

Appendix H. Bungoma County MICS Questionnaires

HOUSEHOLD QUESTIONNAIRE WESTERN AND NORTH RIFT SURVEY



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 201____	HH7. Region: Bungoma..... 1 Kakamega..... 2 Turkana..... 3	
HH6. Area: Urban..... 1 Rural..... 2		
WE ARE FROM UNIVERSITY OF NAIROBI AND KENYA NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 55 MINUTES TO ONE HOUR. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW? <input type="checkbox"/> <i>Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</i> <input type="checkbox"/> <i>No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</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 (<i>specify</i>) _____ 96		

<i>After the household questionnaire has been completed, fill in the following information:</i>
HH10. Respondent to Household Questionnaire: Name _____
HH11. Total number of household members: _____

<i>After all questionnaires for the household have been completed, fill in the following information:</i>

HH12. Number of women age 15-49 years: _____
HH14. Number of children under age 5: _____

HH13. Number of women's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number: Name _____
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HH17. Main data entry clerk's name and number: Name _____

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

LIST OF HOUSEHOLD MEMBERS **HL**

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

HL1. Line no.	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?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14									
				HL7.	HL7B.			HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of mother and go to HL13</i> <i>Record 00 for "No"</i>	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of father and go to HL15</i> <i>Record 00 for "No"</i>	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?												
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother				
01		0 1	1	2	___	___	___	1	2	01	01	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
02		___	1	2	___	___	___	1	2	02	02	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
03		___	1	2	___	___	___	1	2	03	03	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
04		___	1	2	___	___	___	1	2	04	04	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
05		___	1	2	___	___	___	1	2	05	05	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
06		___	1	2	___	___	___	1	2	06	06	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___
07		___	1	2	___	___	___	1	2	07	07	1	2	8	___	___	1	2	8	___	___	1	2	8	___	___

								For women age 15-49	For children age 0-4	For children age 0-17 years						For children age 0-14											
HL1. Line no.	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?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL7. <i>Circle line no. if woman age 15-49</i>	HL7B. <i>Circle line no. if age 0-4</i>	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of mother and go to HL13</i> <i>Record 00 for "No"</i>	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of father and go to HL15</i> <i>Record 00 for "No"</i>	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. <i>Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:</i> WHO IS THE PRIMARY CARETAKER OF (name)?											
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother					
08		___	1	2	___	___	___	1	2	08	08	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
09		___	1	2	___	___	___	1	2	09	09	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
10		___	1	2	___	___	___	1	2	10	10	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
11		___	1	2	___	___	___	1	2	11	11	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
12		___	1	2	___	___	___	1	2	12	12	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
13		___	1	2	___	___	___	1	2	13	13	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
14		___	1	2	___	___	___	1	2	14	14	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
15		___	1	2	___	___	___	1	2	15	15	1	2	8	___	___	1	2	8	___	___	1	2	3	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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man'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, each eligible man, and each child under five in the household.*

* Codes for HL3 : Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION			ED										ED		
			For household members age 5 and above					For household members age 5-24 years							
ED1. Line number	ED2. Name and age <i>Copy from HL2 and HL6</i>		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR THAT IS 2013 - 2014, 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 2012-2013, 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 ↘ Next Line	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED5</i>	Grade: 98 DK <i>'If grade 1 is not completed at this level, enter "00"'</i>	1 Yes 2 No ↘ ED7	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, skip to ED7</i>	Grade: 98 DK	1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK <i>If level=0, go to next line'</i>	Grade: 98 DK				
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No 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	___

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE					SL																																																																																															
SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.				Total number _ _																																																																																																
<p>SL2. Check the number of children age 1-17 years in SL1:</p> <p><input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module</p> <p><input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age</p> <p><input type="checkbox"/> Two or more ⇒ Continue with SL2A</p>																																																																																																				
<p>SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.</p>																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SL3. Rank number</th> <th style="width: 10%;">SL4. Line number from HL1</th> <th style="width: 30%;">SL5. Name from HL2</th> <th colspan="2" style="width: 15%;">SL6. Sex from HL4</th> <th style="width: 15%;">SL7. Age from HL6</th> </tr> <tr> <th>Rank</th> <th>Line</th> <th>Name</th> <th>M</th> <th>F</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>1</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>2</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>3</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>4</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>5</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>6</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>7</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> <tr><td>8</td><td>_ _</td><td></td><td>1</td><td>2</td><td>_ _</td></tr> </tbody> </table>						SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	_ _																																			
SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. Age from HL6																																																																																															
Rank	Line	Name	M	F	Age																																																																																															
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7	_ _		1	2	_ _																																																																																															
8	_ _		1	2	_ _																																																																																															
<p>SL8. 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.</p> <p>Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below</p> <p>Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.</p>																																																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SL1)</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table>						Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)							2	3	4	5	6	7	8+	0	2	2	4	3	6	5	4	1	1	3	1	4	1	6	5	2	2	1	2	5	2	7	6	3	1	2	3	1	3	1	7	4	2	3	4	2	4	2	8	5	1	1	1	3	5	3	1	6	2	2	2	4	6	4	2	7	1	3	3	5	1	5	3	8	2	1	4	1	2	6	4	9	1	2	1	2	3	7	5
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SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child				Rank number _ _																																																																																																
				Line number _ _																																																																																																

	Name _____ Age _ _
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CHILD LABOUR		CL															
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2																	
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? If "No", Probe: PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot/farm/food garden/looked after animals.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Helped in family/relative's business/ran own business.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Produce/sell articles/handicrafts/clothes/food or agricultural products</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Any other activity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Worked on plot/farm/food garden/looked after animals.....	1	2	Helped in family/relative's business/ran own business.....	1	2	Produce/sell articles/handicrafts/clothes/food or agricultural products	1	2	Any other activity	1	2	
	Yes	No															
Worked on plot/farm/food garden/looked after animals.....	1	2															
Helped in family/relative's business/ran own business.....	1	2															
Produce/sell articles/handicrafts/clothes/food or agricultural products	1	2															
Any other activity	1	2															
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>'if less than one hour, record "00"</i>	Number of hours ____																
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1 ⇒ CL8															
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS	Yes 1 No 2	1 ⇒ CL8															

(KNIVES ETC.) OR OPERATING HEAVY MACHINERY?		
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<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p> <p>Yes 1</p> <p>No 2</p>	<p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p>
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2 ⇒ CL10</p>
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>	
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<p>Yes No</p> <p>Shopping for household 1 2</p> <p>Repair household equipment 1 2</p> <p>Cooking/cleaning utensils/house 1 2</p> <p>Washing clothes 1 2</p> <p>Caring for children 1 2</p> <p>Caring for old/sick 1 2</p> <p>Other household tasks 1 2</p>	

<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>		
<p>CL12. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00</i></p>	<p>Number of hours ____</p>	

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ____ Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY,	Yes1 No.....2																																					

THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	DK / No opinion8	
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HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Catholic</i> 1 <i>Other Christian</i> 2 <i>Muslim</i> 3 <i>Traditional</i> 4 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Luhya</i> 1 <i>Turkana</i> 2 <i>Swahili</i> 3 Other language (<i>specify</i>) _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Luhya</i> 1 <i>Turkana</i> 2 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 / 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. <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 / Bamboo 22 Wood planks 23 Cardboard..... 24 Finished roofing Metal/Tin 31 Wood 32 Calamine / Cement fibre..... 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks12</p> <p>Dirt13</p> <p>Rudimentary walls</p> <p>Bamboo with mud21</p> <p>Stone with mud22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard25</p> <p>Reused wood26</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks33</p> <p>Cement blocks34</p> <p>Covered adobe35</p> <p>Wood planks / shingles36</p> <p>Other (<i>specify</i>) 96</p>																						
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung10</p> <p>Agricultural crop residue11</p> <p>No food cooked in household95</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 house2</p> <p>In a separate building3</p> <p>Outdoors4</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] SOLAR PANEL</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Solar Panel.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Solar Panel.....	1	2	
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Solar Panel.....	1	2																					

[G] CHAIR	Chair1	2	
[H] SOFA SET	Sofa set1	2	
[I] TABLE	Table.....1	2	
[J] CUPBOARD	Cupboard.....1	2	
[K] BED	Bed1	2	
[L] CLOCK	Clock.....1	2	
[M] CAMERA	Camera.....1	2	
[N] COMPUTER	Computer1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes No	
[A] A WATCH?	Watch1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone1	2	
[C] A BICYCLE?	Bicycle1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter1	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?	Own1		
	Rent2		
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (<i>specify</i>) _____	6	
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>			
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes1		2⇒HC13
	No2		
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares _ _		
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>			
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes1		2⇒HC15
	No2		
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?			
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls..... _ _		

<p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] CAMELS</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Horses, donkeys, or mules__ __</p> <p>Goats__ __</p> <p>Sheep__ __</p> <p>Chickens__ __</p> <p>Pigs__ __</p> <p>Camels__ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p> <p>Dk 8</p>	

INSECTICIDE TREATED NETS		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?	Number of nets ____ ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	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) 36 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) 36 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) 36 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?	Months ago ____ ____ More than 36 mo. ago ... 95	Months ago ____ ____ More than 36 mo. ago ... 95	Months ago ____ ____ More than 36 mo. ago ... 95

<i>If less than one month, record "00"</i>	DK / Not sure..... 98	DK / Not sure..... 98	DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 DK / Not sure..... 8	Yes 1 No..... 2 DK / Not sure..... 8	Yes..... 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes 1 No..... 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than one month, record "00"</i></p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago ... 95</p> <p>DK / Not sure..... 98</p>	<p>Months ago..... ____ ____</p> <p>More than 24 mo. ago ...95</p> <p>DK / Not sure..... 98</p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>⇒ TN13</p> <p>DK / Not sure..... 8</p> <p>⇒ TN13</p>	<p>Yes 1</p> <p>No..... 2</p> <p>⇒ TN13</p> <p>DK / Not sure..... 8</p> <p>⇒ TN13</p>	<p>Yes..... 1</p> <p>No 2</p> <p>⇒ TN13</p> <p>DK / Not sure 8</p> <p>⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00"</i></p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>

TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 for next net. If no more nets, go to next module</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i>
			<i>Tick here if additional questionnaire used</i> <input type="checkbox"/>

INDOOR RESIDUAL SPRAYING		IR
<p>IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?</p>	Yes 1 No 2 DK..... 8	2⇒Next Module 8⇒Next Module
<p>IR2. WHO SPRAYED THE DWELLING? <i>Circle all that apply.</i></p>	Government worker / program A Private company..... B Non-governmental organization C Other (<i>specify</i>) X DK..... Z	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling.....11	11⇒WS6
	Piped into compound, yard or plot.....12	12⇒WS6
	Piped to neighbour.....13	13⇒WS6
	Public tap / standpipe14	14⇒WS3
	Tube Well, Borehole21	21⇒WS3
	Dug well	
	Protected well31	31⇒WS3
	Unprotected well32	32⇒WS3
	Water from spring	
	Protected spring.....41	41⇒WS3
	Unprotected spring42	42⇒WS3
	Rainwater collection51	51⇒WS3
	Tanker-truck.....61	61⇒WS3
	Cart with small tank / drum71	71⇒WS3
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81	81⇒WS3	
Bottled water.....91		
Other (<i>specify</i>)96	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	11⇒WS6
	Piped into compound, yard or plot.....12	12⇒WS6
	Piped to neighbour.....13	13⇒WS6
	Public tap / standpipe14	
	Tube Well, Borehole21	
	Dug well	
	Protected well31	
	Unprotected well32	
	Water from spring	
Protected spring.....41		
Unprotected spring42		

	Rainwater collection51 Tanker-truck.....61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>) _____96	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling1 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	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)1 Adult man (age 15+ years)2 Female child (under 15).....3 Male child (under 15).....4 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes.....1 No2 DK.....8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) _____ X DK..... Z</p>	
<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 not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to pit (latrine)13 Flush to somewhere else.....14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab.....22 Pit latrine without slab / Open pit.....23 Composting toilet.....31 Bucket.....41</p>	

	Hanging toilet, Hanging latrine51 No facility, Bush, Field95 Other (<i>specify</i>) _____ 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes.....1 No2	2⇒Next Module
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?	Other households only (not public).....1 Public facility2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households.....10 DK.....98	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed..... 1</p> <p>Not observed</p> <p>Moving basin/kettle/bucket..... 2</p> <p>Not in dwelling / plot / yard 3</p> <p>No permission to see..... 4</p> <p>Other reason (specify) _____ 6</p>	<p>2 ⇨HW4</p> <p>3 ⇨HW4</p> <p>4 ⇨HW4</p> <p>6 ⇨HW4</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available 1</p> <p>Water is not available 2</p>	
<p>HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p>	<p>Yes, present 1</p> <p>No, not present..... 2</p>	<p>2⇨HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand..... D</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p> <p>D⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes 1</p>	

	No..... 2	2⇒HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown..... 1	
	No, not shown 2	2⇒HH19
HW5B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap.....A	
	Detergent (Powder / Liquid / Paste)B	
	Liquid soap C	
	Ash / Mud / Sand..... D	

HH19. <i>Record the time.</i>	Hour and minutes _ _ : _ _	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM1 More than 0 PPM & less than 15 PPM2 15 PPM or more.....3</p> <p>No salt in the house4</p> <p>Salt not tested (specify reason) _____ 5</p>	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)

A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations

A large, empty rectangular box with a black border, intended for recording supervisor observations.