

APPENDIX E. MICS6 IRAQ QUESTIONNAIRES

The questionnaires of the Survey name MICS are presented in Appendix E:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Children Under Five
- Questionnaire for Children Age 5-17

1. HOUSEHOLD QUESTIONNAIRE



HOUSEHOLD QUESTIONNAIRE

Iraq, 2018



HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____	
HH5. Day / Month / Year of interview: ____ / ____ / <u>2 0 1 8</u>		HH7. REGION: GOVERNORATE _____ DISTRICT _____ SUB-DISTRICT..... _____ MAHALLA/QUARTER..... _____ SECTOR _____ VILLAGE _____ BLOCK _____ BUILDING _____	
HH6. AREA:	URBAN 1 RURAL 2		
HH8. Is the household selected for Questionnaire for Men?	NO 2		
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2

CHECK THAT THE RESPONDENT IS A KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD AND AT LEAST 18 YEARS OLD BEFORE PROCEEDING. YOU MAY ONLY INTERVIEW A CHILD AGE 15-17 IF THERE IS NO ADULT MEMBER OF THE HOUSEHOLD OR ALL ADULT MEMBERS ARE INCAPACITATED. YOU MAY NOT INTERVIEW A CHILD UNDER AGE 15.	HH11. RECORD THE TIME.
	HOURS : MINUTES :
HH12. HELLO, MY NAME IS (YOUR NAME). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH . WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. IF YOU DO NOT WISH TO ANSWER A QUESTION OR STOP THE INTERVIEW, PLEASE LET ME KNOW. MAY I START NOW?	
YES.....1 No / NOT ASKED.....2	1 ⇨ LIST OF HOUSEHOLD MEMBERS 2 ⇨ HH46

HH46. <i>Result of Household Questionnaire interview:</i>	COMPLETED	01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	03
	REFUSED	04
	DWELLING VACANT OR ADDRESS NOT A DWELLING	05
	DWELLING DESTROYED	06
	DWELLING NOT FOUND	07
<i>Discuss any result not completed with Supervisor.</i>	OTHER (specify)	96

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

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

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

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time.

HL1. LINE NUMBER	HL2. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.	HL3. WHAT IS THE RELATIONSHIP OF (NAME) TO (NAME) OF THE HEAD OF HOUSEHOLD)?	HL4. IS (NAME) MALE OR FEMALE?	HL5. What is (name)'s date of birth?	HL6. How OLD IS (NAME)? RECORD IN COMPLETED YEARS. IF AGE IS 95 OR ABOVE, RECORD '95'. IF AGE IS LESS THAN 1 YEAR, RECORD '00'.	HL8. RECORD LINE NUMBER IF WOMAN AGE 15- AND AGE 49 AND HH8 IS 15-49. YES.	HL9. RECORD LINE NUMBER IF MAN, AGE 15- AND HH8 IS YES.	HL10. RECORD LINE NUMBER if age 0-4 (less than 5 years).	HL11. Age 0-17?	HL12. IS (NAME)'S NATURAL MOTHER ALIVE?	HL13. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. IS (NAME)'S NATURAL FATHER ALIVE?	HL17. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. COPY THE LINE NUMBER OF MOTHER FROM HL14. IF BLANK, ASK: WHO IS THE PRIMARY CARETAKER OF (NAME)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	W 15-49	M 15-49	0-4	Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	13 ADOPTED / FOSTER / STEPCHILD 14 SERVANT (LIVE-IN) 96 OTHER (NOT RELATED) 98 DK
01		0_1	1 2		998 DK		01	01	0-4	Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	13 ADOPTED / FOSTER / STEPCHILD 14 SERVANT (LIVE-IN) 96 OTHER (NOT RELATED) 98 DK
02			1 2				02	02		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
03			1 2				03	03		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
04			1 2				04	04		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
05			1 2				05	05		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
06			1 2				06	06		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
07			1 2				07	07		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
08			1 2				08	08		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
09			1 2				09	09		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	
10			1 2				10	10		Y N	Y N DK	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	Y N DK	

* Codes for HL3:
 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

EDUCATION 1										ED			
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ∇ Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ∇ Next Line	ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE ∇ 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ∇ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ∇ Next Line						
LINE	NAME	AGE	YES	NO	YES	NO	DK	YES	NO	YES	NO		
01		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
02		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
03		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
04		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
05		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
06		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
07		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
08		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
09		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2
10		___	1	2	1	2	0 1 2 3 4 5 6 7 8	___	1	2	8	1	2

EDUCATION 2		ED										
ED1. Line number	ED2. Name and age.	ED9.	ED10.	ED11.	ED12.	ED13.	ED14.	ED15.	ED16.			
		At any time during the current school (2017-18) year did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ∇ ED15	During this current school year (2017-18), which level and grade or year is (<i>name</i>) attending? LEVEL: 0 ECE ∇ 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK	WHO IS MANAGING THE SCHOOL 1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER (ARABIC OR FOREIGN) 8 DK	In the current school year (2017-18), has (<i>name</i>) received any school tuition support? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO ∇ ED14 8 DK ∇ ED14	Who provided the tuition support? Record all mentioned. A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER (ARABIC OR FOREIGN) Z DK	For the current school year (2017-18), has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	At any time during the previous school year (2016-17) did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ∇ Next Line 8 DK ∇ Next Line	During that previous school year (2016-17), which level and grade or year did (<i>name</i>) attend? LEVEL: 0 ECE ∇ 1 PRIMARY 2 INTERMEDIATE 3 DIPLOMA (5 YEARS AFTER INTERMEDIATE) 4 SECONDARY 5 DIPLOMA 6 BACHELORS DEGREE 7 HIGHER EDUCATION 8 DK			
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01			1 2	0 1 2 3 4 5 6 7 8		1 2 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 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 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8	

HOUSEHOLD CHARACTERISTICS		HC
<p>HC1A. WHAT IS THE RELIGION OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	<p>MUSLIM.....1 CHRISTIAN2 SABE'E.....3 AZIDI.....4</p> <p>OTHER RELIGION <i>(specify)</i> _____ 6</p>	
<p>HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>)?</p>	<p>ARABIC.....1 KURDISH.....2 TURKMAN.....3 ASSERIAN4</p> <p>OTHER LANGUAGE <i>(specify)</i> _____ 6</p>	
<p>HC2A. HOW LONG HAS (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) BEEN CONTINUOUSLY LIVING IN THIS AREA?</p> <p><i>If less than one year, record '00' years.</i></p> <p><i>Probe to identify if the household has been displaced and is now back to their habitual place of living</i></p> <p>IF THIS AREA HAS BEEN THERE CONTINUOUSLY LIVING AREA AND THEY HAVE JUST RETURNED (FROM SOMEWHERE ELSE) RECORD THE YEARS SINCE THEY HAVE RETURNED.</p>	<p>YEARS.....__ __ ALWAYS / SINCE BIRTH _____ 95</p>	95 → HC3
<p>HC2B. JUST BEFORE MOVING HERE, DID (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) LIVE IN A CITY, IN A TOWN, IN A RURAL AREA OR IN A CAMP?</p> <p><i>Probe to identify the type of place.</i></p> <p><i><u>If unable to determine whether the place is a city, a town, a camp or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</u></i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>CITY1 TOWN.....2 RURAL AREA3 CAMP4</p>	

<p>HC2C. JUST BEFORE MOVING HERE, WHAT TYPE OF HOUSING DID (<i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i>) LIVE IN?</p>	<p>APPARTEMENT.....1 HOUSE2</p> <p>COLLECTIVE SHELTER (SCHOOL, RELIGIOUS)3 OFFICIAL CAMP4</p> <p>UNOFFICIAL CAMP.....5 INFORMAL SETTLEMENT6</p> <p>FACTORY/WAREHOUSE/GARAGE7 UNFINISHED/ABANDONED BUILDINGS8</p> <p>OTHER (<i>specify</i>)96</p>	
<p>HC2D. BEFORE MOVING HERE, IN WHICH GOVERNORATE DID <i>NAME OF THE HEAD OF THE HOUSEHOLD FROM HL2</i> LIVE IN?</p>	<p>DUHOK11 NAINAWA12 SULAIMANIYA.....13 KIRKUK.....14 ERBIL.....15 DIALA21 ANBAR22 BAGHDAD23 BABIL24 KERBALA25 WASIT26 SALAHADDIN27 NAJAF28 QADISSIYAH.....31 MUTHANA32 THIQAR33 MISSAN.....34 BASRA35</p> <p>OUTSIDE OF COUNTRY (<i>specify</i>)96</p>	

