

Appendix H. Turkana 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 | | |
| <p>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?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p> | | |
| <p>HH9. Result of household interview:</p> <p>Completed.....01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling.....05 Dwelling destroyed.....06 Dwelling not found.....07</p> <p>Other (specify) _____ 96</p> | | |

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name _____

HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: _____

HH14. Number of children under age 5: _____

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number:

Name _____

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.

| | | | | | | | 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? | HL5. WHAT IS (name)'S DATE OF BIRTH? | | HL6. HOW OLD IS (name)? | HL6A. DID (name) STAY HERE LAST NIGHT? | HL7. Circle line no. if woman age 15-49 | HL7B. Circle line no. if age 0-4 | HL11. IS (name)'S NATURAL MOTHER ALIVE? | HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? | HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? | HL13. IS (name)'S NATURAL FATHER ALIVE? | HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? | HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? | HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)? |
| | | | M F | Month | Year | Age | Y N | 15-49 | 0-4 | Y N DK | Mother | | Y N DK | Father | | Mother |
| 01 | | 01 | 1 2 | ___ | _____ | ___ | 1 2 | 01 | 01 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 02 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 02 | 02 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 03 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 03 | 03 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 04 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 04 | 04 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 05 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 05 | 05 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 06 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 06 | 06 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 07 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 07 | 07 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 08 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 08 | 08 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 09 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 09 | 09 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 8 | ___ |
| 10 | | ___ | 1 2 | ___ | _____ | ___ | 1 2 | 10 | 10 | 1 2 8 | ___ | 1 2 3 8 | 1 2 8 | ___ | 1 2 3 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 complete d 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 ^{HL13} 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 ^{HL15} 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 | | | | | |
| 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 | | | | | | | | | | | | | |
|------------------------|---|-------|---|------------------------|--|---|--|---------------|---|-----------------|---|---------------------|---|---|---|--|
| | | | For household members age 5 and above | | | | For household members age 5-24 years | | | | | | | | | |
| ED1. Line number | ED2. Name and age Copy from HL2 and HL6 | | 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 | 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 | Grade: 98 DK | 1 Yes | 2 No ↘ Next Line | 8 DK ↘ Next Line | Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK | Grade: 98 DK <i>'If level=0, go to next line'</i> | |
| 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 — — | | | |
| SL2. Check the number of children age 1-17 years in SL1: | | | | | | | |
| <input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module | | | | | | | |
| <input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age | | | | | | | |
| <input type="checkbox"/> Two or more ⇒ Continue with SL2A | | | | | | | |
| 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. | | | | | | | |
| 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 | — — | | |
| 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. | | | | | | | |
| 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 | | | | | | | |
| 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. | | | | | | | |
| 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 |
| SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child | | | | Rank number — | | | |
| | | | | Line number — — | | | |
| | | | | Name | | | |
| | | | | Age..... — — | | | |

| 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? <i>If "No", Probe:</i> 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. | 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? | Yes1 No2 | 1 ⇒ CL8 |
| CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY? | Yes1 No2 | 1 ⇒ CL8 |

| <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 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 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 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> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for old/sick</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table> | | Yes | No | Shopping for household | 1 | 2 | Repair household equipment | 1 | 2 | Cooking/cleaning utensils/house | 1 | 2 | Washing clothes | 1 | 2 | Caring for children | 1 | 2 | Caring for old/sick | 1 | 2 | Other household tasks | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | |
| Shopping for household | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Repair household equipment | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooking/cleaning utensils/house | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Washing clothes | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring for children | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Caring for old/sick | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| Other household tasks | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><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 <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <i>(name)</i>'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 <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. | 1 | 2 | [B] EXPLAINED WHY <i>(name)</i> '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 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [B] EXPLAINED WHY <i>(name)</i> '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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED? | Yes1 No.....2 DK / No opinion8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 kitchen1</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> <p>[G] CHAIR</p> <p>[H] SOFA SET</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> <tr> <td>Chair</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa set</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 | Chair | 1 | 2 | Sofa set | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-mobile telephone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refrigerator..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solar Panel..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chair | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sofa set | 1 | 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? <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> | Own1 Rent2 Other (<i>specify</i>) _____ 6 | | |
| HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE? | Yes1 No2 | | 2⇒HC13 |
| HC12. HOW MANY HECTARES 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 — — | | |
| HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY? | Yes1 No2 | | 2⇒HC15 |
| HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? | | | |
| [A] CATTLE, MILK COWS, OR BULLS? | Cattle, milk cows, or bulls..... — — | | |
| [B] HORSES, DONKEYS, OR MULES? | Horses, donkeys, or mules..... — — | | |
| [C] GOATS? | Goats — — | | |
| [D] SHEEP? | Sheep — — | | |

| | | |
|--|---|--|
| <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>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? <i>If less than one month, record "00"</i> | Months ago ____ ____ More than 36 mo. ago... 95 DK / Not sure 98 | Months ago ____ ____ More than 36 mo. ago ... 95 DK / Not sure 98 | Months ago ____ ____ More than 36 mo. ago... 95 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 style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p> | <p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p> | <p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ 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>TN13.</p> | <p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p> | <p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p> | <p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p> |
| | | | <p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p> |

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

| 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, 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 Bottled water 91 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, 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 | 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 |
| WS3. WHERE IS THAT WATER SOURCE LOCATED? | In own dwelling 1 In own yard / plot 2 Elsewhere 3 | 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</p> <p>DK 8</p> | |
| <p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p> | <p>Yes 1 No 2</p> <p>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</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 not possible to determine, 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 __</p> <p>Ten or more households 10</p> <p>DK 98</p> | |

| 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 / SandD</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> <p>No 2</p> | <p>2⇒HH19</p> |
| <p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p> | <p>Yes, shown 1</p> <p>No, not shown 2</p> | <p>2⇒HH19</p> |
| <p>HW5B. <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 / SandD</p> | |

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| HH19. Record the time. | Hour and minutes : .. | |
|-------------------------------|-----------------------------|--|

| 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 PPM 1</p> <p>More than 0 PPM & less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) _____ 5</p> | |

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| <p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> has been issued for each woman age 15-49 years in the List of Household Members (HL7)</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> has been issued for each child under age 5 years in the List of Household Members (HL7B)</p> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p> |
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations