



HOUSEHOLD INFORMATION PANEL		HH
<b>HH1.</b> Cluster number: _____	<b>HH2.</b> Household number: _____	
<b>HH3.</b> Interviewer's name and number: Name _____	<b>HH4.</b> Supervisor's name and number: Name _____	
<b>HH5.</b> Day / Month / Year of interview: _____ / _____ / <b>2014</b>	<b>HH7. REGIONS:</b> BATKEN ..... 1 DJALAL-ABAD ..... 2 /SSYK-KUL ..... 3 NARYN ..... 4 OSH ..... 5 TALAS..... 6 CHUI..... 7 BISHKEK C. .... 8 OSH C. .... 9	
<b>HH6. AREA:</b> Urban.....1 Rural.....2		

WE ARE FROM **the National Statistical Committee of the Kyrgyz Republic**. 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 **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?

*Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.*  
 *No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.*

<b>HH9. Result of household interview:</b> 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
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<i>After the household questionnaire has been completed, fill in the following information:</i>
<b>HH10.</b> Respondent to Household Questionnaire: Name _____
<b>HH11.</b> Total number of household members: _____
<b>HH12.</b> Number of women age 15-49 years: _____
<b>HH14.</b> Number of children under age 5: _____

<i>After all questionnaires for the household have been completed, fill in the following information:</i>
<b>HH13.</b> Number of women's questionnaires completed: _____
<b>HH15.</b> Number of under-5 questionnaires completed: _____

<b>HH16.</b> Field editor's name and number: Name _____	<b>HH17.</b> Main data entry clerk's name and number: Name _____
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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? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'.		For women age 15-49 HL7. Circle line no. if woman age 15-49.		For children age 0-4 HL7B. Circle line no. if age 0-4.		For children age 0-17 years								For Children age 0-14
HL1.	Line no.	HL2. Name	HL3. Relation*	M	F	Month	Year	Age	15-49	0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of mother and go to HL13. If "No", record 00.	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? If "Yes", record line no. of father and go to HL15. If "No", record 00.	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	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother			
11				1	2				11	11	1	2	8	1	2	8	1	2	3	8	1	2	3	8
12				1	2				12	12	1	2	8	1	2	8	1	2	3	8	1	2	3	8
13				1	2				13	13	1	2	8	1	2	8	1	2	3	8	1	2	3	8
14				1	2				14	14	1	2	8	1	2	8	1	2	3	8	1	2	3	8
15				1	2				15	15	1	2	8	1	2	8	1	2	3	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 child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.  
You should now have a separate questionnaire for each eligible woman, and each child under five in the household.

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

**ED**

**EDUCATION**

		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 LAST?	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 PRE-SCHOOL AT ANY TIME?	ED6. DURING 2013-2014 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 PRE-SCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?			
Line	Name	Age	Yes	No	Level	Grade	Yes	No	DK	Level	Grade
01			1	2	01234568		1	2	8	01234568	
02			1	2	01234568		1	2	8	01234568	
03			1	2	01234568		1	2	8	01234568	
04			1	2	01234568		1	2	8	01234568	
05			1	2	01234568		1	2	8	01234568	
06			1	2	01234568		1	2	8	01234568	
07			1	2	01234568		1	2	8	01234568	
08			1	2	01234568		1	2	8	01234568	
09			1	2	01234568		1	2	8	01234568	
10			1	2	01234568		1	2	8	01234568	
11			1	2	01234568		1	2	8	01234568	
12			1	2	01234568		1	2	8	01234568	
13			1	2	01234568		1	2	8	01234568	
14			1	2	01234568		1	2	8	01234568	
15			1	2	01234568		1	2	8	01234568	

**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:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- 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														
<b>CL1. Check selected child's age from SL9:</b> <input type="checkbox"/> 1-4 years ⇒ Go to Next Module. <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.																
<b>CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</b>  SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?  <b>[A]</b> 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>[B]</b> DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?  <b>[C]</b> DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?  <b>[D]</b> 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.	<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														
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<b>CL3. Check CL2, A to D</b> <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																
<b>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?</b>  <i>If less than one hour, record "00"</i>	Number of hours .....															
<b>CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8														
<b>CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8														

<p><b>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?</b></p> <p>[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)'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><b>CL8. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</b></p>	<p>Yes ..... 1 No ..... 2</p>	<p>2 ⇒ CL10</p>																								
<p><b>CL9. IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours ..... __ __</p>																									
<p><b>CL10. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</b></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: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Repair household equipment .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing clothes .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for children .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for old / sick .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other household tasks .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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	
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<p><b>CL11. Check CL10, A to G</b></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><b>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?</b></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:

1-14 years ⇒ Continue with CD2

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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.

Yes No

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Took away privileges..... 1 2

[B] EXPLAINED WHY *(name)*'S BEHAVIOUR WAS WRONG.

Explained wrong behaviour..... 1 2

[C] SHOOK HIM/HER.

Shook him/her ..... 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Shouted, yelled, screamed ..... 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO.

Gave something else to do ..... 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Spanked, hit, slapped on 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.

Hit with belt, hairbrush, stick, or other hard object ..... 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

Called dumb, lazy, or another name ..... 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Hit / slapped on the face, head or ears ..... 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

Hit / slapped on hand, arm or leg ..... 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.

Beat up, hit 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?

Yes ..... 1

No..... 2

DK / No opinion ..... 8



HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Islam</i> .....1 <i>Christianity</i> .....2 <i>Buddhism</i> .....3  Other religion ( <i>specify</i> ) _____ 6  Not a believer .....7  Doesn't want to declare.....8	
<b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Kyrgyz</i> .....1 <i>Russian</i> .....2 <i>Uzbek</i> .....3  Other language ( <i>specify</i> ) _____ 6	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
<b>HC3.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	Natural floor Earth / Sand / Clay.....11 Dung .....12  Rudimentary floor Wood planks (non whittled) .....21 Reed .....22  Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips.....32 Ceramic tiles / stone tile .....33 Cement .....34 Carpet .....35 Asphalt.....36  Other ( <i>specify</i> ) _____ 96	
<b>HC4.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch / Rush .....12 Sod .....13  Rudimentary roofing Adobe .....21 Roofing paper .....22 Wood planks .....23 Cardboard.....24  Finished roofing Metal .....31 Wood .....32 Roofing slate/Calamine / Cement fibre..33 Ceramic tiles .....34 Cement/ concrete slab.....35 Roofing shingles/shingles.....36 Shifer.....37  Other ( <i>specify</i> ) _____ 96	

<p><b>HC5. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls .....11</p> <p>Cane / .....12</p> <p>Clay.....13</p> <p>Rudimentary walls</p> <p>Straw with mud .....21</p> <p>Stone with mud .....22</p> <p>Uncovered adobe .....23</p> <p>Plywood .....24</p> <p>Cardboard.....25</p> <p>Reused wood (fibreboard) .....26</p> <p>Finished walls</p> <p>Cement .....31</p> <p>Stone with lime / cement .....32</p> <p>Bricks .....33</p> <p>Cement blocks .....34</p> <p>Covered adobe .....35</p> <p>Wood planks / shingles.....36</p> <p>Other (<i>specify</i>) _____ 96</p>																						
<p><b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</b></p>	<p>Electricity .....01</p> <p>Liquefied Petroleum Gas (LPG) .....02</p> <p>Natural gas .....03</p> <p>Biogas.....04</p> <p>Kerosene .....05</p> <p>Coal / Lignite.....06</p> <p>Charcoal .....07</p> <p>Wood .....08</p> <p>Straw / Shrubs / Grass .....09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue/stalk .....11</p> <p>No food cooked in household .....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																					
<p><b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b></p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen .....1</p> <p>Elsewhere in the house .....2</p> <p>In a separate building .....3</p> <p>Outdoors .....4</p> <p>Other (<i>specify</i>) _____ 6</p>																						
<p><b>HC8. DOES YOUR HOUSEHOLD HAVE:</b></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] COMPUTER/NOTEBOOK/PLANSKET</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>Computer/laptop .....</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	Computer/laptop .....	1	2	
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[G] TABLE	Table.....	1	2	
[H] ARM CHAIR	Arm Chair.....	1	2	
[J] SOFA	Sofa .....	1	2	
[K] BED	Bed .....	1	2	
[L] CUPBOARD	Cupboard.....	1	2	
[M] FAN	Fan .....	1	2	
[N] WATER HEATER (FOR EXAMPLE, ARISTON)	Water Heater .....	1	2	
[O] THREE PHASE ELECTRICITY	Three phase electricity .....	1	2	
[P] WASHING MACHINE	Washing machine .....	1	2	
[R] AIR CONDITIONING	Air conditioning .....	1	2	
[S] CAMERA	Camera .....	1	2	
[T] MICROWAVE	Microwave .....	1	2	
[U] BATH IN HOUSE	Bath .....	1	2	
[W] TOILET IN HOUSE	Toilet .....	1	2	
<b>HC8A. DOES THIS HOUSEHOLD HAVE :</b>				
		Yes	No	
[A] CENTRALIZED HEATING SYSTEM	Centralized Heating.....	1	2	
[B] CENTRALIZED CANALIZATION SYSTEM	Centralized canalization...	1	2	
<b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b>				
		Yes	No	
[A] A WATCH?	Watch.....	1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone .....	1	2	
[C] A BICYCLE?	Bicycle .....	1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter .....	1	2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart.....	1	2	
[F] A CAR ?	Car .....	1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor.....	1	2	
[H] TRACTOR OR OTHER MACHINERY FOR HOUSEHOLD	Tractor or other household Machinery .....	1	2	
<b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b>	Own .....	1		
	Rent .....		2	
<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>				

<b>HC11.</b> DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....1 No .....2	2⇒HC13
<b>HC12.</b> HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?  <i>If 1 hectare or more, circle '1' and record hectares.</i> <i>If 95 or more hectares, circle '1' and record '95'.</i>  <i>If less than 1 hectare, circle '2' and record in ares.</i> <i>If less than 1 are, circle '2' and record '00'.</i>  <i>If unknown, record '998'.</i>  <i>100 Ares = 1 Hectare</i>	Hectares ..... 1 ____ ____ Ares ..... 2 ____ ____ DK..... 998	
<b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes.....1 No .....2	2⇒HC15
<b>HC14.</b> HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?  [A] CATTLE, MILK COWS, OR BULLS?  [B] HORSES, DONKEYS?  [C] GOATS?  [D] SHEEP?  [E] CHICKENS?  [F] PIGS?  <i>If none, record "00". If 95 or more, record "95".</i> <i>If unknown, record "98".</i>	Cattle, milk cows, or bulls..... ____ ____ Horses, donkeys..... ____ ____ Goats ..... ____ ____ Sheep ..... ____ ____ Chickens ..... ____ ____ Pigs..... ____ ____	
<b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes.....1 No .....2	

WATER AND SANITATION		WS
<b>WS1.</b> 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
<b>WS2.</b> 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
<b>WS3.</b> WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....1 In own yard / plot .....2 Elsewhere .....3	1⇒WS6 2⇒WS6
<b>WS4.</b> HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .....  DK.....998	

<p><b>WS5.</b> 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><b>WS6.</b> DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8</p>	<p>2⇒WS8          8⇒WS8</p>
<p><b>WS7.</b> 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><b>WS8.</b> 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 (cesspool) ..... 13          Flush to somewhere else ..... 14          Flush to unknown place / Not sure / DK where..... 15          Pit latrine (cesspool)          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 facility, Bush, Field..... 95          Other (<i>specify</i>) ..... 96</p>	<p>95⇒Next Module</p>
<p><b>WS9.</b> 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><b>WS10.</b> 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><b>WS11.</b> HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____          Ten or more households ..... 10          DK ..... 98</p>	

HANDWASHING		HW
<p><b>HW1.</b> 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>Not in dwelling / plot / yard..... 2</p> <p>No permission to see ..... 3</p> <p>Other reason (specify) _____ 6</p>	<p>2 ⇨HW4</p> <p>3 ⇨HW4</p> <p>6 ⇨HW4</p>
<p><b>HW2.</b> <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><b>HW3A.</b> <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><b>HW3B.</b> <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><b>HW4.</b> 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><b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown ..... 1</p> <p>No, not shown ..... 2</p>	<p>2⇨HH19</p>
<p><b>HW5B.</b> <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><b>HH19.</b> <i>Record the time</i></p>	<p>Hour and minutes..... ____ : ____</p>	

**SALT IODIZATION**

**SI**

**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 COOK MEALS IN YOUR HOUSEHOLD?

*Once you have tested the salt, circle number that corresponds to test outcome.*

- Not iodized - 0 PPM ..... 1
- More than 0 PPM & less than 15 PPM.....2
- 15 PPM or more ..... 3
- No salt in the house..... 4
- Salt not tested  
(specify reason)\_\_\_\_\_ 5

**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 the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.*

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



**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**