<p>HC2E. What was the main reason for moving?</p> <p><i>If the head of household was displaced and now is back to his/her home town or area code as '31'.</i></p>	<p>CONFLICT OR VIOLENCE11 TRIBAL LAND DISPUTES13 GOVERNMENT EVICTIONS.....14</p> <p>COULD NOT MAKE A LIVING OR FIND WORK (ECONOMIC REASONS)21 FOR EDUCATION (OWN OR OF CHILDREN)22 TO JOIN FAMILY.....23</p> <p>TO RETURN TO HOME31 NATURAL DISASTERS41</p> <p>OTHER (SPECIFY)96</p>	
<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS _ _</p>	
<p>HC4. <i>Main material of the dwelling floor.</i></p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND11 MUD / ROCK12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21 PALM / BAMBOO22 REED / MAT23</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES (MOZIAC & MARBLE)33 CEMENT34 CARPET35 PLASTIC PIECES36</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF11</p> <p>NATURAL ROOFING</p> <p>MUD STRAW/PALM LEAFT12</p> <p>BRANCHES/ROOTS/GRASS13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT.....21</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN.....31</p> <p>WOOD.....32</p> <p>CORREGATED SHEETS / ASBESTOS33</p> <p>CERAMIC TILES34</p> <p>CEMENT / REINFORCED CONCRETE WITH METAL35</p> <p>ROOFING SHINGLES.....36</p> <p>H SECTION IRON RODS (ARCHING)37</p> <p>OTHER (<i>specify</i>) _____ 96</p>													
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS.....11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS.....12</p> <p>DIRT13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE23</p> <p>PLYWOOD24</p> <p>CARDBOARD25</p> <p>REUSED WOOD.....26</p> <p>FINISHED WALLS</p> <p>CEMENT31</p> <p>STONE WITH LIME / CEMENT32</p> <p>RED TILES33</p> <p>CEMENT BLOCKS34</p> <p>COVERED ADOBE35</p> <p>WOOD PLANKS / SHINGLES36</p> <p>CORREGATED METAL SHEETS37</p> <p>BRICKS.....38</p> <p>OTHER (<i>specify</i>) _____ 96</p>													
<p>HC7. Does your household have:</p> <p>[A] A radio?</p> <p>[B] Wooden Cooler Box?</p> <p>[C] Clay Water Cooler ?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>WOODEN COOLER BOX</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLAY WATER COOLER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	WOODEN COOLER BOX	1	2	CLAY WATER COOLER	1	2	
	YES	NO												
RADIO	1	2												
WOODEN COOLER BOX	1	2												
CLAY WATER COOLER	1	2												

HC8. Does your household have electricity?	YES.....1 NO2	2⇒HC10
HC8A. What is the type of electricity source?	PUBLIC GRID A EXTRNAL GENERATOR B PRIVATE GENERATOR C OTHER (<i>specify</i>) X	
HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION..... 1 2	
[B] A refrigerator?	REFRIGERATOR..... 1 2	
[C] Freezer?	FREEZER..... 1 2	
[D] Air-conditioner?	AIR-CONDITIONER 1 2	
[E] Air cooler?	AIR COOLER 1 2	
[F] Watercooler?	WATERCOOLER..... 1 2	
[G] Satellite Receiver?	SATELLITE RECEIVER 1 2	
HC10. Does any member of your household own?	YES NO	
[A] A wristwatch?	WRISTWATCH..... 1 2	
[B] A bicycle (middle or big)?	BICYCLE..... 1 2	
[C] A motorcycle or scooter or motor cycle with carrier?	MOTORCYCLE / SCOOTER 1 2 ANIMAL-DRAWN CART..... 1 2	
[D] An animal-drawn cart?	CAR / TRUCK / VAN 1 2	
[E] A car, truck or van?	BOAT WITH MOTOR 1 2	
[F] A boat with a motor?		
HC11. Does any member of your household have a computer or a tablet?	YES.....1 NO2	
HC12. Does any member of your household have a mobile telephone?	YES.....1 NO2	
HC13. Does your household have access to internet at home?	YES.....1 NO2	

<p>HC14. Do you or someone living in this household own this dwelling?</p> <p><i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN1</p> <p>RENT2</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HC15. Does any member of this household own any land that can be used for agriculture?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ HC16
<p>HC16. How many 'donems' of agricultural land do members of this household own?</p> <p><i>If less than 1, record '000'.</i></p>	<p>DONEMS _____</p> <p>995 OR MORE995</p> <p>DK998</p>	
<p>HC16A. Does any member of your HH has pond for aquaculture?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ HC17
<p>HC16B. How many kilograms of fish are there in those ponds?</p> <p><i>If the response is 9995 or more, record 9995.</i></p>	<p>NO OF KGS. OF FISH _____</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES1</p> <p>NO2</p>	2 ⇒ HC19
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Honey Bees Cells</p> <p>[I] Camels</p> <p><i>If none, record '000'. If 995 or more, record '995'.</i></p> <p><i>If unknown, record '998'.</i></p>	<p>MILK COWS OR BULLS _____</p> <p>OTHER CATTLE _____</p> <p>HORSES, DONKEYS OR MULES _____</p> <p>GOATS _____</p> <p>SHEEP _____</p> <p>CHICKENS _____</p> <p>PIGS _____</p> <p>NO. OF HONEY BEE CELLS _____</p> <p>CAMELS _____</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES1</p> <p>NO2</p>	

SOCIAL TRANSFERS
ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] SOCIAL SAFETY NETS	[B] SPECIAL PROGRAMMES RELATED TO RELIGIOUS INSTITUTIONS	[C] SPECIAL PROGRAMMES FOR LOCAL ARABIC OR FOREIGN CIVIL SOCIETY ORGANIZATIONS	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of <i>(name of programme)</i> ?	YES 1 NO 2 ∇ [B]	YES 1 NO 2 ∇ [C]	YES 1 NO 2 ∇ [D]	YES 1 NO 2 ∇ [X]	YES (specify) 1 NO 2 ∇ Next Module
ST3. Has your household or anyone in your household received assistance through <i>(name of programme)</i> ?	YES 1 ∇ ST4 NO 2 ∇ [B] DK 8 ∇ [B]	YES 1 ∇ ST4 NO 2 ∇ [C] DK 8 ∇ [C]	YES 1 ∇ ST4 NO 2 ∇ [D] DK 8 ∇ [D]	YES 1 ∇ ST4 NO 2 ∇ [X] DK 8 ∇ [X]	YES 1 ∇ ST4 NO 2 ∇ Next Module DK 8 ∇ Next Module
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through <i>(name of programme)</i> ? <i>If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO 1 ____ ∇ [B] YEARS AGO 2 ____ ∇ [B] DK 998 ∇ [B]	MONTHS AGO 1 ____ ∇ [C] YEARS AGO 2 ____ ∇ [C] DK 998 ∇ [C]	MONTHS AGO 1 ____ ∇ [D] YEARS AGO 2 ____ ∇ [D] DK 998 ∇ [D]	MONTHS AGO 1 ____ ∇ [X] YEARS AGO 2 ____ ∇ [X] DK 998 ∇ [X]	MONTHS AGO 1 ____ ∇ Next Module YEARS AGO 2 ____ ∇ Next Module DK 998 ∇ Next Module

