

HOUSEHOLD INFORMATION PANEL		HH
HH-A. Province Name & Code: _____	HH-B. County Name & Code: _____	
HH-C. District Name & Code: _____		
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor (name and number): Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban.....2 Rural.....1		
HH8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time .....03 Refused .....04 Dwelling vacant / Address not a dwelling .....05 Dwelling destroyed.....06 Dwelling not found .....07 Other (specify) ..... 96	HH10. Respondent to household questionnaire: Name: _____  Line No: _____	
	HH11. Total number of household members:	
HH12. No of women age 15-49 years: _____	HH13. No of women age 15-49 years forms completed: _____	
HH14. No of children under age 5: _____	HH15. No of under-5 questionnaires completed: _____	
Interviewer/editor/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. Field edited by (Name and number): Name: _____	HH17. Data entry clerk(Name and number): Name: _____	

## INTRODUCTION

WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE CONDUCTING A FAMILY HEALTH AND EDUCATION SURVEY. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

*IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.*

**HOUSEHOLD LISTING FORM**

**HL**

HL0. 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)  
 Record the time  
 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.  
 Hour ---  
 Minutes ---

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page.

Tick here if continuation sheet used

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)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years	ELIGIBILITY FOR WOMEN'S INTERVIEW		MOTHER OR CARETAKER OF CHILD 5-14	ELIGIBILITY FOR UNDER-5 INTERVIEW	Ask if age 18-59 years		Ask if age 0-17 years										
					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 8 DK →HL11	HL10. If alive: DOES (name) 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 8 DK → Next Line	HL12. If alive: DOES (name) 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?					
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	Y	N	D	K	Y	N	D	K	Y	N	D	K	
01		01	1	2		01			128				128				128				128
02			1	2		02			128				128				128				128
03			1	2		03			128				128				128				128
04			1	2		04			128				128				128				128
05			1	2		05			128				128				128				128
06			1	2		06			128				128				128				128
07			1	2		07			128				128				128				128
08			1	2		08			128				128				128				128
09			1	2		09			128				128				128				128
10			1	2		10			128				128				128				128

HL1. Line no	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record age in completed years	ELIGIBILITY FOR WOMEN'S INTERVIEW	MOTHER OR CARETAKER OF CHILD 5-14	ELIGIBILITY FOR UNDER-5 INTERVIEW	Ask if age 18-59 years	Ask if age 0-17 years							
			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	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK →HL11	HL10. If alive: DOES (name) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or '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 8 DK → Next Line	HL12. If alive: DOES (name) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or '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?	Y N DK	Y N DK	Y N DK	Y N DK	
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
11			1	2		11			128	128	128	128	128	128	128	128	128
12			1	2		12			128	128	128	128	128	128	128	128	128
13			1	2		13			128	128	128	128	128	128	128	128	128
14			1	2		14			128	128	128	128	128	128	128	128	128
15			1	2		15			128	128	128	128	128	128	128	128	128

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 name and complete form.

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 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 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

02 = Wife or Husband

03 = Son or Daughter

04 = Son or Daughter In-Law

05 = Grandchild

06 = Parent

07 = Parent-In-Law

08 = Brother or Sister

09 = Brother or Sister-In-Law

10 = Uncle/Aunt

11 = Niece/Nephew

12 = Other Relative

14 = Adopted/Foster/Stepchild

15 = Not Related

98 = Don't Know

EDUCATION										ED															
For household members age 5 and above					For household members age 5-24 years																				
ED1. Line no.	ED1A. Name and age	ED2. HAS (name) EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION? 1 Yes → ED3 2 No → Next Line	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) (name) COMPLETED AT THIS LEVEL? Level: 0 Preschool 1 Primary 2 Post-Primary/Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If less than 1 grade, enter 00 If Level=0 or 6, leave Grade blank	ED4. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No → ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? Insert number of days. Exclude the day of interview. 8 DK 9 School closed	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) IS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Post-Primary/ Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If Level=0 or 6, leave Grade blank	ED7. DID (name) ATTEND SCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2010? 1 Yes 2 No → Next Line 8 DK → Next Line	ED8. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Post-Primary/ Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If Level=0 or 6, leave Grade blank	Line	Name	Age	Yes	No	Level	Grade	Yes	No	Days	Level	Grade	Y	N	DK	Level	Grade
01		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
02		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
03		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
04		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
05		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
06		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
07		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
08		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
09		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
10		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
11		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
12		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
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14		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
15		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling .....	11 —►WS5
	Piped into compound, yard or plot.....	12 —►WS5
	Piped to neighbor .....	} —►WS3
	Piped to water kiosk .....	
	Public tap/standpipe.....	
	Tubewell/Borehole.....	
	Dug well	
	Protected well.....	31
	Unprotected well.....	32
	Water from spring	
	Protected spring .....	41
	Unprotected spring.....	42
	Rainwater collection .....	51
Tanker-truck.....	61	
Cart with small tank/drum .....	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Bottled water.....	91	
Other ( <i>specify</i> ) .....	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 dwelling .....	11 —►WS5
	Piped into yard or plot .....	12 —►WS5
	Piped to neighbor .....	13
	Piped to water kiosk .....	14
	Public tap/standpipe.....	15
	Tubewell/Borehole.....	21
	Dug well	
	Protected well.....	31
	Unprotected well.....	32
	Water from spring	
	Protected spring .....	41
	Unprotected spring.....	42
	Rainwater collection .....	51
Tanker-truck.....	61	
Cart with small tank/drum .....	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Other ( <i>specify</i> ) .....	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .....	— — —
	Water on premises .....	995 —►WS5
	DK .....	998

<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (15+ years)..... 1          Adult man (15+ years) ..... 2          Female child (under 15) ..... 3          Male child (under 15)..... 4          DK ..... 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1          No ..... 2          DK ..... 8</p>	<p>2—►WS7          8—►WS7</p>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT 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 (a) ..... X          DK ..... Z</p>	
<p>WS7. 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          Ventilated Improved Pit latrine (VIP) ..... 21          Pit latrine with slab ..... 22          Pit latrine without slab/open pit ..... 23          Composting toilet ..... 31          Bucket ..... 41          Hanging toilet/hanging latrine ..... 51          No facilities or bush or field or ocean ..... 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          No ..... 2</p>	<p>2—►NEXT          MODULE</p>
<p>WS8A. DO YOU SHARE THIS FACILITY ONLY WITH 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>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. 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?	Roman Catholic..... 1 Protestant and Other Christian..... 2 Muslim..... 3 No Religion..... 4  Others ( <i>specify</i> )..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms..... _ _	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR:  <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35  Other ( <i>specify</i> ) ..... 96	
HC4. MAIN MATERIAL OF THE ROOF.  <i>Record observation.</i>	Natural roofing No Roof..... 11 Grass/Thatch/Makuti ..... 12 Dung/Mud..... 13 Rudimentary Roofing Corrugated iron (Mabati)..... 21 Tin cans ..... 22 Finished roofing Asbestos sheet ..... 31 Concrete ..... 32 Tiles..... 33  Other ( <i>specify</i> ) ..... 96	
HC5. MAIN MATERIAL OF THE WALLS.  <i>Record observation.</i>	Natural walls No walls ..... 11 Cane/palm/trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo with mud ..... 21 Stone with mud..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard..... 25 Reused wood..... 26 Finished walls Cement ..... 31 Stone with lime/cement ..... 32 Bricks ..... 33 Cement blocks..... 34 Covered adobe ..... 35 Wood planks/shingles..... 36  Other ( <i>specify</i> ) ..... 96	2—►WS7 8—►WS7



<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity ..... 01  Liquefied Petroleum Gas (LPG) ..... 02  Natural gas ..... 03  Biogas ..... 04  Kerosene ..... 05</p> <p>Coal / Lignite ..... 06  Charcoal ..... 07  Wood ..... 08  Straw/shrubs/grass ..... 09  Animal dung ..... 10  Agricultural crop residue ..... 11</p> <p>Other (<i>specify</i>) ..... 96</p> <p>No food cooked in household ..... 97</p>	<p>01 → HC9  02 → HC9  03 → HC9  04 → HC9  05 → HC9</p> <p>97 → HC9</p>																																																
<p>HC8. IS THE COOKING USUALLY DONE IN THE INDOOR LIVING SPACE, IN A SEPARATE KITCHEN/BUILDING, OR OUTDOORS?</p>	<p>In a room used for living/sleeping ..... 1  In a separate room used as kitchen ..... 2  In a separate building used as kitchen ..... 3  Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																																																	
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>A. ELECTRICITY?  B. RADIO?  C. COLOR TELEVISION?  D. B&amp;W TELEVISION?  E. MOBILE TELEPHONE?  F. NON-MOBILE TELEPHONE?  G. REFRIGERATOR?  H. BLENDER OR MIXER?  I. WATER HEATER?  J. WASHING MACHINE?  K. COMPUTER?  L. INTERNET CONNECTION?  M. VCR, VCD OR DVD?  N. AIR CONDITIONER?  O. SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Radio ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Color Television ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B&amp;W Television ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Mobile Telephone ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Non-Mobile Telephone ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Blender or Mixer ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Water Heater ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Washing Machine ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Computer ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Internet connection ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>VCR, VCD or DVD ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air Conditioner ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Sewing Machine ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Electricity ..... 1	1	2	Radio ..... 1	1	2	Color Television ..... 1	1	2	B&W Television ..... 1	1	2	Mobile Telephone ..... 1	1	2	Non-Mobile Telephone ..... 1	1	2	Refrigerator ..... 1	1	2	Blender or Mixer ..... 1	1	2	Water Heater ..... 1	1	2	Washing Machine ..... 1	1	2	Computer ..... 1	1	2	Internet connection ..... 1	1	2	VCR, VCD or DVD ..... 1	1	2	Air Conditioner ..... 1	1	2	Sewing Machine ..... 1	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A. A WATCH?  B. A BICYCLE?  C. A MOTORCYCLE OR SCOOTER?  D. AN ANIMAL-DRAWN CART?  E. A CAR OR TRUCK?  F. A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Watch ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Bicycle ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Motorcycle/Scooter ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Animal drawn-cart ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Car/Truck ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Boat with motor ..... 1</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Watch ..... 1	1	2	Bicycle ..... 1	1	2	Motorcycle/Scooter ..... 1	1	2	Animal drawn-cart ..... 1	1	2	Car/Truck ..... 1	1	2	Boat with motor ..... 1	1	2																												
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<p>HC10A. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?</p>	<p>Own ..... 1  Rent ..... 2  Rent free/squatter/other ..... 3</p>																																																	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1  No ..... 2</p>	<p>2 → HC13</p>																																																

<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If more than 97, record '97'. If unknown, record '98'.</i></p>	<p>Acres ..... ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes..... 1 No ..... 2</p>	<p>2—▶NEXT MODULE</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>A. LOCAL CATTLE (INDIGENOUS)? B. MILK COWS OR BULLS? C. HORSES, DONKEYS, OR MULES? D. GOATS? E. SHEEP? F. CHICKENS?</p> <p><i>If none, record '00'. If more than 97, record '97'. If unknown, record '98'.</i></p>	<p>Cattle..... ____ ____ Milk cows or bulls..... ____ ____ Horses, donkeys, or mules..... ____ ____ Goats..... ____ ____ Sheep ..... ____ ____ Chickens..... ____ ____</p>	

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE SPRAYED THE INTERIOR WALLS OF YOUR DWELLING AGAINST MOSQUITOES?	Yes ..... 1 No ..... 2	2—▶NEXT MODULE
IR2. HOW MANY MONTHS AGO WAS THE HOUSE SPRAYED?  <i>If less than one month, record "00".</i>	Months ago ..... — —	
IR3. WHO SPRAYED THE HOUSE?	Government worker/program ..... 1 Private company ..... 2 Household member ..... 3  Other ( <i>specify</i> ) ..... 6 DK ..... 8	

ITN		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No ..... 2	2—▶NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Months ago ..... _ _	
TN2A. Ask the respondent to show you the nets in the household. If unable to observe the net(s), ask the respondent to determine the brand/type of net.		
If more than 3 nets, use additional questionnaire(s). Tick here if additional questionnaire is used [ ]		

	1 <sup>ST</sup> NET	2 <sup>ND</sup> NET	3 <sup>RD</sup> NET
TN3. Mosquito net observed?	Observed ..... 1 Not observed ..... 2	Observed ..... 1 Not observed ..... 2	Observed ..... 1 Not observed ..... 2
TN4. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?  If less than one month, record "00"	Months ago ..... _ _ 37+ months ago ..... 95 Not sure ..... 98	Months ago ..... _ _ 37+ months ago ..... 95 Not sure ..... 98	Months ago ..... _ _ 37+ months ago ..... 95 Not sure ..... 98
TN5. Observe or ask the brand/type of mosquito net	Long-lasting treated nets Perma Net ..... 11 Olyset ..... 12 Supernet ..... 13 Other (specify) ..... 16 DK brand ..... 18  Pre-treated nets Supanet ..... 21 Other (specify) ..... 26 DK brand ..... 28  Other net (specify) ..... 31  DK brand/type ..... 98	Long-lasting treated nets Perma Net ..... 11 Olyset ..... 12 Supernet ..... 13 Other (specify) ..... 16 DK brand ..... 18  Pre-treated nets Supanet ..... 21 Other (specify) ..... 26 DK brand ..... 28  Other net (specify) ..... 31  DK brand/type ..... 98	Long-lasting treated nets Perma Net ..... 11 Olyset ..... 12 Supernet ..... 13 Other (specify) ..... 16 DK brand ..... 18  Pre-treated nets Supanet ..... 21 Other (specify) ..... 26 DK brand ..... 28  Other net (specify) ..... 31  DK brand/type ..... 98
TN5A. WHERE DID YOU GET THE MOSQUITO NET?  (Name of place)	Public sector Govt. hospital ..... 11 Govt. health centre ... 12 Govt. health post/ Dispensary ..... 13 Village hlth worker .... 14 Mobile/outreach clinic ..... 15 Other public (specify) ..... 16  Private medical sector Private hospital/clinic 21 Private physician ..... 22 Private pharmacy .... 23 Mobile clinic ..... 24 Other private medical (specify) ..... 26  Other source Relative or friend ..... 31 Shop ..... 32 Trad. practitioner .... 33  Other (specify) ..... 96 DK ..... 98	Public sector Govt. hospital ..... 11 Govt. health centre ... 12 Govt. health post/ Dispensary ..... 13 Village hlth worker .... 14 Mobile/outreach clinic ..... 15 Other public (specify) ..... 16  Private medical sector Private hospital/clinic 21 Private physician ..... 22 Private pharmacy .... 23 Mobile clinic ..... 24 Other private medical (specify) ..... 26  Other source Relative or friend ..... 31 Shop ..... 32 Trad. practitioner .... 33  Other (specify) ..... 96 DK ..... 98	Public sector Govt. hospital ..... 11 Govt. health centre ... 12 Govt. health post/ Dispensary ..... 13 Village hlth worker .... 14 Mobile/outreach clinic ..... 15 Other public (specify) ..... 16  Private medical sector Private hospital/clinic 21 Private physician ..... 22 Private pharmacy .... 23 Mobile clinic ..... 24 Other private medical (specify) ..... 26  Other source Relative or friend ..... 31 Shop ..... 32 Trad. practitioner .... 33  Other (specify) ..... 96 DK ..... 98

TN5B. HOW MUCH DID YOU PAY FOR THE MOSQUITO NET?	Shillings ..... _ _ _ _ Free ..... 9995 DK..... 9998	Shillings ..... _ _ _ _ Free ..... 9995 DK..... 9998	Shillings ..... _ _ _ _ Free ..... 9995 DK..... 9998
TN6. <i>Check TN5 for type of net</i>	[ ] Long-lasting → TN10 [ ] Pretreated → TN8 [ ] Else → Continue	[ ] Long-lasting → TN10 [ ] Pretreated → TN8 [ ] Else → Continue	[ ] Long-lasting → TN10 [ ] Pretreated → TN8 [ ] Else → Continue
TN7. WHEN YOU GOT THE NET, WAS IT TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes..... 1 No..... 2 DK/Not sure..... 8	Yes..... 1 No..... 2 DK/Not sure..... 8	Yes..... 1 No..... 2 DK/Not sure..... 8
TN8. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10
TN9. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED?  <i>If less than one month, record "00"</i>	Months ago ..... _ _  More than 24 mo. ago . 95 Not sure ..... 98	Months ago ..... _ _  More than 24 mo. ago . 95 Not sure ..... 98	Months ago ..... _ _  More than 24 mo. ago . 95 Not sure ..... 98
TN10. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12
TN11. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?  <i>Record the person's line number from the household listing form</i>  <i>If someone not in the household list slept under the mosquito net, record "00"</i>	Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _	Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _	Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _  Name ..... Line no..... _ _
TN12.	<i>Go back to TN3 for next net. If no more nets, go to next module</i>	<i>Go back to TN3 for next net. If no more nets, go to next module</i>	<i>Go back to TN3 for next net. If no more nets, go to next module</i>

ORPHANED & VULNERABLE CHILDREN		OV																				
<p>OV1. Check HL5: any children 0-17?</p> <p><input type="checkbox"/> Yes → Continue to OV2</p> <p><input type="checkbox"/> No → Child Labour Module</p>																						
<p>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?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2 → OV5																				
<p>OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2 → OV5																				
<p>OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE VERY SICK FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	1 → OV8																				
<p>OV5. Return to the Household Listing and check the following:</p> <p>OV5A. Check HL9 and HL11.</p> <p><input type="checkbox"/> At least one mother or father dead. → Go to OV8</p> <p><input type="checkbox"/> No mother or father dead</p>																						
<p>OV5B. Check HL8A.</p> <p><input type="checkbox"/> At least one adult aged 18-59 very sick 3 of last 12 months → Go to OV8</p> <p><input type="checkbox"/> No adult aged 18-59 very sick 3 of last 12 months</p>																						
<p>OV5C. Check HL10A and HL12A.</p> <p><input type="checkbox"/> At least one mother or father very sick 3 of last 12 months → Go to OV8</p> <p><input type="checkbox"/> No mother or father very sick 3 of last 12 months → Go to Child Labour Module</p>																						
<p>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 an additional questionnaire 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.</p> <p style="text-align: right;"><i>Tick here if additional questionnaire is used</i> <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1<sup>ST</sup> CHILD</th> <th>2<sup>ND</sup> CHILD</th> <th>3<sup>RD</sup> CHILD</th> <th>4<sup>TH</sup> CHILD</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Name (from HL2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Line number (from HL1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Age (from HL5)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD	4 <sup>TH</sup> CHILD	Name (from HL2)	_____	_____	_____	_____	Line number (from HL1)	_____	_____	_____	_____	Age (from HL5)	_____	_____	_____	_____
	1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD	4 <sup>TH</sup> CHILD																		
Name (from HL2)	_____	_____	_____	_____																		
Line number (from HL1)	_____	_____	_____	_____																		
Age (from HL5)	_____	_____	_____	_____																		
<p>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.</p>																						

OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR <i>(name)</i> . IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR <i>(name)</i> , SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes..... 1 No..... 2 DK..... 8	Yes..... 1 No..... 2 DK..... 8	Yes..... 1 No..... 2 DK..... 8	Yes..... 1 No..... 2 DK..... 8
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR <i>(name)</i> , SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes..... 1 No..... 2 →OV13 DK..... 8	Yes..... 1 No..... 2 →OV13 DK..... 8	Yes..... 1 No..... 2 →OV13 DK..... 8	Yes..... 1 No..... 2 →OV13 DK..... 8
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
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR <i>(name)</i> , 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
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR <i>(name)</i> , 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
OV17. <i>Check OV8 for age of child:</i>	<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 <i>(name's)</i> 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

**CHILD LABOUR**

**CL**

To be administered for children 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 and age	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?		CL4. If yes: 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>	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS? Include work for a business run by the child, alone or with one or more partners.		CL8. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?  1 Yes 2 No → Next Line	CL10. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		
		YES	NO		YES	NO		YES	NO				YES	NO
LINE	NAME	AGE	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS
01			1	2	3	1	2		1	2		1	2	
02			1	2	3	1	2		1	2		1	2	
03			1	2	3	1	2		1	2		1	2	
04			1	2	3	1	2		1	2		1	2	
05			1	2	3	1	2		1	2		1	2	
06			1	2	3	1	2		1	2		1	2	
07			1	2	3	1	2		1	2		1	2	
08			1	2	3	1	2		1	2		1	2	
09			1	2	3	1	2		1	2		1	2	
10			1	2	3	1	2		1	2		1	2	
11			1	2	3	1	2		1	2		1	2	
12			1	2	3	1	2		1	2		1	2	



## CHILD DISCIPLINE

**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, and age 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.
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	

<b>CD7.</b>	<b>TOTAL CHILDREN AGED 2-14 YEARS</b>	_____
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If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

**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 household 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.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household 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

<b>CD9. Record the rank number of the selected child</b>	<b>Rank number of child</b> _____
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CHILD DISCIPLINE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions.		
<b>CD11.</b> 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 _____	
<b>CD12.</b> 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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
<b>CD12A.</b> TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes ..... 1 No ..... 2	
<b>CD12B.</b> EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes ..... 1 No ..... 2	
<b>CD12C.</b> SHOOK HIM/HER.	Yes ..... 1 No ..... 2	
<b>CD12D.</b> SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes ..... 1 No ..... 2	
<b>CD12E.</b> GAVE HIM/HER SOMETHING ELSE TO DO.	Yes ..... 1 No ..... 2	
<b>CD12F.</b> SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes ..... 1 No ..... 2	
<b>CD12G.</b> HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes ..... 1 No ..... 2	
<b>CD12H.</b> CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes ..... 1 No ..... 2	
<b>CD12I.</b> HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes ..... 1 No ..... 2	
<b>CD12J.</b> HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes ..... 1 No ..... 2	

<b>CD12K.</b> BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes ..... 1 No ..... 2	
<b>CD13.</b> DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes ..... 1 No ..... 2 Don't know/no opinion ..... 8	

**DISABILITY** **DA**

To be administered for 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 IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name and age	DA3. COMPARED WITH OTHER CHILDREN, 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 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?		
													Y	N
LINE	NAME	AGE	Y	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td></td></td>	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td></td>	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td>	N	Y <td>N</td> <td>Y <td>N</td> </td>	N	Y <td>N</td>	N
01			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
03			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
05			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
07			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
09			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
11			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
13			1	2	1	2	1	2	1	2	1	2	1	2
14			1	2	1	2	1	2	1	2	1	2	1	2
15			1	2	1	2	1	2	1	2	1	2	1	2

HANDWASHING FACILITY		HW
HW1. WE WOULD LIKE TO SEE THE PLACE WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS? MAY I SEE THIS PLACE?	Place for hand washing observed ..... 1 No specific place for hand washing ..... 2 No permission to see ..... 3	2—►HW5 3—►HW5
HW1A. Place where household members most often wash their hands?  <i>Ask to see and observe. Record only one hand washing place. This is the hand washing place most often used by household members. Estimate the distance of "within 10 paces".</i>	Inside Toilet facility ..... 01 Kitchen/Cooking place ..... 02 Within 10 paces of Both toilet and kitchen..... 03 Toilet facility (but farther from kitchen)..... 04 Kitchen (but farther from toilet facility)..... 05 Elsewhere Elsewhere in home or yard ..... 06 Elsewhere outside the yard..... 07  Other (specify) ..... 96	
HW2. Water available at the place for hand washing?  <i>If there is a tap or pump at the specific place for hand washing, open the tap or operate the pump to see if water is coming out. If there is a bucket, basin or other type of water container, examine to see whether water is present in the container. Record observation.</i>	Water available ..... 1 Water not available..... 2	
HW3. Soap or detergent present at the specific place for hand washing?  <i>Record observation. Circle all that apply.</i>	Bar soap ..... A Detergent (powder/liquid/paste)..... B Liquid soap ..... C None ..... Y	A—►NEXT MODULE B—►NEXT MODULE C—►NEXT MODULE D—►NEXT MODULE
HW5. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ..... 1 No ..... 2	2—►NEXT MODULE
HW6. 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 Not able/Does not want to show..... Y	

SALT IODIZATION		SI	
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?  MAY I TEST A SAMPLE OF THIS SALT?  <i>Once you have examined the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM .....	1	
	Less than 15 PPM .....	2	
	15 PPM or more .....	3	
	No salt in home .....	6	
	Salt not tested .....	7	

SI1A. Record the time.	Hour and minutes	__ : __
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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 women's Questionnaire to administer the questionnaire to the first eligible woman.. If this woman has a child under age 5, continue to interview her on her under-5 child(ren)*

No. —▶ *Continue.*

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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 Under-5 Questionnaire 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 tally the number of interviews completed on the cover page.*

**REMARKS AND OBSERVATIONS**

SUPERVISOR

FIELD EDITOR

FIELD MONITORS/CO-ORDINATORS

OFFICE EDITOR