.....1 No2	
CD21B. BIT/HIT HIM/HER?	Yes.....1 No2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.....1 No2 Don't know / No opinion.....8	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason 6</p>	<p>2 ⇒ HW4</p> <p>3 ⇒ HW4</p> <p>6 ⇒ HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for handwashing.</i></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. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>None Y</p>	<p>A ⇒ HH19</p> <p>B ⇒ HH19</p> <p>C ⇒ HH19</p> <p>D ⇒ HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p> <p>Not able / Does not want to show Y</p>	

SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1</p> <p>Less than 15 PPM 2</p> <p>15 PPM or more 3</p> <p>No salt in the house 6</p> <p>Salt not tested 7</p>	

WATER TESTING		WT
<p>Check if WS1 and WS2 is 11, 12, 13 14.</p> <p><input type="checkbox"/> Yes, proceed with WT1</p> <p><input type="checkbox"/> No, skip to HH20</p>		
<p>WT1 WE WOULD LIKE TO CHECK WHETHER PIPED WATER USED IN YOUR HOUSEHOLD IS CHLORINATED.</p> <p>MAY I HAVE A SAMPLE OF THE WATER FROM YOUR HOUSEHOLD?</p>	<p>Yes, got water 1</p> <p>No 2</p>	2⇒HH20
<p>WT2. TESTING CHLORINE (CONCENTRATION) IN WATER</p>	<p>Less than 0.5 1</p> <p>0.5 – 0.9 2</p> <p>1-1.5..... 3</p> <p>1.6 – 2.5..... 4</p> <p>Greater than 2.5..... 5</p> <p>Does not have chlorine 6</p> <p>Did not test the water 7</p>	

HH19. Record the time.	Hour __ __ Minutes..... __ __	
<p>HH20. Does any eligible woman age 15-49 reside in the household?</p> <p>Check Household Listing Form, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>		
<p>HH21. Does any child under the age of 5 reside in the household?</p> <p>Check Household Listing Form, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.</p>		

Interviewer's Observations		
Field Editor's Observations		
Name:	Signature:	Date: \ \
Local Supervisor's Observations		
Name:	Signature:	Date: \ \
Central Supervisor's Observations		
Name:	Signature:	Date: \ \