HOUSEHOLD ENERGY USE		EU
EU1. IN YOUR HOUSEHOLD, WHAT TYPE OF COOKSTOVE IS MAINLY USED FOR <u>COOKING</u>?	ELECTRIC STOVE01	01 ⇒EU5 02 ⇒EU5
	SOLAR COOKER..... 02	
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇒EU5 04 ⇒EU5 06 ⇒EU4
	PIPED NATURAL GAS STOVE04	
	LIQUID FUEL STOVE.....06	
	MANUFACTURED SOLID FUEL STOVE07	
	TRADITIONAL SOLID FUEL (COAL OR WOOD) STOVE08	09 ⇒EU4
	THREE STONE STOVE / OPEN FIRE.....09	96 ⇒EU4
	OTHER (<i>specify</i>)_____ 96	97 ⇒EU6
	NO FOOD COOKED IN HOUSEHOLD97	
EU2. DOES IT HAVE A CHIMNEY?	YES1	
	NO2	
	DK8	
EU3. DOES IT HAVE A FAN/VENTILATOR?	YES1	
	NO2	
	DK8	
EU4. WHAT TYPE OF FUEL OR ENERGY SOURCE IS USED IN THIS COOKSTOVE? <i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS COOKSTOVE.</i>	ALCOHOL / ETHANOL01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE04	
	CHARCOAL05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS09	
	GARBAGE / PLASTIC.....10	
	SAWDUST.....11	
	OTHER (<i>specify</i>)_____ 96	

<p>EU5. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>IF IN MAIN HOUSE, PROBE TO DETERMINE IF COOKING IS DONE IN A SEPARATE ROOM.</i></p> <p><i>IF OUTDOORS, PROBE TO DETERMINE IF COOKING IS DONE ON VERANDA, COVERED PORCH, OR OPEN AIR.</i></p>	<p>IN MAIN HOUSE NO SEPARATE ROOM1 IN A SEPARATE ROOM2</p> <p>IN A SEPARATE BUILDING3</p> <p>OUTDOORS OPEN AIR4 ON VERANDA OR COVERED PORCH5</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>EU6. WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR <u>SPACE HEATING</u> WHEN NEEDED?</p>	<p>CENTRAL HEATING01</p> <p>MANUFACTURED SPACE HEATER (KEROSENE, LPG, ELECTRICITY).....02</p> <p>TRADITIONAL SPACE HEATER03</p> <p>MANUFACTURED COOKSTOVE.....04</p> <p>TRADITIONAL COOKSTOVE05</p> <p>THREE STONE STOVE / OPEN FIRE.....06</p> <p>BUILT STOVE10</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD97</p>	<p>01 ⇒EU8</p> <p>06 ⇒EU8</p> <p>96 ⇒EU8</p> <p>97 ⇒EU9</p>
<p>EU7. DOES IT HAVE A CHIMNEY?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	
<p>EU8. WHAT TYPE OF FUEL AND ENERGY SOURCE IS USED IN THIS HEATER?</p> <p><i>IF MORE THAN ONE, RECORD THE MAIN ENERGY SOURCE FOR THIS HEATER.</i></p>	<p>SOLAR AIR HEATER01</p> <p>ELECTRICITY02</p> <p>PIPED NATURAL GAS03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS04</p> <p>ALCOHOL / ETHANOL06</p> <p>GASOLINE / DIESEL07</p> <p>KEROSENE / PARAFFIN08</p> <p>COAL / LIGNITE09</p> <p>CHARCOAL10</p> <p>WOOD.....11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>ANIMAL DUNG / WASTE.....13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS14</p>	

	GARBAGE / PLASTIC.....15 SAWDUST.....16 OTHER (<i>specify</i>)..... 96	
EU9. AT NIGHT, WHAT DOES YOUR HOUSEHOLD <u>MAINLY</u> USE TO <u>LIGHT</u> THE HOUSEHOLD?	ELECTRICITY01 SOLAR LANTERN02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04 GASOLINE LAMP06 KEROSENE OR PARAFFIN LAMP07 CHARCOAL08 WOOD.....09 CROP RESIDUE / GRASS / STRAW / SHRUBS.....10 ANIMAL DUNG / WASTE.....11 OIL LAMP12 CANDLE.....13 OTHER (<i>specify</i>)..... 96 NO LIGHTING IN HOUSEHOLD.....97	

WATER AND SANITATION		WS
<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER USED BY MEMBERS OF YOUR HOUSEHOLD?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p> <p>WATER KIOSK – SMALL SHOP TO REFILL STERILIZED WATER DIRECTLY TO PEOPLE</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL..... 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK..... 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK..... 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER (BIG OR SMALL) 91</p> <p>DESALINIZED & STERILIZED WATER 93</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13 ⇒WS3</p> <p>14 ⇒WS3</p> <p>21 ⇒WS3</p> <p>31 ⇒WS3</p> <p>32 ⇒WS3</p> <p>41 ⇒WS3</p> <p>42 ⇒WS3</p> <p>51 ⇒WS3</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>72 ⇒WS4</p> <p>81 ⇒WS3</p> <p>96 ⇒WS3</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY MEMBERS OF YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p> <p><i>IF UNCLEAR, PROBE TO IDENTIFY THE PLACE FROM WHICH MEMBERS OF THIS HOUSEHOLD MOST OFTEN COLLECT WATER FOR OTHER PURPOSES.</i></p> <p>WATER KIOSK – SMALL SHOP TO REFILL THE DRINKING WATER CANS</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL..... 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING..... 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK..... 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK..... 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>DESALINIZED & STERILIZED WATER..... 93</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>72 ⇒WS4</p>

WS3. WHERE IS THAT WATER SOURCE LOCATED?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	1 ⇨ WS7 2 ⇨ WS7
WS4. HOW LONG DOES IT TAKE FOR MEMBERS OF YOUR HOUSEHOLD TO GO THERE, GET WATER, AND COME BACK?	MEMBERS DO NOT COLLECT000 NUMBER OF MINUTES__ __ DK998	000 ⇨ WS7
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER.....__ __	
WS6. SINCE LAST (DAY OF THE WEEK), HOW MANY TIMES HAS THIS PERSON COLLECTED WATER?	NUMBER OF TIMES __ __ DK 98	
WS7. IN THE LAST MONTH, HAS THERE BEEN ANY TIME WHEN YOUR HOUSEHOLD DID NOT HAVE SUFFICIENT QUANTITIES OF DRINKING WATER?	YES, AT LEAST ONCE 1 NO, ALWAYS SUFFICIENT..... 2 DK 8	2 ⇨ WS9 8 ⇨ WS9
WS8. WHAT WAS THE MAIN REASON THAT YOU WERE UNABLE TO ACCESS WATER IN SUFFICIENT QUANTITIES WHEN NEEDED?	WATER NOT AVAILABLE FROM SOURCE 1 WATER TOO EXPENSIVE 2 SOURCE NOT ACCESSIBLE 3 OTHER (<i>specify</i>) _____ 6 DK 8	
WS9. DO YOU OR ANY OTHER MEMBER OF THIS HOUSEHOLD DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	YES 1 NO 2 DK 8	2 ⇨ WS11 8 ⇨ WS11

<p>WS10. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL.....A ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTHC USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.).....D SOLAR DISINFECTION E LET IT STAND AND SETTLE..... F ADDING DISINFECTION TABLETSG HH WATER TREATMENT UNITH OTHER (<i>specify</i>) _____ X DK Z</p>	
<p>WS11. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO PIT LATRINE 13 FLUSH TO OPEN DRAIN 14 FLUSH TO DK WHERE 18 PIT LATRINE PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT 23 BUCKET 41 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒WS14 14 ⇒WS14 18 ⇒WS14 41 ⇒WS14 95 ⇒Next Module 96 ⇒WS14</p>
<p>WS12. HAS YOUR (ANSWER FROM WS11) EVER BEEN EMPTIED?</p>	<p>YES, EMPTIED WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN 3 NO, NEVER EMPTIED 4 DK 8</p>	<p>4 ⇒WS14 8 ⇒WS14</p>
<p>WS13. THE LAST TIME IT WAS EMPTIED, WHERE WERE THE CONTENTS EMPTIED TO?</p> <p><i>Probe:</i> WAS IT REMOVED BY A SERVICE PROVIDER?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT..... 2 TO DON'T KNOW WHERE 3 EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT..... 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5 OTHER (<i>specify</i>) _____ 6 DK 8</p>	

WS14. WHERE IS THIS TOILET FACILITY LOCATED?	IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3	
WS15. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	YES 1 NO 2	2 ⇒ Next Module
WS16. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) 1 SHARED WITH GENERAL PUBLIC 2	2 ⇒ Next Module
WS17. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> ___ TEN OR MORE HOUSEHOLDS..... 10 DK 98	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT WHERE MEMBERS OF THIS HOUSEHOLD WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p> <p><i>RECORD RESULT AND OBSERVATION.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇒ HW5</p> <p>5 ⇒ HW4</p> <p>6 ⇒ HW5</p>
<p>HW2. OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p> <p><i>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. IS SOAP OR DETERGENT OR ASH/MUD/SAND PRESENT AT THE PLACE FOR HANDWASHING?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇒ HW7</p> <p>2 ⇒ HW5</p>
<p>HW4. WHERE DO YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH YOUR HANDS?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ Next Module</p>
<p>HW6. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇒ Next Module</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) ... B</p> <p>ASH / MUD / SAND C</p>	

SALT IODISATION		SA
<p>SA1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODISED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2 ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇨ HH13 3 ⇨ HH13 4 ⇨ HH13 6 ⇨ HH13</p>
<p>SA2. I WOULD LIKE TO PERFORM ONE MORE TEST. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT?</p> <p><i>APPLY 5 DROPS OF RECHECK SOLUTION. THEN APPLY 2 DROPS OF TEST SOLUTION ON THE SAME SPOT. OBSERVE THE DARKEST REACTION WITHIN 30 SECONDS, COMPARE TO THE COLOUR CHART AND THEN RECORD THE RESPONSE (1, 2 OR 3) THAT CORRESPONDS TO TEST OUTCOME.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) 2 ABOVE 15 PPM (AT LEAST 15 PPM)... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. RECORD THE TIME.	HOUR AND MINUTES __ : __	
HH14. Language of the Questionnaire.	ARABIC 1 KURDISH (SORANI)..... 2 KURDISH (BADINI)..... 3	
HH15. Language of the Interview.	ARABIC 1 KURDISH (SORANI)..... 2 KURDISH (BADINI)..... 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) _____ 6	
HH16. Native language of the Respondent.	ARABIC 1 KURDISH (SORANI)..... 2 KURDISH (BADINI)..... 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) _____ 6	

HH17. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, ENTIRE QUESTIONNAIRE1 YES, PART OF QUESTIONNAIRE2 NO, NOT USED.....3																																																													
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN.....0 1 CHILD1 2 OR MORE CHILDREN (NUMBER)..... _	0 ⇨ HH29 1 ⇨ HH27																																																												
<p>HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px auto;"> <thead> <tr> <th style="width: 10%; text-align: center;">HH20. Rank number</th> <th style="width: 10%; text-align: center;">HH21. Line number from HL1</th> <th style="width: 30%; text-align: center;">HH22. Name from HL2</th> <th colspan="2" style="width: 15%; text-align: center;">HH23. Sex from HL4</th> <th style="width: 15%; text-align: center;">HH24. Age from HL6</th> </tr> <tr> <th style="text-align: center;">RANK</th> <th style="text-align: center;">LINE</th> <th style="text-align: center;">NAME</th> <th style="text-align: center;">M</th> <th style="text-align: center;">F</th> <th style="text-align: center;">AGE</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">_ _ _</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">_ _ _</td></tr> </tbody> </table>			HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	_ _ _
HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6																																																									
RANK	LINE	NAME	M	F	AGE																																																									
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7	_ _ _		1	2	_ _ _																																																									
8	_ _ _		1	2	_ _ _																																																									

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. RECORD THE RANK NUMBER (HH20), LINE NUMBER (HH21), NAME (HH22) AND AGE (HH24) OF THE SELECTED CHILD.

RANK NUMBER __

HH27. (WHEN HH18=1 OR WHEN THERE IS A SINGLE CHILD AGE 5-17 IN THE HOUSEHOLD): RECORD THE RANK NUMBER AS '1' AND RECORD THE LINE NUMBER (HL1), THE NAME (HL2) AND AGE (HL6) OF THIS CHILD FROM THE LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER __

NAME

AGE __

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE-WOMAN AGE 15-49 1
NO.....2

2⇒HH37

HH30. ISSUE A SEPARATE QUESTIONNAIRE FOR INDIVIDUAL WOMEN FOR EACH WOMAN AGE 15-49 YEARS.

HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17.....1
NO.....2

2⇒HH37

HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90.....1
NO, HL20=90 FOR ALL GIRLS AGE 15-17.2

2⇒HH37

<p>HH33. AS PART OF THE SURVEY WE ARE ALSO INTERVIEWING WOMEN AGE 15-49. WE ASK EACH PERSON WE INTERVIEW FOR PERMISSION. A FEMALE INTERVIEWER CONDUCTS THESE INTERVIEWS.</p> <p>FOR GIRLS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY WE INTERVIEW (<i>NAME(S) OF FEMALE MEMBER(S) AGE 15-17</i>) LATER?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH37.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH37.</p> <p><input type="checkbox"/> 'No' FOR ALL GIRLS AGE 15-17 ⇒ RECORD '06' IN WM17 (ALSO IN UF17 AND FS17, IF APPLICABLE) ON ALL INDIVIDUAL QUESTIONNAIRES FOR WHOM ADULT CONSENT WAS NOT GIVEN. THEN CONTINUE WITH HH37.</p>		
<p>HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-171 NO.....2</p>	<p>2⇒HH40</p>
<p>HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL BOYS AGE 15-17..2</p>	<p>2⇒HH40</p>
<p>HH39. FOR BOYS AGE 15-17 WE MUST ALSO GET PERMISSION FROM AN ADULT TO INTERVIEW THEM. AS MENTIONED BEFORE, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> <p>MAY WE INTERVIEW (<i>NAME(S) OF MALE MEMBER(S) AGE 15-17</i>) LATER?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in UF17 and FS17 (if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in UF17 and FS17 (if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
<p>HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE1 NO.....2</p>	<p>2⇒HH42</p>
<p>HH41. ISSUE A SEPARATE QUESTIONNAIRE FOR CHILDREN UNDER FIVE FOR EACH CHILD AGE 0-4 YEARS.</p>		
<p>HH42. CHECK HH9 IN THE HOUSEHOLD INFORMATION PANEL: IS THE HOUSEHOLD SELECTED FOR WATER QUALITY TESTING QUESTIONNAIRE?</p>	<p>YES, HH9=11 NO, HH9=2.....2</p>	<p>2⇒HH45</p>
<p>HH43. ISSUE A SEPARATE WATER QUALITY TESTING QUESTIONNAIRE FOR THIS HOUSEHOLD</p>		
<p>HH44. As part of the survey we are also looking at the quality of drinking water.</p>	<p>YES, PERMISSION IS GIVEN 1</p>	

<p>We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p><i>NO, PERMISSION IS NOT GIVEN 2</i></p>	<p><i>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</i></p>
<p>HH45. <i>Now return to the HOUSEHOLD INFORMATION PANEL and,</i></p> <ul style="list-style-type: none"> • <i>Record '01' in question HH46 (Result of the Household Questionnaire interview),</i> • <i>Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,</i> • <i>Fill the questions HH48 – HH52,</i> • <i>Thank the respondent for his/her cooperation and then</i> • <i>Proceed with the administration of the remaining individual questionnaire(s) in this household.</i> <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS