

## Appendix F. Questionnaires

Lao Social  
Indicator Survey  
LSIS (MICS/DHS)

## HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer name and number: Name _____		HH4. Supervisor name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____			
HH6. Area: Urban ..... 1 Rural with road ..... 2 Rural without road ..... 3		HH7. Province Name & Code:* _____	
HH7A. Is household selected for male interview?		1. Yes      2. No	
01 Vientiane Capital	05 Bokeo	09 Xiengkhuang	13 Savannakhet
02 Phongsaly	06 Luangprabang	10 Vientiane	14 Saravane
03 Luangnamtha	07 Huaphanh	11 Borikhamxay	15 Sekong
04 Oudomxay	08 Xayabury	12 Khammua	16 Champasack
			17 Attapeu

WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time ..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____  Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH14. Number of children under age 5: _____	HH13. Number of woman's questionnaires completed: _____
HH15A. Number of men age 15-49 years eligible for interview _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH15B. Number of men's questionnaires completed: _____
	HH17. Data entry clerk (Name and number): Name _____

HH18.  
Record the  
time.  
Hour \_\_\_\_\_  
Minutes \_\_\_\_\_

**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?  
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.  
Use an additional questionnaire if all rows in the household listing form have been used.

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. (name) IS MALE OR FEMALE?  1 Male 2 Female	HL10. DID (name) STAY HERE LAST NIGHT?  1 Yes 2 No	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'	HL6A. WHAT IS MARITAL (name)'S STATUS  1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated	For women age 15-49  HL7.  Circle line number if woman is age 15-49	For men age 15-49  HL7A.  In HHs selected for male interview, circle line number if man is age 15-49	For children age 5-14  HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	For children under age 5  HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	For children age 0-17 years									
					Month	Year							Age	HL11. IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No <sup>§</sup> HL13 8 DK <sup>§</sup> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHO LD?  Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No <sup>§</sup> Next Line 8 DK <sup>§</sup> Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHO LD?  Record line number of father or 00 for "No"					
Line	Name	Relation*	M	F	Y	N	Month	Year	Age	15 - 49	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father	
01		0 1	1	2	1	2	---	---	---	01	01	---	---	1	2	8	---	---	1	2	8	---
02		---	1	2	1	2	---	---	---	02	02	---	---	1	2	8	---	---	1	2	8	---
03		---	1	2	1	2	---	---	---	03	03	---	---	1	2	8	---	---	1	2	8	---
04		---	1	2	1	2	---	---	---	04	04	---	---	1	2	8	---	---	1	2	8	---
05		---	1	2	1	2	---	---	---	05	05	---	---	1	2	8	---	---	1	2	8	---
06		---	1	2	1	2	---	---	---	06	06	---	---	1	2	8	---	---	1	2	8	---
07		---	1	2	1	2	---	---	---	07	07	---	---	1	2	8	---	---	1	2	8	---
08		---	1	2	1	2	---	---	---	08	08	---	---	1	2	8	---	---	1	2	8	---
09		---	1	2	1	2	---	---	---	09	09	---	---	1	2	8	---	---	1	2	8	---

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  1 Male 2 Female	HL10. DID (name) STAY HERE LAST NIGHT?  1 Yes 2 No	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?  Record in completed years. If age is 95 or above, record '95'	HL6A WHAT IS MARITAL (name)'S STATUS  1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated	HL7.  Circle line number if woman is age 15-49	HL7A.  In HHs selected for male interview, circle line number if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No <sup>S</sup> HL13 8 DK <sup>S</sup> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHO LD?  Record line number of mother or 00 for "No"	HL13. IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No <sup>S</sup> Next Line 8 DK <sup>S</sup> Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHO LD?  Record line number of father or 00 for "No"			
Line	Name	Relation*	M	F	Year	Age		15 - 49	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK
10		---	1	2	---	---	---	10	10	---	---	1	2	8	---	1	2	8
11		---	1	2	---	---	---	11	11	---	---	1	2	8	---	1	2	8
12		---	1	2	---	---	---	12	12	---	---	1	2	8	---	1	2	8
13		---	1	2	---	---	---	13	13	---	---	1	2	8	---	1	2	8
14		---	1	2	---	---	---	14	14	---	---	1	2	8	---	1	2	8
15		---	1	2	---	---	---	15	15	---	---	1	2	8	---	1	2	8

Tick here if additional questionnaire used

Probe for additional household members.  
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Return to Household Information Panel and complete HH10, HH11, HH12, HH14, and HH15A.  
Now for each woman age 15-49 years, complete the information panel of a separate Woman's Questionnaire.  
In households selected for male interview, for each man age 15-49 years complete the information panel of a separate Man's Questionnaire.  
For each child under age 5, write his/her name and line number. AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.  
You should now have a separate questionnaire for each eligible woman, man and each child under five in the household.

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

01 Head	05 Grandchild	09 Brother-in-Law /	13 Adopted / Foster /
02 Wife / Husband	06 Parent	Sister-in-Law	Stepchild
03 Son / Daughter	07 Parent-in-Law	10 Uncle / Aunt	14 Not related
04 Son-in-Law /	08 Brother / Sister	11 Niece / Nephew	98 Don't know
Daughter-in-Law		12 Other relative	

**EDUCATION**

**ED**

ED1. Line Number		For all household members				For household members age 3 and above				For household members age 3-24 years					
ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. Has (name) ever attended school or pre-school?		ED4. What is the highest level of school (name) attended? What is the highest grade completed at this level?		ED5. During the (2011-2012) school year, did (name) attend school or preschool at any time?		ED6. During this school year, which level and grade is (name) attending?		ED7. During the previous school year, that is (2010-2011), did (name) attend school or preschool at any time?		ED8. During that previous school year, which level and grade did (name) attend?			
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01			1	2			1	2			1	2	8		
02			1	2			1	2			1	2	8		
03			1	2			1	2			1	2	8		
04			1	2			1	2			1	2	8		
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09			1	2			1	2			1	2	8		
10			1	2			1	2			1	2	8		
11			1	2			1	2			1	2	8		
12			1	2			1	2			1	2	8		
13			1	2			1	2			1	2	8		
14			1	2			1	2			1	2	8		
15			1	2			1	2			1	2	8		

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81  Bottled water ..... 91  Other ( <i>specify</i> ) ..... 96	11⇒WS5B 12⇒WS5B 13⇒WS5B 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3  96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81  Other ( <i>specify</i> ) ..... 96	11⇒WS5B 12⇒WS5B 13⇒WS5B
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... ____  DK ..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1          Adult man (age 15+ years)..... 2          Female child (under 15) ..... 3          Male child (under 15)..... 4</p> <p>DK..... 8</p>	
<p>WS5A. Check WS1 and WS2</p> <p><input type="checkbox"/> If code is 14 ⇒ Continue with WS5B  <input type="checkbox"/> Otherwise ⇒ Go to WS6</p>		
<p>WS5B. DOES THE WATER COME FROM A TREATED WATER SUPPLY SYSTEM?</p>	<p>Yes ..... 1          No ..... 2</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1          No ..... 2</p> <p>DK..... 8</p>	<p>2 ⇒ WS8          8 ⇒ WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A          Add bleach / chlorine ..... B          Strain it through a cloth ..... C          Use water filter (ceramic, sand, composite, etc.) ..... D          Solar disinfection ..... E          Let it stand and settle ..... F</p> <p>Other (<i>specify</i>) ..... X          DK..... Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush          Flush to piped sewer system ..... 11          Flush to septic tank ..... 12          Flush to pit (latrine)..... 13          Flush to somewhere else ..... 14          Flush to unknown place / Not sure / DK where ..... 15</p> <p>Pit latrine          Ventilated Improved Pit latrine (VIP) .... 21          Pit latrine with slab ..... 22          Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet..... 31          Bucket..... 41          Hanging toilet, Hanging latrine ..... 51</p> <p>No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>95 ⇒ Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2 ⇒ Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) ..... 1          Public facility..... 2</p>	<p>2 ⇒ Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 _____          Ten or more households ..... 10          DK..... 98</p>	



<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane / Palm / Trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Bamboo mat ..... 27</p> <p>Bamboo/Bamboo with dry leaf ..... 28</p> <p>Bamboo lattice ..... 29</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>Wood planks / shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>																																								
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																							
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen ..... 1</p> <p>Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																																								
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CLOCK?</p> <p>[G] FAN?</p> <p>[H] SOFA /WOODEN SETTEE?</p> <p>[I] WATER PUMP?</p> <p>[J] AIR-CONDITIONER?</p> <p>[K] WASHING MACHINE?</p> <p>[L] CD/DVD PLAYER</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clock ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fan ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa /wooden settee ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Water pump ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air conditioner ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing Machine ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CD/DVD Player ..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity ..... 1	1	2	Radio ..... 1	1	2	Television ..... 1	1	2	Non-mobile telephone ..... 1	1	2	Refrigerator ..... 1	1	2	Clock ..... 1	1	2	Fan ..... 1	1	2	Sofa /wooden settee ..... 1	1	2	Water pump ..... 1	1	2	Air conditioner ..... 1	1	2	Washing Machine ..... 1	1	2	CD/DVD Player ..... 1	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?  [B] A MOBILE TELEPHONE?  [C] A BICYCLE?  [D] A MOTORCYCLE OR SCOOTER?  [E] AN ANIMAL-DRAWN CART?  [F] A CAR OR TRUCK?  [G] A BOAT WITH A MOTOR?  [H] TUK TUK  [I] TAK TAK?  [J] CAMERA?  [K] COMPUTER?</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>Watch .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile Phone .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle/Scooter .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/Truck .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tuk tuk .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tak tak .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Camera .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch .....	1	2	Mobile Phone .....	1	2	Bicycle .....	1	2	Motorcycle/Scooter .....	1	2	Animal drawn-cart .....	1	2	Car/Truck .....	1	2	Boat with motor .....	1	2	Tuk tuk .....	1	2	Tak tak .....	1	2	Camera .....	1	2	Computer .....	1	2	
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<p>HC10. DO YOU OR ANY MEMBER OF THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own ..... 1</p> <p>Rent..... 2</p> <p>Other (Not owned or rented)..... 6</p>																																					
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒HC13																																				
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares ..... _ _ _ _</p>																																					
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	2⇒HC15																																				
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] BULLS?  [B] BUFFALO?  [C] GOATS?  [D] SHEEP?  [E] POULTRY?  [F] PIGS?  [G] HORSES, DONKEYS, OR MULES</p> <p><i>If none, record '00'.  If 95 or more, record '95'.  If unknown, record '98'.</i></p>	<p>Bulls..... _ _ _ _</p> <p>Buffalo ..... _ _ _ _</p> <p>Goats..... _ _ _ _</p> <p>Sheep..... _ _ _ _</p> <p>Poultry ..... _ _ _ _</p> <p>Pigs ..... _ _ _ _</p> <p>Horses/Donkeys/Mules ..... _ _ _ _</p>																																					
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>																																					

### INSECTICIDE TREATED NETS

### TN

<p>TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?</p> <p>Yes.....1 No .....2</p>	<p>2→Next Module</p>
<p>TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?</p> <p>Number of nets _____</p>	
<p>TN3. <i>ask the respondent to show you the nets in the household. if more than 6 nets, use additional questionnaire(s).</i></p>	

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net	4 <sup>th</sup> Net	5 <sup>th</sup> Net	6 <sup>th</sup> Net
TN4. Mosquito net observed?	Observed .....1 Not observed.....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2
TN5. Observe or ask the type of mosquito net. <i>If you cannot observe the net, show pictures of typical net types to respondent.</i>	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net.....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net .....21  Other net (specify) _____31  DK type .....98	Long-lasting treated nets Olyset net .....11 Permanent net .....12  Pre-treated nets Ordinary net .....21  Other net (specify) _____31  DK type .....98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago ..... More than 36 mo. Ago.....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98	Months ago ..... More than 36 mo. Ago .....95 DK / Not sure .....98

<p>TN7. Check TN5 for type of net</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>	<p><input type="checkbox"/> Long-lasting (11-12) ⇨ TN11</p> <p><input type="checkbox"/> Pre-treated (21) ⇨ TN9</p> <p><input type="checkbox"/> Else ⇨ Continue</p>
<p>TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK / Not sure ..... 8</p>
<p>TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN11</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN11</p>
<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago ... ____</p> <p>More than 24 mo. Ago ..... 95</p> <p>DK / Not sure ..... 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>⇨ TN13</p> <p>DK / Not sure ..... 8</p> <p>⇨ TN13</p>

<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the household listing form</i></p> <p><i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	Name _____ Line number ... _____	Name _____ Line number .. _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number .. _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____	Name _____ Line number ... _____
TN13.	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module
							<p>Tick here if additional questionnaire used</p> <input type="checkbox"/>

**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	__ __
CD6.	Total children age 2-14 years				__ __

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

**Table 2: Selection of Random Child for Child Discipline Questions**

- Use Table 2 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.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 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 (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)								
	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	2	1	4	1	2	6	4	
9	1	1	2	1	2	3	7	5	

CD8. Record the rank number of the selected child..... \_\_\_\_\_

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number ..... _ _</p>	
<p>CD10. 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 (name) IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>Don't know / No opinion..... 8</p>	

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

<b>SALT IODIZATION</b>		<b>SI</b>
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>No color change ..... 1</p> <p>Color change ..... 2</p> <p>No salt in the house..... 6</p> <p>Salt not tested ..... 7</p>	

HH20. Does any eligible woman age 15-49 reside in the household?

*Check Household Listing Form, column HL7 for any eligible woman. 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.

HH20A. Is household selected for male interview and does any eligible man age 15-49 reside in the household?

*Check Household Information Panel, HH7A and Household Listing Form, column 7A for any eligible man.*

*If household is selected for male interview, you should have a questionnaire with the Information Panel filled in for each eligible man.*

Yes ⇒ Go to **QUESTIONNAIRE FOR INDIVIDUAL MEN** to administer the questionnaire to the first eligible man.

No ⇒ Continue.

HH21. Does any child under the age of 5 reside in the household?

*Check Household Listing Form, column HL9 for any eligible child under age 5. 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 complete HH8 to HH15B on the cover page.

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**