



HOUSEHOLD INFORMATION PANEL	HH
HH1. Parish _____ Constituency..... _____ Enumeration District..... _____	HH2: Dwelling Number _____ Household number..... _____
HH3. Interviewer Name and Number: _____	HH4. Supervisor Name and number: _____
HH5. Day / Month / Year of interview: _____ / _____ / _____	
HH6. Area: Urban 1 Rural..... 2 KMA..... 3	HH7. Region:

I AM FROM THE STATISTICAL INSTITUTE OF JAMAICA. 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 **30 MINUTES**. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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: Complete..... 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 Editor (Name and number) Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.
Record the time.
Hour.....
Minutes.....

HOUSEHOLD LISTING FORM

HL

For all household members

For children under age 5

For children age 5-14

For women age 15-49

For children age 0-17 years

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line number of mother/ caretaker	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or '00' for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or '00' for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0	1 2			01			1 2	1 2 8		1 2 8	
02			1 2			02			1 2	1 2 8		1 2 8	
03			1 2			03			1 2	1 2 8		1 2 8	
04			1 2			04			1 2	1 2 8		1 2 8	
05			1 2			05			1 2	1 2 8		1 2 8	
06			1 2			06			1 2	1 2 8		1 2 8	
07			1 2			07			1 2	1 2 8		1 2 8	
08			1 2			08			1 2	1 2 8		1 2 8	
09			1 2			09			1 2	1 2 8		1 2 8	
10			1 2			10			1 2	1 2 8		1 2 8	
11			1 2			11			1 2	1 2 8		1 2 8	
12			1 2			12			1 2	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 | 03 Son / Daughter | 05 Grandchild | 07 Parent-in-Law | 09 Brother-in-Law / Sister-in-Law | 11 Niece / Nephew | 13 Adopted / Foster / Stepchild | 98 Don't know |
| 02 Wife / Husband | 04 Son-in-Law / Daughter-in-Law | 06 Parent | 08 Brother / Sister | 10 Uncle / Aunt | 12 Other relative | 14 Not related | |

EDUCATION		For household members age 5 and above										For household members age 5-24 years										ED
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?										
		1 Yes	2 No	Level:	Grade:	1 Yes	2 No	Level:	Grade:	1 Yes	2 No	Level:	Grade:									
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade							
01			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
02			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
03			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
04			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
05			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
06			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
07			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
08			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
09			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
10			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
11			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
12			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
13			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
14			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								
15			1	2	0 1 2 3 8		1	2	0 1 2 3 8		1	2	8	0 1 2 3 8								

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling.....11 Piped into compound, yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe.....14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection (incl. tanks)51 Tanker-truck.....61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Bottled water91 Other (<i>specify</i>) _____ 96	11 WS6 12 WS6 13 WS6 14 WS3 21 WS3 31 WS3 32 WS3 41 WS3 42 WS3 51 WS3 61 WS3 71 WS3 81 WS3 96 WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe 14 Tube Well, Borehole21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring.....41 Unprotected spring.....42 Rainwater collection.....51 Tanker-truck.....61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81 Other (<i>specify</i>) _____ 96	11 WS6 12 WS6 13 WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot2 Elsewhere3	1 WS6 2 WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _____ DK 998	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	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>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS.7 WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F</p> <p>Other (<i>specify</i>) X DK Z</p>	
<p>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>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15</p> <p>Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51</p> <p>No facility, Bush, Field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>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>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity..... 1 (Denomination) _____ Hinduism.....2 Rastafarianism3 Other religion (<i>specify</i>) _____ 6 No religion7	
HC1C. TO WHAT RACE/ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Negro..... 1 Chinese2 Indian.....3 Caucasian4 Mixed5 Other ethnic group (<i>specify</i>) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand..... 11 Dung 12 Rudimentary floor Wood planks.....21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement34 Carpet.....35 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Palm leaf 12 Sod 13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo22 Wood planks.....23 Cardboard.....24 Finished roofing Metal 31 Wood32 Calamine / Cement fibre.....33 Ceramic tiles34 Cement35 Roofing shingles36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane / Palm / Trunks..... 12</p> <p>Dirt 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>Covered adobe 35</p> <p>Wood planks / shingles 36</p> <p>Other (<i>specify</i>) 96</p>																									
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Natural gas 03</p> <p>Biogas..... 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</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>03⇒HC8</p> <p>04⇒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] A REFRIGERATOR?</p> <p>[F] A CHAIR?</p> <p>[G] A TABLE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television..... 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator..... 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Chair 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table..... 1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity 1	1	2	Radio 1	1	2	Television..... 1	1	2	Non-mobile telephone 1	1	2	Refrigerator..... 1	1	2	Chair 1	1	2	Table..... 1	1	2	
	Yes	No																								
Electricity 1	1	2																								
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Non-mobile telephone 1	1	2																								
Refrigerator..... 1	1	2																								
Chair 1	1	2																								
Table..... 1	1	2																								

[H] A SOFA?	Sofa 1	2	
[I] A KITCHEN CUPBOARD/CABINET?	Kitchen Cupboard/Cabinet 1	2	
[J] A BED?	Bed 1	2	
[K] A GAS / ELECTRIC STOVE?	Gas/Electric Stove 1	2	
[L] A MICROWAVE OVEN?	Microwave Oven 1	2	
[M] AN AIR CONDITIONER / COOLER?	Air Conditioner/ Cooler 1	2	
[N] A FAN?	Fan..... 1	2	
[O] A WASHING MACHINE?	Washing Machine 1	2	
[P] A CLOTHES DRYER?	Dryer 1	2	
[Q] A DISHWASHER?	Dishwasher 1	2	
[R] A WATER HEATER?	Water Heater 1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes No	
[A] A WATCH?	Watch 1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1	2	
[C] A BICYCLE?	Bicycle 1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1	2	
[E] 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	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></i>	Own 1 Rent 2 Other (Not owned or rented) 6		
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 HECTARES/ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Hectares _ _ _ • _ _ _ Acres _ _ _ Sq. Chains _ _ _		

<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC15</p>
<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? [F] PIGS?</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.....__ __ Pigs.....__ __</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 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.

Line	Name	Age	CL3.		CL4.	CL5.		CL6.	CL7.		CL8.	CL9.		CL10.
			Yes Paid	No Unpaid		Yes	No		Yes	No		Yes	No	
01			1	2	3									
02			1	2	3									
03			1	2	3									
04			1	2	3									
05			1	2	3									
06			1	2	3									
07			1	2	3									
08			1	2	3									
09			1	2	3									
10			1	2	3									
11			1	2	3									
12			1	2	3									
13			1	2	3									
14			1	2	3									
15			1	2	3									

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 the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of 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.	Total Number of Eligible Children in the Household (CD6)							
Last digit of Questionnaire Number	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

CD8. Record the rank number of the selected child _____

<p>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.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>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</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY <u>(name)</u>'S BEHAVIOR WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD21A. ISOLATED HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE</p>	<p>Yes 1</p> <p>No 2</p>	

PHYSICALLY PUNISHED?	Don't know / No opinion..... 8	
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HANDWASHING		HW
HW1. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for hand washing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Record if soap or detergent is present at the specific place for hand washing.</i> <i>Circle all that apply.</i> <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>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Sanitizer E None Y	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 E ⇨ HH19
HW4. DO YOU HAVE ANY SOAP SANITIZER OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2 ⇨ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Sanitizer D Not able / Does not want to show Y	

HH19. <i>Record the time.</i>	Hour and minutes__ : __	
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HH20. *Does any eligible woman age 15-49 reside in the household?*

*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.*

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

No ⇒ Continue.

HH21. *Does any child under the age of 5 reside in the household?*

*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.*

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

*No ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.*

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations