



HOUSEHOLD QUESTIONNAIRE

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HOUSEHOLD QUESTIONNAIRE

WE ARE FROM STATISTICAL INSTITUTE OF JAMAICA (*STATIM*). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **15** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Parish..... _ _ Constituency..... _ _ Enumeration Division..... _ _ _ _		HH2. Dwelling number: _ _ _ _ Household number:..... _ _ _ _	
HH3. Interviewer name and number: Name..... _ _ _ _ _		HH4. Supervisor name and number: Name..... _ _ _ _ _	
HH5. Day/Month/Year of interview: / /			
HH6. Area: Urban.....1 Rural.....2 KMA.....3		HH7. Region:	
HH 8. Name of head of household: _____			
<i>After all questionnaires for the household have been completed, fill in the following information:</i>			
HH9. Result of HH interview: Completed1 Not at home.....2 Refused.....3 Dwelling not found/destroyed.....4 Other (<i>specify</i>) 6		HH10. Respondent to HH questionnaire: Name: _____ Line No:	
		HH11. Total number of household members:	
HH12. No. of women eligible for interview:		HH13. No. of women questionnaires completed:	
HH14. No. of children under age 5:		HH15. No. of under-5 questionnaires completed:	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>			
HH16. Data entry clerk:			

HOUSEHOLD LISTING FORM **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 (Use survey definition of HH member). List the first name in line 01. List adult household members first, then list children. Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask and record answers to questions as described in Instructions for Interviewers. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used

					Eligible for: For children age 0-17 years ask HL9-HL12								Eligible for: Household heads. Ask only once			
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in complete d years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8A. Has (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL13 WHAT IS THE MAIN SOURCE OF INFORMATION ON NATIONAL ISSUES FOR THIS HOUSEHOLD? NEWSPAPERS.... 1 TELEVISION.....2 RADIO.....3 COMMUNITY ORG.....4 FAMILY MEMBERS.....5 OTHER (SPECIFY).....6.....	HL14 WHAT IS THE DISTANCE TO THE NEAREST HEALTH CENTRE? 1 MILE OR LESS ... 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES.....3 10 MILES OR MORE4
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK		
01		0 1	1 2	___	01	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
02		___	1 2	___	02	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
03		___	1 2	___	03	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		
04		___	1 2	___	04	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8		

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

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

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.
 You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- | | |
|-------------------------------------|-------------------------------------|
| 01 = Head | 10 = Uncle/Aunt |
| 02 = Spouse | 11 = Niece/Nephew |
| 03 = Son or Daughter | 13 = Other Relative |
| 04 = Spouse of child | 14 = Adopted/Foster/Stepchild |
| 05 = Grandchild | 15 = Not Related |
| 06 = Parent | 98 = Don't Know |
| 07 = Parent-In-Law | |
| 08 = Brother or sister | |
| 09 = Brother or Sister-In-Law | |

EDUCATION MODULE											ED		
For household members age 5 and above				For household members age 5-24 years						Questions ED9 and ED10 should be asked only once of the head of the household			
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2004-2005?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED9. WHAT IS THE DISTANCE TO THE NEAREST PRIMARY SCHOOL?	ED10 WHAT IS THE DISTANCE TO THE NEAREST SECONDARY SCHOOL?			
		1 YES ⇒ ED3 2 NO ⇒ GO TO 9 FOR FIRST PERSON - NEXT LINE FOR OTHERS	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK If less than 1 grade, enter 00.	1 YES 2 NO ⇒ ED7	Insert number of days in space below.	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK	1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 4 JAMAL 5 NON-STANDARD CURRICULUM 6 OTHER 8 DK GRADE: 98 DK	1 MILE OR LESS 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES 3 MORE THAN 5, LESS THAN 10 MILES 3 10 MILES OR MORE 4	1 MILE OR LESS 1 MORE THAN 1, LESS THAN 5 MILES 2 MORE THAN 5, LESS THAN 10 MILES 3 10 MILES OR MORE .. 4			
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N D	LEVEL	GRADE		
01		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
02		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
03		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
04		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
05		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
06		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
07		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
08		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
09		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
10		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
11		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		
12		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__	1 2 8	0 1 2 3 6 8	__		

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling11 Piped into yard or plot12 Public tap/standpipe.....13 Dug well Protected.....31 Unprotected.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks)51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water.....91 Other (<i>specify</i>).....96	11⇒WS4A 12⇒WS4A ⇒WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling11 Piped into yard or plot12 Public tap/standpipe.....13 Dug well Protected.....31 Unprotected.....32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks)51 Tanker-truck61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	11⇒WS4A 12⇒WS4A
WS3. HOW LONG DOES IT TAKE TO GO THERE TO GET WATER AND COME BACK?	No. of minutes _ _ _ _ Water on premises995 DK998	995⇒WS4A
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman.....1 Adult man2 Female child (under 15).....3 Male child (under 15).....4 DK8	
WS4A. IN THE LAST TWO WEEKS, HOW OFTEN HAS WATER BEEN AVAILABLE FROM THIS SOURCE? ALL THE TIME? MOST HOURS OF THE DAY? A FEW HOURS EACH DAY? A FEW HOURS EACH WEEK? ONLY A COUPLE HOURS ONE DAY? NOT AT ALL?	All the time.....1 Most of the time.....2 A few hours each day.....3 A few hours each week.....4 Only once.....5 Not at all.....7 Don't know.....8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes1 No 2 DK8	2⇒WS7 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DKZ</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p> Flush to piped sewer system 11</p> <p> Flush to septic tank 12</p> <p> Flush to absorption pit 13</p> <p> Flush to somewhere else 14</p> <p> Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

ORPHANED & VULNERABLE CHILDREN **OV**

OV1. Check HL5: any children 0-17?
 Yes ⇒ Continue to OV2
 No ⇒ Next Module

OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes1 No2	2⇒OV5
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OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes1 No2	2⇒OV5
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OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes1 No2	1⇒OV8
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OV5. Return to the Household Listing and check the following:

1. Check totals for HL9 and HL11.
 At least one mother or father dead. ⇒ Go to OV8
 No mother or father dead
2. Check totals for HL8A.
 At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8
 No adult aged 18-59 very sick 3 of last 12 months
3. Check totals for HL10A and HL12A.
 At least one mother or father ill 3 of last 12 months ⇒ Go to OV8
 No mother or father ill 3 of last 12 months ⇒ Go to Next Module

OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.

	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	____	____	____	____
Age (from HL5)	_____	_____	_____	_____

I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.

OV10. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (name), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes1 No2 ⇒ OV11 DK8	Yes1 No2 ⇒ OV11 DK8	Yes1 No2 ⇒ OV11 DK8	Yes1 No2 ⇒ OV11 DK8
--	--	--	--	--

OV10A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6	Gov't.....1 Private2 Religious ...3 NGO.....4 CBO.....5 Other (specify)....6
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OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (name), SUCH AS COMPANIONSHIP, COUNSELING, FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes1 No2 ⇒ OV13 DK8	Yes1 No2 ⇒ OV13 DK8	Yes1 No2 ⇒ OV13 DK8	Yes1 No2 ⇒ OV13 DK8
---	--	--	--	--

OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV12A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (name), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8	Yes 1 No 2 ⇒ OV15 DK 8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV14A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (name), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8	Yes 1 No 2 ⇒ OV17 DK 8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV16A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6
OV17. Check OV8 for age of child:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (name's) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
OV18A. WHAT WAS THE SOURCE OF THE SUPPORT? - GOVERNMENT - PRIVATE SECTOR - RELIGIOUS - NGO - COMMUNITY-BASED ORGANIZATION - OTHER (SPECIFY)	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6	Gov't 1 Private 2 Religious ... 3 NGO 4 CBO 5 Other (specify).... 6

CHILD LABOUR MODULE

CL

To be administered to **mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.**
 NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes:</i> 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? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ CL.6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO. HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
01		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
02		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
03		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
04		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
05		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
06		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
07		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
08		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
09		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
10		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
11		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
12		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
13		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
14		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
15		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___

CHILD DISCIPLINE MODULE

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

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

Then record the total number of children aged 2-14 in the box provided (CD7).

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

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

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

CD9. Record the rank number of the selected child from table 2 above	Rank number of child..... _ _ _
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Child Discipline Module	CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the <u>line number</u> in CD6).	
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number
CD12. ALL 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</u> IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.	
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... No 2
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes..... No 2
CD12C. SHOOK HIM/HER.	Yes..... No 2
CD12D. SHOUTED, YELLED OR SCREAMED AT HIM/HER.	Yes..... No 2
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... No 2
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... No 2
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... No 2
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... No 2
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... No 2
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... No 2
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes..... No 2
CD12L. DID (NAME) EVER REQUIRE MEDICAL ATTENTION AFTER A BEATING?	Yes..... No 2
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes..... No 2 Don't know/no opinion

Disability DA

To be administered to **caretakers of all children 2 through 9 years old living in the household**. For household members below age 2 or above age 9, leave rows blank.
 I WOULD LIKE TO ASK YOU ABOUT HEALTH CONDITIONS THAT AFFECT CHILDREN. PLEASE TELL ME, FOR EACH CHILD AGED 2 THROUGH 9, IF YOU ARE AWARE OF THEM BEING AFFECTED BY THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN OF A SIMILAR AGE, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND /OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

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

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

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

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather all questionnaires for this household and tally the number of interviews completed on the cover page.