KIRIBATI SDIS QUESTIONNAIRES
**HH1. Cluster number:**

**HH2. Household number:**

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**HH3. Interviewer’s name and number:**

**HH4. Supervisor’s name and number:**

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**HH5. Day / Month / Year of interview:**

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**HH6. Area:**

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**HH7. District/Island Groups:**

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<th>SOUTH TARAWA</th>
<th>NORTHER GILBERT</th>
<th>CENTRAL GILBERT</th>
<th>SOUTHERN GILBERT</th>
<th>LINE AND PHOENIX GROUP</th>
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**HH8. Is the household selected for Questionnaire for Men?**

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**HH9. Is the household selected for Water Quality Testing?**

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**HH10. Is the household selected for blank testing?**

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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.**

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**HH12. Hello, my name is (your name). 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?**

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<th>NO / NOT ASKED</th>
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1 = LIST OF HOUSEHOLD MEMBERS
2 = HH46

**HH16. Result of Household Questionnaire interview:**

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<th>COMPLETED</th>
<th>NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT</th>
<th>RESPONDENT AT HOME AT TIME OF VISIT</th>
<th>ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</th>
<th>REFUSED</th>
<th>DWELLING VACANT OR ADDRESS NOT A DWELLING</th>
<th>DWELLING DESTROYED</th>
<th>DWELLING NOT FOUND</th>
<th>OTHER (specify)</th>
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**HH17. Name and line number of the respondent to Household Questionnaire interview:**

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**To be filled after the Household Questionnaire is completed:**

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<td>WOMEN AGE 15-49</td>
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<tr>
<td>If household is selected for Questionnaire for Men: MEN AGE 15-49</td>
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<tr>
<td>CHILDREN UNDER AGE 5</td>
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<td>CHILDREN AGE 5-17</td>
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**To be filled after all the questionnaires are completed:**

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1 = ZERO.....0
2 = ONE......1
### LIST OF HOUSEHOLD MEMBERS

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: ................................ ................................ ............

| LINE | NAME | RELATION | M | F | MONT | H | YEAR | AGE | Y | N | M 15-49 | Y | N | W 15-49 | MO | TH | R | Y | N | DK | Y | N | DK | FATHER |
|------|------|----------|---|---|------|---|------|-----|---|---|---------|---|---|---------|----|----|---|---|---|---|---|---|----|---|---|
| 01   | 0    | 1        | 2 |   | 03   | 01 | 01   | 1   | 2 | 1 | 2 128  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 02   | 1    | 2        | 2 |   | 02   | 12 | 02   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 03   | 1    | 2        | 2 |   | 03   | 03 | 03   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 04   | 1    | 2        | 2 |   | 04   | 04 | 04   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 05   | 1    | 2        | 2 |   | 05   | 05 | 05   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 06   | 1    | 2        | 2 |   | 06   | 06 | 06   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 07   | 1    | 2        | 2 |   | 07   | 07 | 07   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 08   | 1    | 2        | 2 |   | 08   | 08 | 08   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 09   | 1    | 2        | 2 |   | 09   | 09 | 09   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 10   | 1    | 2        | 2 |   | 10   | 10 | 10   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 11   | 1    | 2        | 2 |   | 14   | 14 | 14   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |
| 12   | 1    | 2        | 2 |   | 15   | 15 | 15   | 12 | 1 | 2 | 1 2 8  | 1 | 2 | 1 2 4 | 8 | 1 | 2 | 3 | 4 | 8 | 1 | 2 | 3 | 4 | 8 |

* Codes for HL5-HL19:
  - 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 / STEPCOCH
  - 14 SERVANT (LIVE-IN)
  - 98 OTHER (NOT RELATED)
  - 9998 DK
### EDUCATION 1

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### HOUSEHOLD CHARACTERISTICS

| HC1A. What is the religion of (name of the head of the household from HL2)? | ROMAN CATHOLIC ........................................ 1  
| | KIRIBATI PROTESTANT CHURCH.......................... 2  
| | KIRIBATI UNITED CHURCH.............................. 3  
| | LATTER DAY SAINTS...................................... 4  
| | BAHAI.......................................................... 5  
| | OTHER RELIGION (specify) ________________________ 6  
| | NO RELIGION.................................................. 7  

| HC1B. What is the mother tongue of (name of the head of the household from HL2)? | KIRIBATI.................................................... 1  
| | ENGLISH........................................................... 2  
| | OTHER LANGUAGE (specify) _________________________ 6  

| HC2. To what ethnic group does (name of the head of the household from HL2) belong? | I-KIRIBATI.................................................... 1  
| | I-KIRIBATI/TUVALU.......................................... 2  
| | I-KIRIBATI/MIX............................................. 3  
| | OTHER (specify) ________________________________ 6  

| HC3. How many rooms do members of this household usually use for sleeping? | NUMBER OF ROOMS ...........................................  

| HC4. Main material of the dwelling floor. | 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 (specify) ______________________________ 96  

---

*Record observation. If observation is not possible, ask the respondent to determine the material of the dwelling floor.*
### HC5. Main material of the roof.

*Record observation.*

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<tr>
<td>Thatch / Palm leaf</td>
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<tr>
<td>Sod</td>
<td>13</td>
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<td><strong>RUDIMENTARY ROOFING</strong></td>
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<td>Rustic mat</td>
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<td>Palm / Bamboo</td>
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<td>Wood planks</td>
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<td>Wood</td>
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<td>Calamine / Cement fibre</td>
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<td>Ceramic tiles</td>
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<td>Roofing shingles</td>
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<td><strong>OTHER (specify)</strong></td>
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### HC6. Main material of the exterior walls.

*Record observation.*

<table>
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</thead>
<tbody>
<tr>
<td><strong>NO WALLS</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>NATURAL WALLS</strong></td>
<td></td>
</tr>
<tr>
<td>Cane / Palm / Trunks</td>
<td>12</td>
</tr>
<tr>
<td>Dirt</td>
<td>13</td>
</tr>
<tr>
<td>Hatch</td>
<td>14</td>
</tr>
<tr>
<td>Pandanus root</td>
<td>15</td>
</tr>
<tr>
<td>Coconut midrip (Tebaa)</td>
<td>16</td>
</tr>
<tr>
<td><strong>RUDIMENTARY WALLS</strong></td>
<td></td>
</tr>
<tr>
<td>Bamboo with mud</td>
<td>21</td>
</tr>
<tr>
<td>Stone with mud</td>
<td>22</td>
</tr>
<tr>
<td>Uncovered adobe</td>
<td>23</td>
</tr>
<tr>
<td>Plywood</td>
<td>24</td>
</tr>
<tr>
<td>Cardboard</td>
<td>25</td>
</tr>
<tr>
<td>Reused wood</td>
<td>26</td>
</tr>
<tr>
<td>Metal / Tin / Aluminium</td>
<td>27</td>
</tr>
<tr>
<td><strong>FINISHED WALLS</strong></td>
<td></td>
</tr>
<tr>
<td>Cement</td>
<td>31</td>
</tr>
<tr>
<td>Stone with lime / Cement</td>
<td>32</td>
</tr>
<tr>
<td>Bricks</td>
<td>33</td>
</tr>
<tr>
<td>Cement blocks</td>
<td>34</td>
</tr>
<tr>
<td>Covered adobe</td>
<td>35</td>
</tr>
<tr>
<td>Wood planks / Shingles</td>
<td>36</td>
</tr>
<tr>
<td><strong>OTHER (specify)</strong></td>
<td>96</td>
</tr>
</tbody>
</table>
### HC7. Does your household have:

<table>
<thead>
<tr>
<th>[A] A fixed telephone line?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B] A radio?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[C] A kerosene stove</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[D] A gas stove</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[E] A kabwate (Food storage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[F] A dining table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[G] A water storage tank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HC8. Does your household have electricity?

<table>
<thead>
<tr>
<th>YES, INTERCONNECTED GRID</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)</td>
<td>2</td>
</tr>
<tr>
<td>NO</td>
<td>3</td>
</tr>
</tbody>
</table>

### HC9. Does your household have:

<table>
<thead>
<tr>
<th>[A] A television?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B] A refrigerator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[C] A DVD player set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[D] A deep freezer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[E] An electric fan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[F] Music Player Speakers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[G] An electric kettle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[H] A rice cooker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[I] A washing machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC10. Does any member of your household own:</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>[A] A wristwatch?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[B] A bicycle?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[C] A motorcycle or scooter?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[E] A car, truck or van?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[F] A boat with a motor?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[G] A hand-cart (Aenikaa)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[H] A canoe</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>[I] Fishing net</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC11. Does any member of your household have a computer or a tablet?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC12. Does any member of your household have a mobile telephone?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC13. Does your household have access to internet at home?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC14. Do you or someone living in this household own this dwelling?</th>
<th>OWN</th>
<th>RENT</th>
<th>GOVERNMENT HOUSE</th>
<th>OTHER (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC15. Does any member of this household own any land that can be used for agriculture?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC16. How many hectares of agricultural land do members of this household own?</th>
<th>HECTARES</th>
<th>95 OR MORE</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>95</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
**HC18.** How many of the following animals does this household have?

- [F] Chickens?
- [G] Pigs?
- [H] Ducks?

*If none, record ‘00’. If 95 or more, record ‘95’. If unknown, record ‘98’.*

<table>
<thead>
<tr>
<th>Animal</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickens</td>
<td>CHICKENS</td>
</tr>
<tr>
<td>Pigs</td>
<td>PIGS</td>
</tr>
<tr>
<td>Ducks</td>
<td>DUCKS</td>
</tr>
</tbody>
</table>

**HC19.** Does any member of this household have a bank account?

- [YES] YES | 1
- [NO] NO   | 2
**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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ST2. Are you aware of (name of programme)?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES..............................1</td>
<td>YES..............................1</td>
<td>YES..............................1</td>
<td>YES (specify)..............................1</td>
</tr>
<tr>
<td>NO..............................2</td>
<td>NO..............................2</td>
<td>NO..............................2</td>
<td>NO..............................2</td>
</tr>
<tr>
<td>[B]</td>
<td>[C]</td>
<td>[X]</td>
<td>End</td>
</tr>
<tr>
<td><strong>ST3. Has your household or anyone in your household received assistance through (name of programme)?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES..............................1</td>
<td>YES..............................1</td>
<td>YES..............................1</td>
<td>YES..............................1</td>
</tr>
<tr>
<td>NO..............................2</td>
<td>NO..............................2</td>
<td>NO..............................2</td>
<td>NO..............................2</td>
</tr>
<tr>
<td>[B]</td>
<td>[C]</td>
<td>[X]</td>
<td>End</td>
</tr>
<tr>
<td>DK...............................8</td>
<td>DK...............................8</td>
<td>DK...............................8</td>
<td>DK...............................8</td>
</tr>
<tr>
<td>[B]</td>
<td>[C]</td>
<td>[X]</td>
<td>End</td>
</tr>
<tr>
<td><strong>ST4. When was the last time your household or anyone in your household received assistance through (name of programme)?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If less than one month, record ‘1’ and record ‘00’ in Months.</td>
<td>If less than 12 months, record ‘1’ and record in Months.</td>
<td>If 1 year/12 months or more, record ‘2’ and record in Years.</td>
<td></td>
</tr>
<tr>
<td>MONTHS AGO ...1</td>
<td>MONTHS AGO ...1</td>
<td>MONTHS AGO ...1</td>
<td>MONTHS AGO ...1</td>
</tr>
<tr>
<td>YEARS AGO ...2</td>
<td>YEARS AGO ...2</td>
<td>YEARS AGO ...2</td>
<td>YEARS AGO ...2</td>
</tr>
<tr>
<td>[B]</td>
<td>[C]</td>
<td>[X]</td>
<td>End</td>
</tr>
<tr>
<td>DK...............................998</td>
<td>DK...............................998</td>
<td>DK...............................998</td>
<td>DK...............................998</td>
</tr>
<tr>
<td>[B]</td>
<td>[C]</td>
<td>[X]</td>
<td>End</td>
</tr>
</tbody>
</table>
**HOUSEHOLD ENERGY USE**

**EU1.** In your household, what type of cookstove is mainly used for cooking?

<table>
<thead>
<tr>
<th>Type of Cookstove</th>
<th>EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELECTRIC STOVE</td>
<td>01</td>
</tr>
<tr>
<td>SOLAR COOKER</td>
<td>02</td>
</tr>
<tr>
<td>LIQUEFIED PETROLEUM GAS (LPG)/COOKING GAS STOVE</td>
<td>03</td>
</tr>
<tr>
<td>LIQUID FUEL STOVE</td>
<td>06</td>
</tr>
<tr>
<td>MANUFACTURED SOLID FUEL STOVE</td>
<td>07</td>
</tr>
<tr>
<td>TRADITIONAL SOLID FUEL STOVE</td>
<td>08</td>
</tr>
<tr>
<td>TWO STONE STOVE/OPEN FIRE</td>
<td>09</td>
</tr>
<tr>
<td>KEROSENE</td>
<td>10</td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td>96</td>
</tr>
<tr>
<td>NO FOOD COOKED IN HOUSEHOLD</td>
<td>97</td>
</tr>
</tbody>
</table>

**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?

*If more than one, record the main energy source for this cookstove.*

<table>
<thead>
<tr>
<th>Fuel or Energy Source</th>
<th>EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>GASOLINE/DIESEL</td>
<td>02</td>
</tr>
<tr>
<td>KEROSENE/PARAFFIN</td>
<td>03</td>
</tr>
<tr>
<td>CHARCOAL</td>
<td>05</td>
</tr>
<tr>
<td>WOOD</td>
<td>06</td>
</tr>
<tr>
<td>CROP RESIDUE/GRASS STRAW/SHRUBS/COCONUT HUSK</td>
<td>07</td>
</tr>
<tr>
<td>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS</td>
<td>09</td>
</tr>
<tr>
<td>GARBAGE/PLASTIC</td>
<td>10</td>
</tr>
<tr>
<td>SAWDUST</td>
<td>11</td>
</tr>
<tr>
<td>COPRA CAKE</td>
<td>12</td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td>96</td>
</tr>
</tbody>
</table>

**EU5.** Is the cooking usually done in the house, in a separate building, or outdoors?

*If in main house, probe to determine if cooking is done in a separate room.*

*If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.*

<table>
<thead>
<tr>
<th>Location</th>
<th>EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN MAIN HOUSE</td>
<td></td>
</tr>
<tr>
<td>NO SEPARATE ROOM</td>
<td>1</td>
</tr>
<tr>
<td>IN A SEPARATE ROOM</td>
<td>2</td>
</tr>
<tr>
<td>IN A SEPARATE BUILDING</td>
<td>3</td>
</tr>
<tr>
<td>OUTDOORS</td>
<td></td>
</tr>
<tr>
<td>OPEN AIR</td>
<td>4</td>
</tr>
<tr>
<td>ON VERANDA OR COVERED PORCH</td>
<td>5</td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td>6</td>
</tr>
</tbody>
</table>
**EU9.** At night, what does your household mainly use to light the household?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELECTRICITY</td>
<td>01</td>
</tr>
<tr>
<td>SOLAR LANTERN</td>
<td>02</td>
</tr>
<tr>
<td>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN</td>
<td>03</td>
</tr>
<tr>
<td>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN</td>
<td>04</td>
</tr>
<tr>
<td>GASOLINE LAMP</td>
<td>06</td>
</tr>
<tr>
<td>KEROSENE OR PARAFFIN LAMP</td>
<td>07</td>
</tr>
<tr>
<td>CHARCOAL</td>
<td>08</td>
</tr>
<tr>
<td>WOOD</td>
<td>09</td>
</tr>
<tr>
<td>CROP RESIDUE / GRASS / STRAW / SHRUBS / COCONUT HUSK</td>
<td>10</td>
</tr>
<tr>
<td>OIL LAMP</td>
<td>12</td>
</tr>
<tr>
<td>CANDLE</td>
<td>13</td>
</tr>
<tr>
<td>OTHER (specify)</td>
<td>96</td>
</tr>
<tr>
<td>NO LIGHTING IN HOUSEHOLD</td>
<td>97</td>
</tr>
</tbody>
</table>
### Dengue

<table>
<thead>
<tr>
<th>TN1</th>
<th>Does your household have any mosquito nets?</th>
<th>YES ................................ ................................ 1</th>
<th>NO ................................ ................................ ...... 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN2</td>
<td>How many mosquito nets does your household have?</td>
<td>NUMBER OF NETS ...........................................</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Net</th>
<th>2nd Net</th>
<th>3rd Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSERVED .......... 1</td>
<td>OBSERVED .......... 1</td>
<td>OBSERVED .......... 1</td>
</tr>
<tr>
<td>NOT OBSERVED .......... 2</td>
<td>NOT OBSERVED .......... 2</td>
<td>NOT OBSERVED .......... 2</td>
</tr>
</tbody>
</table>

**TN3. Ask the respondent to show you all the nets in the household.**

**TN4. How many months ago did your household get the mosquito net?**

*If less than one month, record '00'.*

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK / NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

**TN12. Where did you get the net?**

<table>
<thead>
<tr>
<th>GOVERNMENT HEALTH FACILITY .... 01</th>
<th>PRIVATE HEALTH FACILITY .... 02</th>
<th>PHARMACY ................. 03</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOP / MARKET / STREET .......... 04</td>
<td>COMMUNITY HEALTH WORKER ........... 05</td>
<td>RELIGIOUS INSTITUTION ......... 06</td>
</tr>
<tr>
<td>SCHOOL ................. 07</td>
<td>OTHER ..................... 96</td>
<td>DK ......................... 98</td>
</tr>
<tr>
<td>GOVERNMENT HEALTH FACILITY .... 01</td>
<td>PRIVATE HEALTH FACILITY .... 02</td>
<td>PHARMACY ................. 03</td>
</tr>
<tr>
<td>SHOP / MARKET / STREET .......... 04</td>
<td>COMMUNITY HEALTH WORKER ........... 05</td>
<td>RELIGIOUS INSTITUTION ......... 06</td>
</tr>
<tr>
<td>SCHOOL ................. 07</td>
<td>OTHER ..................... 96</td>
<td>DK ......................... 98</td>
</tr>
</tbody>
</table>

**TN13. Did anyone sleep under this mosquito net last night?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK / NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

**TN14. Check TN13: Did anyone sleep under the net (TN13 = 1)?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK / NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>
TN15. Who slept under this mosquito net last night?

Record the person’s line number from the LIST OF HOUSEHOLD MEMBERS.

If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record ‘00’.

<table>
<thead>
<tr>
<th>NAME #1</th>
<th>NAME #2</th>
<th>NAME #3</th>
<th>NAME #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME #1</th>
<th>NAME #2</th>
<th>NAME #3</th>
<th>NAME #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME #1</th>
<th>NAME #2</th>
<th>NAME #3</th>
<th>NAME #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME #1</th>
<th>NAME #2</th>
<th>NAME #3</th>
<th>NAME #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
<td>LINE NUMBER</td>
</tr>
</tbody>
</table>

TN16. Is there another net?

YES ................................  1
NO ................................ .. 2

TN17. Does any member of your household use:

[A] An insect repellent spray or cream?

REPELLENT SPRAY OR CREAM ..... 1  2

[B] Mosquito coil?

MOSQUITO COIL ...................... 1  2
**WATER AND SANITATION**

<table>
<thead>
<tr>
<th>WS1. What is the main source of drinking water used by members of your household?</th>
<th>PIPED WATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPED INTO DWELLING</td>
<td>11</td>
</tr>
<tr>
<td>PIPED TO YARD / PLOT</td>
<td>12</td>
</tr>
<tr>
<td>PIPED TO NEIGHBOUR</td>
<td>13</td>
</tr>
<tr>
<td>PUBLIC TAP / STANDPIPE</td>
<td>14</td>
</tr>
<tr>
<td>TUBE WELL / BOREHOLE</td>
<td>21</td>
</tr>
<tr>
<td><strong>DUG WELL</strong></td>
<td></td>
</tr>
<tr>
<td>PROTECTED WELL</td>
<td>31</td>
</tr>
<tr>
<td>UNPROTECTED WELL</td>
<td>32</td>
</tr>
<tr>
<td><strong>RAINWATER</strong></td>
<td>51</td>
</tr>
<tr>
<td>TANKER-TRUCK</td>
<td>61</td>
</tr>
<tr>
<td>CART WITH SMALL TANK</td>
<td>71</td>
</tr>
<tr>
<td>WATER KIOSK</td>
<td>72</td>
</tr>
<tr>
<td><strong>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)</strong></td>
<td>81</td>
</tr>
<tr>
<td><strong>DESALINATION PLANT WATER</strong></td>
<td>82</td>
</tr>
<tr>
<td><strong>PACKAGED WATER</strong></td>
<td>91</td>
</tr>
<tr>
<td>BOTTLED WATER</td>
<td>96</td>
</tr>
<tr>
<td><strong>OTHER (specify)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?</th>
<th>PIPED WATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIPED INTO DWELLING</td>
<td>11</td>
</tr>
<tr>
<td>PIPED TO YARD / PLOT</td>
<td>12</td>
</tr>
<tr>
<td>PIPED TO NEIGHBOUR</td>
<td>13</td>
</tr>
<tr>
<td>PUBLIC TAP / STANDPIPE</td>
<td>14</td>
</tr>
<tr>
<td>TUBE WELL / BOREHOLE</td>
<td>21</td>
</tr>
<tr>
<td><strong>DUG WELL</strong></td>
<td></td>
</tr>
<tr>
<td>PROTECTED WELL</td>
<td>31</td>
</tr>
<tr>
<td>UNPROTECTED WELL</td>
<td>32</td>
</tr>
<tr>
<td><strong>RAINWATER</strong></td>
<td>51</td>
</tr>
<tr>
<td>TANKER-TRUCK</td>
<td>61</td>
</tr>
<tr>
<td>CART WITH SMALL TANK</td>
<td>71</td>
</tr>
<tr>
<td>WATER KIOSK</td>
<td>72</td>
</tr>
<tr>
<td><strong>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)</strong></td>
<td>81</td>
</tr>
<tr>
<td><strong>DESALINATION PLANT WATER</strong></td>
<td>82</td>
</tr>
<tr>
<td><strong>PACKAGED WATER</strong></td>
<td>91</td>
</tr>
<tr>
<td>BOTTLED WATER</td>
<td>96</td>
</tr>
<tr>
<td><strong>OTHER (specify)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WS3. Where is that water source located?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IN OWN DWELLING</td>
<td>1</td>
</tr>
<tr>
<td>IN OWN YARD / PLOT</td>
<td>2</td>
</tr>
<tr>
<td>ELSEWHERE</td>
<td>3</td>
</tr>
<tr>
<td>Question</td>
<td>Option</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>WS4.</strong> How long does it take for members of your household to go there, get water, and come back?</td>
<td>MEMBERS DO NOT COLLECT ............... 000</td>
</tr>
<tr>
<td></td>
<td>NUMBER OF MINUTES ......................  __ __ __</td>
</tr>
<tr>
<td></td>
<td>DK ............................................. 998</td>
</tr>
<tr>
<td><strong>WS5.</strong> Who usually goes to this source to collect the water for your household?</td>
<td>NAME ________________________________</td>
</tr>
<tr>
<td></td>
<td>LINE NUMBER .................................. __ __</td>
</tr>
<tr>
<td><strong>WS6.</strong> Since last (day of the week), how many times has this person collected water?</td>
<td>NUMBER OF TIMES ............................  __ __</td>
</tr>
<tr>
<td></td>
<td>DK ............................................. 98</td>
</tr>
<tr>
<td><strong>WS7.</strong> In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</td>
<td>YES, AT LEAST ONCE ...................... 1</td>
</tr>
<tr>
<td></td>
<td>NO, ALWAYS SUFFICIENT .................... 2</td>
</tr>
<tr>
<td></td>
<td>DK ............................................. 8</td>
</tr>
<tr>
<td><strong>WS8.</strong> What was the main reason that you were unable to access water in sufficient quantities when needed?</td>
<td>WATER NOT AVAILABLE FROM SOURCE ........ 1</td>
</tr>
<tr>
<td></td>
<td>WATER TOO EXPENSIVE ..................... 2</td>
</tr>
<tr>
<td></td>
<td>SOURCE NOT ACCESSIBLE ................... 3</td>
</tr>
<tr>
<td></td>
<td>OTHER (specify) ........................... 6</td>
</tr>
<tr>
<td></td>
<td>DK ............................................. 8</td>
</tr>
<tr>
<td><strong>WS9.</strong> Do you or any other member of this household do anything to the water to make it safer to drink?</td>
<td>YES ........................................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................................. 2</td>
</tr>
<tr>
<td></td>
<td>DK ............................................. 8</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>WS10. What do you usually do to make the water safer to drink?</strong></td>
<td>BOIL ................................................................................................................................. A</td>
</tr>
<tr>
<td><strong>Probe:</strong> Anything else?</td>
<td>ADD BLEACH / CHLORINE ................................................................. B</td>
</tr>
<tr>
<td></td>
<td>STRAIN IT THROUGH A CLOTH ......................................................................... C</td>
</tr>
<tr>
<td></td>
<td>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) ........................................ D</td>
</tr>
<tr>
<td></td>
<td>SOLAR DISINFECTION .................................................................................. E</td>
</tr>
<tr>
<td></td>
<td>LET IT STAND AND SETTLE ..................................................................... F</td>
</tr>
<tr>
<td></td>
<td>OTHER (specify) .................................................................................... X</td>
</tr>
<tr>
<td>DK ............................................................................................................ Z</td>
<td></td>
</tr>
</tbody>
</table>
| **WS11. What kind of toilet facility do members of your household usually use?** | FLUSH / POUR FLUSH  
|                                                                          | FLUSH TO PIPED SEWER SYSTEM .......... 11 11 ⇒ WS14 |
|                                                                          | FLUSH TO SEPTIC TANK ...................................................................... 12           |
|                                                                          | FLUSH TO PIT LATRINE ......................................................................... 13           |
|                                                                          | FLUSH TO OPEN DRAIN .......................................................................... 14           |
|                                                                          | FLUSH TO DK WHERE ............................................................................... 18           |
|                                                                          | PIT LATRINE  
|                                                                          | VENTILATED IMPROVED LATRINE .............................................................. 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 / BEACH ...................................................... 95 95 ⇒ End |
|                                                                          | OTHER (specify) .................................................................................... 96           |
| DK ............................................................................................................ 96       |
| **WS12. Has your (answer from WS11) ever been emptied?**                | YES, EMPTIED  
|                                                                          | WITHIN THE LAST 5 YEARS ......................................................... 1 1 ⇒ WS14 |
|                                                                          | MORE THAN 5 YEARS AGO ...................................................................... 2           |
|                                                                          | DON’T KNOW WHEN .............................................................................. 3           |
|                                                                          | NO, NEVER EMPTIED ............................................................................... 4 4 ⇒ WS14 |
| DK ............................................................................................................ 8           |
| **WS13. The last time it was emptied, where were the contents emptied to?** | REMOVED BY SERVICE PROVIDER  
|                                                                          | TO A TREATMENT PLANT ................................................................. 1           |
|                                                                          | BURIED IN A COVERED PIT ..................................................................... 2           |
|                                                                          | TO DON’T KNOW WHERE ........................................................................ 3           |
|                                                                          | EMPTIED BY HOUSEHOLD  
|                                                                          | BURIED IN A COVERED PIT ..................................................................... 4           |
|                                                                          | TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE .................. 5           |
|                                                                          | OTHER (specify) .................................................................................... 6           |
| DK ............................................................................................................ 8           |
| **WS14.** Where is this toilet facility located? | IN OWN DWELLING........................................... 1  
| | IN OWN YARD / PLOT ........................................... 2  
| | ELSEWHERE......................................................... 3  |
| **WS15.** Do you share this facility with others who are not members of your household? | YES................................................................. 1  
| | NO................................................................. 2  |
| **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? | SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)............................. 1  
| | SHARED WITH GENERAL PUBLIC................................. 2  |
| **WS17.** How many households in total use this toilet facility, including your own household? | NUMBER OF HOUSEHOLDS (IF LESS THAN 10).............................. 0  
| | TEN OR MORE HOUSEHOLDS................................. 10  
| | DK.......................................................... 98  |
**HANDWASHING**

**HW1.** We would like to learn about where members of this household wash their hands.

Can you please show me where members of your household most often wash their hands?

*Record result and observation.*

<table>
<thead>
<tr>
<th>OBSERVED</th>
<th>HW</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED FACILITY OBSERVED (SINK / TAP)</td>
<td></td>
</tr>
<tr>
<td>IN DWELLING</td>
<td>1</td>
</tr>
<tr>
<td>IN YARD / PLOT</td>
<td>2</td>
</tr>
<tr>
<td>MOBILE OBJECT OBSERVED</td>
<td></td>
</tr>
<tr>
<td>(BUCKET / JUG / KETTLE)</td>
<td>3</td>
</tr>
</tbody>
</table>

**NOT OBSERVED**

<table>
<thead>
<tr>
<th>HW</th>
</tr>
</thead>
</table>
| NO HANDWASHING PLACE IN DWELLING / YARD / PLOT | 4
| NO PERMISSION TO SEE | 5

<table>
<thead>
<tr>
<th>HW</th>
</tr>
</thead>
</table>
| OTHER REASON (specify) | 6

**HW2.** Observe presence of water at the place for handwashing.

Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.

| WATER IS AVAILABLE | 1 |
| WATER IS NOT AVAILABLE | 2 |

**HW3.** Is soap or detergent or ash/mud/sand present at the place for handwashing?

| YES, PRESENT | 1
| NO, NOT PRESENT | 2 |

**HW4.** Where do you or other members of your household most often wash your hands?

| FIXED FACILITY (SINK / TAP) | |
| IN DWELLING | 1 |
| IN YARD / PLOT | 2 |
| MOBILE OBJECT | |
| (BUCKET / JUG / KETTLE) | 3 |
| NO HANDWASHING PLACE IN DWELLING / YARD / PLOT | 4

| OTHER (specify) | 6 |

**HW5.** Do you have any soap or detergent or ash/mud/sand in your house for washing hands?

| YES | 1 |
| NO | 2 |

**HW6.** Can you please show it to me?

| YES, SHOWN | 1 |
| NO, NOT SHOWN | 2 |

**HW7.** Record your observation.

*Record all that apply.*

| BAR OR LIQUID SOAP | A |
| DETERGENT (POWDER / LIQUID / PASTE) | B |
| ASH / MUD / SAND | C |
### SALT IODISATION

**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 cook meals in your household?

*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.*

<table>
<thead>
<tr>
<th>SALT TESTED</th>
<th>SALT NOT TESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 PPM (NO REACTION)</td>
<td>NO SALT IN THE HOUSE</td>
</tr>
<tr>
<td>BELOW 15 PPM (BETWEEN 0 AND 15 PPM)</td>
<td>BETWEEN 0 AND 15 PPM</td>
</tr>
<tr>
<td>ABOVE 15 PPM (AT LEAST 15 PPM)</td>
<td>ABOVE 15 PPM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

**SA2.** I would like to perform one more test. May I have another sample of the same salt?

*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.*

<table>
<thead>
<tr>
<th>SALT TESTED</th>
<th>SALT NOT TESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 PPM (NO REACTION)</td>
<td>NO SALT IN THE HOUSE</td>
</tr>
<tr>
<td>BELOW 15 PPM (BETWEEN 0 AND 15 PPM)</td>
<td>BETWEEN 0 AND 15 PPM</td>
</tr>
<tr>
<td>ABOVE 15 PPM (AT LEAST 15 PPM)</td>
<td>ABOVE 15 PPM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

### HH13. Record the time.

<table>
<thead>
<tr>
<th>HOUR AND MINUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>:<strong>:</strong>,__</td>
</tr>
</tbody>
</table>

### HH14. Language of the Questionnaire.

<table>
<thead>
<tr>
<th>LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
</tr>
<tr>
<td>KIRIBATI</td>
</tr>
</tbody>
</table>

### HH15. Language of the Interview.

<table>
<thead>
<tr>
<th>LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
</tr>
<tr>
<td>KIRIBATI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify)</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
</tr>
<tr>
<td>KIRIBATI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify)</td>
</tr>
</tbody>
</table>

### HH17. Was a translator used for any parts of this questionnaire?

<table>
<thead>
<tr>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, ENTIRE QUESTIONNAIRE</td>
</tr>
<tr>
<td>YES, PART OF QUESTIONNAIRE</td>
</tr>
<tr>
<td>NO, NOT USED</td>
</tr>
</tbody>
</table>

### HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:

<table>
<thead>
<tr>
<th>CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO CHILDREN</td>
</tr>
<tr>
<td>1 CHILD</td>
</tr>
<tr>
<td>2 OR MORE CHILDREN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

---

**HH13** - Record the time.

**HH14** - Language of the Questionnaire.

**HH15** - Language of the Interview.

**HH16** - Native language of the Respondent.

**HH17** - Was a translator used for any parts of this questionnaire?

**HH18** - Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years.
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.

<table>
<thead>
<tr>
<th>RANK</th>
<th>LINE</th>
<th>NAME</th>
<th>M</th>
<th>F</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>2</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>3</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>4</td>
<td>___</td>
<td>1</td>
<td>2</td>
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<td>___</td>
</tr>
<tr>
<td>5</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>6</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>7</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
<tr>
<td>8</td>
<td>___</td>
<td>1</td>
<td>2</td>
<td></td>
<td>___</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)</th>
<th>TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

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

| RANK NUMBER ................... |
| LINE NUMBER ................... |
| NAME ________________________ |
| AGE .........................  |

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.

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.

<table>
<thead>
<tr>
<th>HH30C</th>
<th>HH30D</th>
<th>HH30E</th>
<th>HH30F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Line</td>
<td>Name</td>
<td>Age</td>
</tr>
<tr>
<td>number</td>
<td>number</td>
<td>from HL1</td>
<td>from HL6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RANK</th>
<th>LINE</th>
<th>NAME</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1___</td>
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<td>8</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)</th>
<th>TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (FROM HH30A)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
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<tr>
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<td>1</td>
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<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
Record the rank number (HH30C), line number (HH30D), name (HH30E) and age (HH30F) of the selected woman.

(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.

Administer Domestic Violence Module to this woman while interviewing for Questionnaire for Individual Woman

Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?

Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?

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.

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.

May we interview (**name(s) of female member(s) age 15-17**) later?

- ‘Yes’ for all girls age 15-17 ⇒ Continue with HH34.
- ‘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.
- ‘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.

Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?

Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?

Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.

Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?

Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?
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.

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.

May we interview (name(s) of male member(s) age 15-17) later?

☐ ‘Yes’ for all boys age 15-17 ⇒ Continue with HH40.

☐ ‘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.

☐ ‘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.

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?

<table>
<thead>
<tr>
<th>YES, AT LEAST ONE</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

⇒ HH42

HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?

<table>
<thead>
<tr>
<th>YES, HH9=1</th>
<th>NO, HH9=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

⇒ HH45

HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household

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?

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.

<table>
<thead>
<tr>
<th>YES, PERMISSION IS GIVEN</th>
<th>NO, PERMISSION IS NOT GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

⇒ Record ‘02’ in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE

HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,

- 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.

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.
<table>
<thead>
<tr>
<th>INTERVIEWER’S OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>SUPERVISOR’S OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>