

E



KIRIBATI SDIS
QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE

Kiribati Social Development Indicator Survey, 2018



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: _____ / _____ / 2 0 1 _____		HH7. District/Island Groups: SOUTH TARAWA..... 1 NORTHER GILBERT..... 2 CENTRAL GILBERT 3 SOUTHERN GILBERT 4 LINE AND PHOENIX GROUP..... 5		
HH6. Area:	URBAN 1 RURAL 2			
HH8. Is the household selected for Questionnaire for Men?	YES 1 NO 2			
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2	
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.				HH11. Record the time. HOURS : MINUTES ____ : ____
HH12. Hello, my name is (<i>your name</i>). We are from Kiribati National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 50 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES 1		1 ⇒ LIST OF HOUSEHOLD MEMBERS		
NO / NOT ASKED 2		2 ⇒ HH46		
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED..... 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME..... 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING..... 05 DWELLING DESTROYED..... 06 DWELLING NOT FOUND 07 OTHER (<i>specify</i>) 96			
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____		<i>To be filled after the Household Questionnaire is completed</i>		<i>To be filled after all the questionnaires are completed</i>
HOUSEHOLD MEMBERS		TOTAL NUMBER		COMPLETED NUMBER
WOMEN AGE 15-49		HH48 _____		HH53 _____
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49		HH49 _____		HH54 _____
CHILDREN UNDER AGE 5		HH50 _____		HH55 _____
CHILDREN AGE 5-17		HH51 _____		HH56 ZERO 0 ONE 1
		HH52 _____		

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. <i>Probe for additional household members.</i>	HL3. What is the relationship of (name) to (name of 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)? <i>Record in completed years.</i> <i>If age is 95 or above, record '95'.</i>	HL7. Did (name) stay here last night? 1 YES 2 NO	HL8. <i>Record line number if woman and age 15-49.</i>	HL9. <i>Record line number if man, age 15-49 and HH8 is yes.</i>	HL10. <i>Record line number if age 0-4.</i>	HL11. Age 0-17? 1 YES 2 NO \varnothing Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO \varnothing HL16 8 DK \varnothing HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO \varnothing HL15	HL14. <i>Record the line number of mother and go to HL16.</i>	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME DISTRICT 3 IN ANOTHER HOUSEHOLD IN ANOTHER DISTRICT 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO \varnothing HL20 8 DK \varnothing HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO \varnothing HL19	HL18. <i>Record the line number of father and go to HL20.</i>	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME DISTRICT 3 IN ANOTHER HOUSEHOLD IN ANOTHER DISTRICT 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.
LINE	NAME	RELATION * 0 1	M F 1 2	MONT H	YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHE R	Y N DK	Y N	FATHER			
01		0 1	1 2				1 2	01	01	01	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
02			1 2				1 2	02	02	02	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
03			1 2				1 2	03	03	03	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
04			1 2				1 2	04	04	04	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
05			1 2				1 2	05	05	05	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
06			1 2				1 2	06	06	06	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
07			1 2				1 2	07	07	07	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
08			1 2				1 2	08	08	08	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
09			1 2				1 2	09	09	09	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
10			1 2				1 2	10	10	10	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
11			1 2				1 2	14	14	14	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
12			1 2				1 2	15	15	15	1 2	1 2 8	1 2		1 2 8	1 2		1 2 3 4 8		
* Codes for HL3: Relationship to head of household:		01 HEAD 02 SPOUSE / PARTNER 03 SON / DAUGHTER 04 SON-IN-LAW / DAUGHTER-IN-LAW				05 GRANDCHILD 06 PARENT 07 PARENT-IN-LAW 08 BROTHER / SISTER				09 BROTHER-IN-LAW / SISTER-IN-LAW 10 UNCLE/AUNT 11 NIECE / NEPHEW 12 OTHER RELATIVE				13 ADOPTED / FOSTER / STEPCHILD 14 SERVANT (LIVE-IN) 96 OTHER (NOT RELATED) 98 DK						

EDUCATION 1											ED											
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ☺ Next Line		ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ☺ Next Line		ED5. What is the highest level and class/form/year of school (name) has ever <u>attended</u> ? LEVEL: 0 ECE ☺ ED7 1 PRIMARY 2 JUNIOR SECONDARY 3 SENIOR SECONDARY 4 HIGHER 5 VOCATIONAL 8 DK					ED6. Did (name) ever complete that (class/form/year)? 1 YES 2 NO 8 DK			ED7. Age 3-24? 1 YES 2 NO ☺ Next Line		ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ☺ Next Line					
LINE	NAME		AGE	YES	NO	YES	NO	LEVEL					CLASS/FORM	Y	N	DK	YES	NO	YES	NO		
01			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
02			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
03			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
04			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
05			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
06			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
07			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
08			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
09			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
10			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
11			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
12			___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2

EDUCATION 2												ED	
ED1. Line number	ED2. Name and age.		ED9. At any time during the 2018 school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ ED15	ED10. During this 2018 school year, which level and class/form/year is (name) attending? LEVEL: 0 ECE ☺ ED15 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 HIGHER 5 VOCATIONAL 8 DK		CLASS/FORM/ YEAR: 98 DK	ED11. Is (he/she) attending a public school? <i>If "Yes", record '1'. If "No", probe to code who controls and manages the school.</i> 1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2018 school year, has (name) received any school tuition support? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO ☺ 8 DK ☺ ED14 ED14	ED13. Who provided the tuition support? <i>Record all mentioned.</i> A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the 2018 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	ED15. At any time during the 2017 school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ 8 DK ☺ Next Line Next Line	ED16. During that 2017 school year, which level and class/form/year did (name) attend? LEVEL: 0 ECE ☺ Next Line 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 HIGHER 5 VOCATIONAL 8 DK	CLASS/FORM/ YEAR: 98 DK
LINE	NAME	AGE	YES NO	LEVEL	CLASS/FORM	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	CLASS/FORM	
01		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
02		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
03		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
04		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
05		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
06		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
07		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
08		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
09		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
10		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
11		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	
12		___	1 2	0 1 2 3 4 5 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	___	

