

## Appendix F. Questionnaires

WE ARE FROM THE NATIONAL STATISTICS CENTRE AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE SOME TIMES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

### HOUSEHOLD INFORMATION PANEL HH

Province: _____ <input type="text"/> District: _____ <input type="text"/> Village: _____ <input type="text"/>	
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HH1. Cluster number: _____	HH2. Household number: _____
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HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____
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HH5. Day/Month/Year of interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HH6. Area: Urban ..... 1 Rural with Road ..... 2 Rural without Road ..... 3	HH7. Region: North ..... 1 Central ..... 2 South ..... 3
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HH 8. Name of head of household: \_\_\_\_\_

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

HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (specify) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____
	HH11. Total number of household members: _____

HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____
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HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____
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Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*

HH16. Data entry clerk: \_\_\_\_\_

**HOUSEHOLD LISTING FORM**

**HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

Eligible for:		WOMEN'S INTERVIEW		CHILD LABOUR MODULE		UNDER-5 INTERVIEW		For children age 0-17 years ASK HL9-HL12									
		HL5. How OLD IS (name)?	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. Is (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL11. Is (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?	Y	N	DK	FATHER				
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER
01		0	1	2	—	01	—	—	—	1	2	8	—	1	2	8	—
02		—	1	2	—	02	—	—	—	1	2	8	—	1	2	8	—
03		—	1	2	—	03	—	—	—	1	2	8	—	1	2	8	—
04		—	1	2	—	04	—	—	—	1	2	8	—	1	2	8	—
05		—	1	2	—	05	—	—	—	1	2	8	—	1	2	8	—
06		—	1	2	—	06	—	—	—	1	2	8	—	1	2	8	—

HOUSEHOLD LISTING FORM										HL	
07	—	—	1	2	—	—	07	—	—	1 2 8	—
08	—	—	1	2	—	—	08	—	—	1 2 8	—
09	—	—	1	2	—	—	09	—	—	1 2 8	—
10	—	—	1	2	—	—	10	—	—	1 2 8	—
11	—	—	1	2	—	—	11	—	—	1 2 8	—
12	—	—	1	2	—	—	12	—	—	1 2 8	—
13	—	—	1	2	—	—	13	—	—	1 2 8	—
<p>ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?            INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.            Then, complete the totals below.</p>											
Totals					Women 15-49	Children 5-14	Under-5s				
<p>* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").            Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.            For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive. You should now have a separate questionnaire for each eligible woman and each child under five in the household.</p>											

\* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

For household members age 5 and above

For household members age 5-24 years

ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?  1 YES ⇨ ED3 2 NO ⇨ NEXT LINE	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK  GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63  98 DK If less than 1 grade, enter 00.	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 YES 2 NO ⇨ ED7		ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?  Insert number of days in space below.	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK  GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63  98 DK	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?  1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 6 NON-STANDARD CURRICULUM 8 DK  GRADE: PRE-SCHOOL 00 PRIMARY 11-15 LOWER SECONDARY 21-23 UPPER SECONDARY 31-33 NON-STANDARD CURRICULUM 61-63  98 DK	
				YES	NO					DAYS
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8
		1 2	0 1 2 3 6 8	1	2	—	0 1 2 3 6 8	1	2 8	0 1 2 3 6 8

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling.....11	11⇒WS5
	Piped into yard or plot.....12	12⇒WS5
	Public tap/standpipe .....13	}
	Tubewell/borehole .....21	
	Dug well	
	Protected well .....31	}
	Unprotected well.....32	
	Water from spring	} ⇒WS
	Protected spring .....41	
	Unprotected spring .....42	
	Rainwater collection .....51	} 3
	Tanker-truck .....61	
	Cart with small tank/drum.....71	}
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81		
<b>Bottled water.....91</b>		
Other ( <i>specify</i> ) _____ 96	96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling.....11	11⇒WS5
	Piped into yard or plot.....12	12⇒WS5
	Public tap/standpipe .....13	
	Tubewell/borehole .....21	
	Dug well	
	Protected well .....31	
	Unprotected well.....32	
	Water from spring	
	Protected spring .....41	
	Unprotected spring .....42	
	Rainwater collection .....51	
	Tanker-truck .....61	
	Cart with small tank/drum.....71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81		
<b>Bottled water.....91</b>		
Other ( <i>specify</i> ) _____ 96		
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... _ _ _	
	Water on premises .....995	995⇒WS
	DK.....998	5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?	Adult woman.....1	
	Adult man .....2	
	Female child (under 15) .....3	
	Male child (under 15).....4	
	DK.....8	
<i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>		
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1	
	No .....2	2⇒WS7
	DK.....8	8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items 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>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, 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 somewhere else.....14</p> <p>Flush to unknown place/not sure/DK where .....15</p> <p>Ventilated Improved Pit latrine (VIP) .....21</p> <p>Pit latrine with slab.....22</p> <p>Pit latrine without slab / open pit.....23</p> <p>Hanging toilet/hanging latrine .....51</p> <p>No facilities or bush or field .....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes.....1</p> <p>No .....2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ____</p> <p>Ten or more households .....10</p> <p>DK.....98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Buddhist</i> ..... 1 <i>Christianity</i> ..... 2 <i>Islam</i> ..... 3  Other religion ( <i>specify</i> )_____ 6 No religion ..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Lao</i> ..... 1 <i>Khmou</i> ..... 2 <i>Hmong</i> ..... 3  Other language ( <i>specify</i> ) _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Lao</i> ..... 1 <i>Khmou</i> ..... 2 <i>Hmong</i> ..... 3  Other ethnic group ( <i>specify</i> )_____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor:  <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35  Other ( <i>specify</i> ) _____ 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch/palm leaf ..... 12 Rudimentary Roofing Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) _____ 96	

HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls ..... 11 Cane/palm/trunks ..... 12 Dirt ..... 13 Rudimentary walls Bamboo/Bamboo with dry leaf ..... 14 Bamboo lattice ..... 15 Bamboo with mud ..... 21 Plywood ..... 24 Carton ..... 25 Reused wood ..... 26 Bamboo mat ..... 27 Finished walls Cement ..... 31 Stone with lime/cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks/shingles ..... 36 Other ( <i>specify</i> ) ..... 96																																																				
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquid Propane Gas (LPG) ..... 02 Natural gas ..... 03 Kerosene ..... 05 Charcoal ..... 06 Coal / Lignite ..... 07 Wood ..... 08 Straw/shrubs/grass ..... 09 Other ( <i>specify</i> ) ..... 96	01⇒HC8 02⇒HC8 03⇒HC8																																																			
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire ..... 1 Open stove ..... 2 Closed stove ..... 3 Other ( <i>specify</i> ) ..... 6	3⇒HC8 6⇒HC8																																																			
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes ..... 1 No ..... 2																																																				
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other ( <i>specify</i> ) ..... 6																																																				
HC9. DOES YOUR HOUSEHOLD HAVE:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY?</td> <td>Electricity ..... 1</td> <td>2</td> </tr> <tr> <td>A CLOCK?</td> <td>Clock ..... 1</td> <td>2</td> </tr> <tr> <td>A RADIO/CASSETTE?</td> <td>Radio/cassette ..... 1</td> <td>2</td> </tr> <tr> <td>A FAN?</td> <td>Fan ..... 1</td> <td>2</td> </tr> <tr> <td>A MATTRESS?</td> <td>Mattress ..... 1</td> <td>2</td> </tr> <tr> <td>A BLACK AND WHITE TELEVISION?</td> <td>B/W TV ..... 1</td> <td>2</td> </tr> <tr> <td>A COLOUR TV?</td> <td>Colour TV ..... 1</td> <td>2</td> </tr> <tr> <td>A CD/VCR PLAYER?</td> <td>CD/VCR Player ..... 1</td> <td>2</td> </tr> <tr> <td>A WATER PUMP?</td> <td>Water pump ..... 1</td> <td>2</td> </tr> <tr> <td>A BED?</td> <td>Bed ..... 1</td> <td>2</td> </tr> <tr> <td>DVD PLAYER?</td> <td>DVD Player ..... 1</td> <td>2</td> </tr> <tr> <td>A SATELLITE DISK/RECEIVER?</td> <td>Satellite disk ..... 1</td> <td>2</td> </tr> <tr> <td>A MOBILE TELEPHONE?</td> <td>Mobile Telephone ..... 1</td> <td>2</td> </tr> <tr> <td>A NON-MOBILE TELEPHONE?</td> <td>Non-Mobile Telephone ..... 1</td> <td>2</td> </tr> <tr> <td>A REFRIGERATOR?</td> <td>Refrigerator ..... 1</td> <td>2</td> </tr> <tr> <td>AN AIR-CONDITIONER?</td> <td>Air-conditioner ..... 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ELECTRICITY?	Electricity ..... 1	2	A CLOCK?	Clock ..... 1	2	A RADIO/CASSETTE?	Radio/cassette ..... 1	2	A FAN?	Fan ..... 1	2	A MATTRESS?	Mattress ..... 1	2	A BLACK AND WHITE TELEVISION?	B/W TV ..... 1	2	A COLOUR TV?	Colour TV ..... 1	2	A CD/VCR PLAYER?	CD/VCR Player ..... 1	2	A WATER PUMP?	Water pump ..... 1	2	A BED?	Bed ..... 1	2	DVD PLAYER?	DVD Player ..... 1	2	A SATELLITE DISK/RECEIVER?	Satellite disk ..... 1	2	A MOBILE TELEPHONE?	Mobile Telephone ..... 1	2	A NON-MOBILE TELEPHONE?	Non-Mobile Telephone ..... 1	2	A REFRIGERATOR?	Refrigerator ..... 1	2	AN AIR-CONDITIONER?	Air-conditioner ..... 1	2	
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A WASHING MACHINE?	Washing machine.....	1	2	
A SOFA?	Sofa.....	1	2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:			Yes No	
A WATCH?	Watch .....	1	2	
A BICYCLE?	Bicycle .....	1	2	
AN ANIMAL-DRAWN CART?	Animal drawn-cart.....	1	2	
A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter .....	1	2	
A TUKTUK OR TAK TAK?	Tuktuk/Taktak.....	1	2	
A CAR OR TRUCK?	Car/Truck.....	1	2	
A BOAT WITH A MOTOR?	Boat with motor.....	1	2	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes.....	1		2⇒HC13
	No .....	2		
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares .....	___	___	
If more than 97, record '97'. If unknown, record '98'.				
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes.....	1		2⇒HC15A
	No .....	2		
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?				
BUFFALO?	Buffalo .....	___	___	
BULLS?	Bulls.....	___	___	
HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules.....	___	___	
GOATS/SHEEP?	Goats/Sheep.....	___	___	
PIG?	Pig.....	___	___	
CHICKENS/DUCKS/BIRDS?	Chickens/ducks/birds.....	___	___	
If none, record '00'. If more than 97, record '97'. If unknown, record '98'.				

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No .....2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?  <i>If 7 or more nets, record '7'.</i>	Number of nets .....__	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES:  <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>		
LONG-LASTING TREATED NETS:	Long-lasting treated nets.....1 2 8	Y N DK
PRE-TREATED NETS:	Pre-treated net.....1 2 8 Other nets:	
OTHER NETS:	Unknown type..... 1 2 8	
<p>TN4. Check TN3 for type of net(s). Go through the above list in order until <b>one</b> box is checked and follow instructions:</p> <p>1. <input type="checkbox"/> Long-lasting treated net mentioned? ⇒ Go to Next Module</p> <p>2. <input type="checkbox"/> Pre-treated net mentioned? ⇒ Go to TN6</p> <p>3. <input type="checkbox"/> Other net mentioned? ⇒ Continue with TN5</p>		
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No .....2 DK/not sure.....8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED?  <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago .....__ __  More than 24 months ago .....95 Not sure .....98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes.....1 No .....2 DK.....8	2⇒NEXT MODULE 8⇒NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?  <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago .....__ __  More than 24 months ago .....95 Not sure .....98	

## CHILD LABOUR MODULE

CL

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.  
 NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i>		CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then → CL.6</i>		CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO → TO CL8		CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO → NEXT LINE		CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
		PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO
01		1	2	3				1	2	3	1	2		1	2	
02		1	2	3				1	2	3	1	2		1	2	
03		1	2	3				1	2	3	1	2		1	2	
04		1	2	3				1	2	3	1	2		1	2	
05		1	2	3				1	2	3	1	2		1	2	
06		1	2	3				1	2	3	1	2		1	2	
07		1	2	3				1	2	3	1	2		1	2	
08		1	2	3				1	2	3	1	2		1	2	
09		1	2	3				1	2	3	1	2		1	2	
10		1	2	3				1	2	3	1	2		1	2	
11		1	2	3				1	2	3	1	2		1	2	
12		1	2	3				1	2	3	1	2		1	2	
13		1	2	3				1	2	3	1	2		1	2	

## Child Discipline Module

Table 1: Children aged 2-14 years eligible for child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	___		1	2	___	___	
02	___		1	2	___	___	
03	___		1	2	___	___	
04	___		1	2	___	___	
05	___		1	2	___	___	
06	___		1	2	___	___	
07	___		1	2	___	___	
08	___		1	2	___	___	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___	___

If there is only one child age 2-14 years in the household, then skip Table 2 and go to CD9; write down the rank number of the child and continue with CD11

**Table 2: selection of random child for Child Discipline questions**

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	1	2	1	2	3	7	5
CD9. Record the rank number of the selected child	Rank number of child..... ___							

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).

CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number ..... _ _	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH ( <i>name</i> ) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING ( <i>name</i> ) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes.....1 No .....2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOUR) WAS WRONG.	Yes.....1 No .....2	
CD12C. SHOOK HIM/HER.	Yes.....1 No .....2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No .....2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No .....2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No .....2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No .....2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No .....2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.....1 No .....2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No .....2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes.....1 No .....2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) ( <i>name</i> ) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes.....1 No .....2 Don't know/no opinion .....8	

**Disability**

**DA**

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNISABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODISED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p> <p><i>In nutrition households (where there is a barcode label on the front of this form) only, now take a sample of salt for later iodine analysis in Vientiane</i></p>	<p>Not iodised (no colour change) .....1          Contains iodine (colour change).....2</p> <p>No salt in home.....6          Salt not tested.....7</p>	
<p>SI1A. WHAT IS THE BRAND OF THIS MOST COMMONLY USED SALT (THE SALT THAT WAS TESTED FOR IODINE ABOVE?)</p>	<p>Produces by themselves/small scales.....1          Spool Brand salt (khoksaat).....2          Fish Brand salt (Nateu SVK).....3          Cart Brand salt (Veunkham).....4          Fish Brand salt (Boten).....5          Khenkok salt.....6          Diamond Brand salt (Ban Bo).....7          Borikhamxay salt.....8          Thai salt.....9          Vietnamese salt.....10          Chinese salt.....11          Not labelled/others.....12</p>	
<p>SI1B. WAS A SAMPLE OF SALT COLLECTED FOR FURTHER ANALYSIS AT THE LAB? A SAMPLE SHOULD BE COLLECTED ONLY IF THERE IS A BARCODE LABEL ON THE FRONT OF THIS FORM</p>	<p>Yes.....1          No .....2</p>	
<p>FOR THE FOLLOWING QUESTIONS: ASK THE PERSON WHO USUALLY PREPARES THE FOOD IN THE HOUSEHOLD</p>		
<p>SI1C. IN THE PAST WEEK HOW MANY TIMES DID YOU USE SUGAR IN THE PREPARATION OF FOOD OR DRINKS?</p>	<p>Daily.....1          4-6 times.....2          1-3 times.....3          Never.....6</p>	<p>IF 6 SKIP TO SI1E</p>
<p>SI1D. MAY I SEE A SAMPLE OF THE SUGAR USED?</p>	<p>No sugar in home.....1          Sugar from Lao.....2          Sugar from Thailand.....3          Sugar from Vietnam.....4          Sugar from China.....5          Unlabelled/other source.....6</p>	
<p>SI1E. IN THE PAST WEEK HOW MANY TIMES DID YOU USE COOKING OIL (NAM MAN PEUD) IN THE PREPARATION OF FOOD?</p>	<p>Daily.....1          4-6 times.....2          1-3 times.....3          Never.....6</p>	<p>IF 6 SKIP TO SI1G</p>
<p>SI1F. MAY I SEE A SAMPLE OF THE COOKING OIL USED?</p>	<p>No cooking oil in home.....1          Cooking oil from Lao.....2          Cooking oil from Thailand.....3          Cooking oil from Vietnam.....4          Cooking oil from China.....5          Unlabelled/other source.....6</p>	
<p>SI1G. IN THE PAST WEEK HOW MANY TIMES DID YOU</p>	<p>Daily.....1</p>	<p>IF 6 SKIP</p>

USE FISH SAUCE ( <i>NAM PLAA</i> ) IN THE PREPARATION OF FOOD?	4-6 times.....2 1-3 times.....3 Never.....6	TO SI11
SI1H. MAY I SEE A SAMPLE OF THE FISH SAUCE USED?	No fish sauce in home.....1 Fish sauce from Lao.....2 Fish sauce from Thailand.....3 Fish sauce from Vietnam.....4 Fish sauce from China.....5 Unlabelled/other source.....6	
SI1I. IN THE PAST WEEK HOW MANY TIMES DID YOU USE MSG ( <i>PAENG NOUA</i> ) IN THE PREPARATION OF FOOD?	Daily.....1 4-6 times.....2 1-3 times.....3 Never.....6	IF 6 SKIP TO SI2
SI1J. MAY I SEE A SAMPLE OF THE MSG USED?	No MSG in home.....1 MSG from Lao.....2 MSG from Thailand.....3 MSG from Vietnam.....4 MSG from China.....5 Unlabelled/other source.....6	

SI2. Does any eligible woman age 15-49 reside in the household?  
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?  
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.