HOUSEHOLD CHARACTERISTICS	HC	
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	ROMAN CATHOLIC 1 KIRIBATI PROTESTANT CHURCH..... 2 KIRIBATI UNITED CHURCH 3 LATTER DAY SAINTS..... 4 BAHAI..... 5 OTHER RELIGION (<i>specify</i>) _____ 6 NO RELIGION..... 7	
HC1B. What is the mother tongue of (<i>name of the head of the household from HL2</i>)?	KIRIBATI..... 1 ENGLISH 2 OTHER LANGUAGE (<i>specify</i>) _____ 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	I-KIRIBATI 1 I-KIRIBATI/TUVALU..... 2 I-KIRIBATI/MIX 3 OTHER (<i>specify</i>) _____ 6	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS __ __	
HC4. <i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND 11 GRAVEL 12 RUDIMENTARY FLOOR WOOD PLANKS..... 21 COCONUT WEAVED MAT 23 PANDANUS WEAVED MAT..... 24 PLYWOOD..... 25 TEBAA (COCONUT LEAF PART) 26 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS..... 32 CERAMIC TILES..... 33 CEMENT 34 CARPET 35 OTHER (<i>specify</i>) _____ 96	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF 11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM / BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN/ ALLUMINIUM 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBRE 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS 12</p> <p>DIRT 13</p> <p>HATCH 14</p> <p>PANDANUS ROOT 15</p> <p>COCONUT MIDRIP (TEBAA) 16</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>METAL / TIN/ ALLUMINIUM 27</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>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A kerosene stove</p> <p>[D] A gas stove</p> <p>[E] A kabwate (Food storage)</p> <p>[F] A dining table</p> <p>[G] A water storage tank</p>	<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>FIXED TELEPHONE LINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KEROSENE STOVE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GAS STOVE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KABWATE FOR FOOD STORAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DINING TABLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER STORAGE TANK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO.....	1	2	KEROSENE STOVE.....	1	2	GAS STOVE.....	1	2	KABWATE FOR FOOD STORAGE	1	2	DINING TABLE	1	2	WATER STORAGE TANK.....	1	2							
	YES	NO																														
FIXED TELEPHONE LINE.....	1	2																														
RADIO.....	1	2																														
KEROSENE STOVE.....	1	2																														
GAS STOVE.....	1	2																														
KABWATE FOR FOOD STORAGE	1	2																														
DINING TABLE	1	2																														
WATER STORAGE TANK.....	1	2																														
<p>HC8. Does your household have electricity?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES, INTERCONNECTED GRID</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO.....</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>	YES, INTERCONNECTED GRID	1	YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....	2	NO.....	3	3 ⇨ HC10																								
YES, INTERCONNECTED GRID	1																															
YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM).....	2																															
NO.....	3																															
<p>HC9. Does your household have:</p> <p>[A] A television?</p> <p>[B] A refrigerator?</p> <p>[C] A DVD player set</p> <p>[D] A deep freezer</p> <p>[E] An electric fan</p> <p>[F] Music Player Speakers</p> <p>[G] An electric kettle</p> <p>[H] A rice cooker</p> <p>[I] A washing machine</p>	<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>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DVD PLAYER SET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DEEP FREZEER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC FAN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MUSIC PLAYER SPEAKERS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC KETTLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RICE COOKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TELEVISION	1	2	REFRIGERATOR	1	2	DVD PLAYER SET	1	2	DEEP FREZEER	1	2	ELECTRIC FAN.....	1	2	MUSIC PLAYER SPEAKERS.....	1	2	ELECTRIC KETTLE.....	1	2	RICE COOKER	1	2	WASHING MACHINE.....	1	2	
	YES	NO																														
TELEVISION	1	2																														
REFRIGERATOR	1	2																														
DVD PLAYER SET	1	2																														
DEEP FREZEER	1	2																														
ELECTRIC FAN.....	1	2																														
MUSIC PLAYER SPEAKERS.....	1	2																														
ELECTRIC KETTLE.....	1	2																														
RICE COOKER	1	2																														
WASHING MACHINE.....	1	2																														

	YES	NO	
HC10. Does any member of your household own:			
[A] A wristwatch?	WRISTWATCH	1 2	
[B] A bicycle?	BICYCLE	1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER	1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN.....	1 2	
[F] A boat with a motor?	BOAT WITH MOTOR.....	1 2	
[G] A hand-cart (Aenikaa)?	HAND-CART (AENIKAA)	1 2	
[H] A canoe	CANOE.....	1 2	
[I] Fishing net	FISHING NET	1 2	
HC11. Does any member of your household have a computer or a tablet?	YES	1	
	NO	2	
HC12. Does any member of your household have a mobile telephone?	YES	1	
	NO	2	
HC13. Does your household have access to internet at home?	YES	1	
	NO	2	
HC14. 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> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN	1	
	RENT	2	
	GOVERNMENT HOUSE	3	
	OTHER (<i>specify</i>)	6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES	1	
	NO	2	2⇒HC17
HC16. How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES	___	
	95 OR MORE	95	
	DK.....	98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES	1	
	NO	2	2⇒HC19

<p>HC18. How many of the following animals does this household have?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Ducks?</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>DUCKS __ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

SOCIAL TRANSFERS				ST
<p>ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.</p>				
	[A] ELDERLY PENSION	[B] HEALTH HIV TB BENEFITS	[C] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<p>ST2. Are you aware of (<i>name of programme</i>)?</p>	YES.....1 NO.....2 ☺ [B]	YES.....1 NO.....2 ☺ [C]	YES.....1 NO.....2 ☺ [X]	YES (<i>specify</i>) _____ 1 NO.....2 ☺ End
<p>ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?</p>	YES.....1 ☺ ST4 NO.....2 ☺ [B] DK.....8 ☺ [B]	YES.....1 ☺ ST4 NO.....2 ☺ [C] DK.....8 ☺ [C]	YES.....1 ☺ ST4 NO.....2 ☺ [X] DK.....8 ☺ [X]	YES.....1 ☺ ST4 NO.....2 ☺ End DK.....8 ☺ End
<p>ST4. When was the last time your household or anyone in your household received assistance through (<i>name of programme</i>)?</p> <p><i>If less than one month, record '1' and record '00' in Months.</i></p> <p><i>If less than 12 months, record '1' and record in Months.</i></p> <p><i>If 1 year/12 months or more, record '2' and record in Years.</i></p>	MONTHS AGO...1 ___ ☺ [B] YEARS AGO.....2 ___ ☺ [B] DK.....998 ☺ [B]	MONTHS AGO...1 ___ ☺ [C] YEARS AGO.....2 ___ ☺ [C] DK.....998 ☺ [C]	MONTHS AGO...1 ___ ☺ [X] YEARS AGO.....2 ___ ☺ [X] DK.....998 ☺ [X]	MONTHS AGO...1 ___ ☺ End YEARS AGO.....2 ___ ☺ End DK.....998 ☺ End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE.....01	01 ⇨ EU5
	SOLAR COOKER.....02	02 ⇨ EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇨ EU5
	LIQUID FUEL STOVE.....06	06 ⇨ EU4
	MANUFACTURED SOLID FUEL STOVE07	
	TRADITIONAL SOLID FUEL STOVE.....08	
	TWO STONE STOVE / OPEN FIRE09	09 ⇨ EU4
	KEROSENE.....10	
	OTHER (<i>specify</i>) _____ 96	96 ⇨ EU4
NO FOOD COOKED IN HOUSEHOLD97	97 ⇨ EU9	
EU2. Does it have a chimney?	YES.....1	
	NO.....2	
	DK.....8	
EU3. Does it have a fan?	YES.....1	
	NO.....2	
	DK.....8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	GASOLINE / DIESEL.....02	
	KEROSENE / PARAFFIN03	
	CHARCOAL05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS/COCONUT HUSK.....07	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST11	
	COPRA CAKE12	
	OTHER (<i>specify</i>) _____ 96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM.....1	
	IN A SEPARATE ROOM2	
	IN A SEPARATE BUILDING3	
	OUTDOORS OPEN AIR4	
	ON VERANDA OR COVERED PORCH.....5	
	OTHER (<i>specify</i>) _____ 6	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY01 SOLAR LANTERN.....02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN04 GASOLINE LAMP06 KEROSENE OR PARAFFIN LAMP.....07 CHARCOAL08 WOOD09 CROP RESIDUE / GRASS / STRAW / SHRUBS/COCONUT HUSK.....10 OIL LAMP12 CANDLE13 OTHER (<i>specify</i>) _____ 96 NO LIGHTING IN HOUSEHOLD97</p>	
--	---	--

DENGUE		TN
TN1. Does your household have any mosquito nets?	YES 1 NO 2	2 ⇒ TN17
TN2. How many mosquito nets does your household have?	NUMBER OF NETS ____	

	1 ST NET	2 ND NET	3 RD NET
TN3. Ask the respondent to show you all the nets in the household.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
TN4. 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 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98
TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98
TN13. Did anyone sleep under this mosquito net last night?	YES 1 NO 2 DK / NOT SURE 8	YES 1 NO 2 DK / NOT SURE 8	YES 1 NO 2 DK / NOT SURE 8
TN14. Check TN13: Did anyone sleep under the net (TN13=1)?	YES 1 NO 2 ⇄ TN16	YES 1 NO 2 ⇄ TN16	YES 1 NO 2 ⇄ TN16

<p>TN15. 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>	NAME #1 _____	NAME #1 _____	NAME #1 _____
	LINE NUMBER ___ ___	LINE NUMBER ___ ___	LINE NUMBER ___ ___
	NAME #2 _____	NAME #2 _____	NAME #2 _____
	LINE NUMBER ___ ___	LINE NUMBER ___ ___	LINE NUMBER ___ ___
	NAME #3 _____	NAME #3 _____	NAME #3 _____
	LINE NUMBER ___ ___	LINE NUMBER ___ ___	LINE NUMBER ___ ___
	NAME #4 _____	NAME #4 _____	NAME #4 _____
	LINE NUMBER ___ ___	LINE NUMBER ___ ___	LINE NUMBER ___ ___
<p>TN16. <i>Is there another net?</i></p>	YES 1 <input type="checkbox"/> <i>Next Net</i>	YES 1 <input type="checkbox"/> <i>Next Net</i>	YES 1 <input type="checkbox"/> <i>Next Net</i>
	NO 2 <input type="checkbox"/> <i>TN17</i>	NO 2 <input type="checkbox"/> <i>TN17</i>	NO 2 <input type="checkbox"/> <i>TN17</i>
			Tick here if additional questionnaire used: <input type="checkbox"/>

<p>TN17. Does any member of your household use:</p>		YES	NO
	[A] An insect repellent spray or cream?	REPELLENT SPRAY OR CREAM 1	2
[B] Mosquito coil?	MOSQUITO COIL 1	2	

WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>RAINWATER 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>DESALINATION PLANT WATER 82</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒ WS7</p> <p>12 ⇒ WS7</p> <p>13 ⇒ WS3</p> <p>14 ⇒ WS3</p> <p>21 ⇒ WS3</p> <p>31 ⇒ WS3</p> <p>32 ⇒ WS3</p> <p>51 ⇒ WS3</p> <p>61 ⇒ WS4</p> <p>71 ⇒ WS4</p> <p>72 ⇒ WS4</p> <p>81 ⇒ WS3</p> <p>82 ⇒ WS3</p> <p>91</p> <p>96 ⇒ WS3</p>
<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>RAINWATER 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>DESALINATION PLANT WATER 82</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒ WS7</p> <p>12 ⇒ WS7</p> <p>13</p> <p>14</p> <p>21</p> <p>31</p> <p>32</p> <p>51</p> <p>61 ⇒ WS4</p> <p>71 ⇒ WS4</p> <p>72</p> <p>81</p> <p>82</p> <p>96</p>
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD / PLOT 2</p> <p>ELSEWHERE 3</p>	<p>1 ⇒ WS7</p> <p>2 ⇒ WS7</p> <p>3</p>

<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT 000 NUMBER OF MINUTES DK..... 998</p>	<p>000 ⇒WS7</p>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____ LINE NUMBER _ _</p>	
<p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES _ _ DK..... 98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE 1 NO, ALWAYS SUFFICIENT 2 DK..... 8</p>	<p>2 ⇒WS9 8 ⇒WS9</p>
<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE ... 1 WATER TOO EXPENSIVE 2 SOURCE NOT ACCESSIBLE 3 OTHER (<i>specify</i>) 6 DK..... 8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES 1 NO..... 2 DK..... 8</p>	<p>2 ⇒WS11 8 ⇒WS11</p>

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL A</p> <p>ADD BLEACH / CHLORINE.....B</p> <p>STRAIN IT THROUGH A CLOTH.....C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)..... D</p> <p>SOLAR DISINFECTION.....E</p> <p>LET IT STAND AND SETTLE..... F</p> <p>OTHER (<i>specify</i>) _____ X</p> <p>DK.....Z</p>	
<p>WS11. 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</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE..... 13</p> <p>FLUSH TO OPEN DRAIN..... 14</p> <p>FLUSH TO DK WHERE..... 18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB..... 22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT 23</p> <p>COMPOSTING TOILET..... 31</p> <p>BUCKET..... 41</p> <p>HANGING TOILET / HANGING LATRINE..... 51</p> <p>NO FACILITY / BUSH / FIELD/BEACH..... 95</p> <p>OTHER (<i>specify</i>) _____ 96</p>	<p>11 ⇒WS14</p> <p>14 ⇒WS14</p> <p>18 ⇒WS14</p> <p>41 ⇒WS14</p> <p>51 ⇒WS14</p> <p>95 ⇒End</p> <p>96 ⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS 1</p> <p>MORE THAN 5 YEARS AGO 2</p> <p>DON'T KNOW WHEN 3</p> <p>NO, NEVER EMPTIED 4</p> <p>DK..... 8</p>	<p>4 ⇒WS14</p> <p>8 ⇒WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK..... 8</p>	

<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES 1 NO..... 2</p>	<p>2 ⇒ End</p>
<p>WS16. 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>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1 SHARED WITH GENERAL PUBLIC 2</p>	<p>2 ⇒ End</p>
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> ___ TEN OR MORE HOUSEHOLDS 10 DK..... 98</p>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇒ HW5</p> <p>5 ⇒ HW4</p> <p>6 ⇒ HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</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>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇒ HW7</p> <p>2 ⇒ HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. 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 ⇒ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇒ End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p> <p>ASH / MUD / SAND C</p>	

SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used to <u>cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE.....4 OTHER REASON (specify) _____ 6</p>	<p>2⇒HH13 3⇒HH13 4⇒HH13 6⇒HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES..... _ : _	
HH14. Language of the Questionnaire.	ENGLISH 1 KIRIBATI 2	
HH15. Language of the Interview.	ENGLISH 1 KIRIBATI 2 OTHER LANGUAGE (specify) _____ 6	
HH16. Native language of the Respondent.	ENGLISH 1 KIRIBATI 2 OTHER LANGUAGE (specify) _____ 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE..... 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN..... 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER) _	<p>0⇒HH29 1⇒HH27</p>

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	___

o

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER _ _

HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER _ _

NAME _____

AGE _ _

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49 1 NO 2	2 ⇒ HH34
---	---	----------

HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH30A Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	1 YES, AT LEAST ONE WOMAN AGE 15-49 1 2 OR MORE WOMEN (NUMBER) _	1 ⇒ HH30I
--	--	-----------

HH30B. List each of the women age 15-49 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include women outside of the age range 15-49 years. Record the line number, name, and age for each woman.

HH30C Rank number	HH30D Line number from HL1	HH30E Name from HL2	HH30F Age from HL6
RANK	LINE	NAME	AGE
1	___		___
2	___		___
3	___		___
4	___		___
5	___		___
6	___		___
7	___		___
8	___		___

HH30G. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of women age 15-49 years in HH30A 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 record the number that appears in the box. This is the rank number (HH30C) of the selected woman for Domestic Violence module.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (FROM HH30A)						
	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

<p>HH30H. Record the rank number (HH30C), line number (HH30D), name (HH30E) and age (HH30F) of the selected woman.</p> <p>HH30I. (When HH30A=1 or when there is a single woman age 15-49 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this woman from the LIST OF HOUSEHOLD MEMBERS.</p>	RANK NUMBER __ LINE NUMBER __ __ NAME _____ AGE __ __	
HH30J. Administer Domestic Violence Module to this woman while interviewing for Questionnaire for Individual Woman		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 1 NO.....2	2 ⇒ HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL GIRLS AGE 15-172	2 ⇒ HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=1 1 NO, HH8=2.....2	2 ⇒ HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 1 NO.....2	2 ⇒ HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO.....2	2 ⇒ HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-172	2 ⇒ HH40

<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
<p>HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE 1</p> <p>NO 2</p>	<p>2 ⇒ HH42</p>
<p>HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.</p>		
<p>HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?</p>	<p>YES, HH9=1 1</p> <p>NO, HH9=2 2</p>	<p>2 ⇒ HH45</p>
<p>HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household</p>		
<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN 1</p> <p>NO, PERMISSION IS NOT GIVEN 2</p>	<p>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
<p>HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,</p> <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS