

The questionnaires of the LSIS II are presented in Appendix E:

- Household questionnaire
- Water Quality Testing Questionnaire
- Questionnaire for Individual Women
- Questionnaire for Individual Men
- Questionnaire for Children Under Five
- Questionnaire for Children Age 5-17

# HOUSEHOLD QUESTIONNAIRE

## 2017 Lao Social Indicator Survey (LSIS II)

Household information panel			HH
HH1. Cluster number: _____		HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____		HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. Province Name & Code: * _____	
HH6. Area:	Urban..... 1 Rural with road..... 2 Rural without road..... 3	HH8. Is the household selected for Questionnaire for Men? YES..... 1 NO ..... 2	
HH8A. Altitude (meter) of the cluster _____		HH8B. Is the household selected for anaemia testing?	YES ..... 1 NO ..... 2
HH9. Is the household selected for Water Quality Testing?	YES ..... 1 NO ..... 2	HH10. Is the household selected for blank testing?	YES ..... 1 NO ..... 2
01 Vientiane Capital	06 Luangprabang	10 Vientiane	14 Saravane
02 Phongsaly	07 Huaphanh	11 Borikhamxay	15 Sekong
03 Luangnamtha	08 Xayabury	12 Khammua	16 Champasack
04 Oudomxay	09 Xiengkhuang	13 Savannakhet	17 Attapeu
05 Bokeo			18 Xaysomboune

Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.	HH11. Record the time.
	HOURS : MINUTES ____ : ____

**HH12.** Hello, my name is (*your name*). We are from Lao Statistics Bureau/Ministry of Health. 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 30 – 45 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

YES, PERMISSION IS GIVEN .....1	1 ⇨ LIST OF HOUSEHOLD MEMBERS
NO, PERMISSION IS NOT GIVEN .....2	2 ⇨ HH46

HH46. Result of Household Questionnaire interview:  Discuss any result not completed with Supervisor.	COMPLETED.....01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT .....02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME .....03
	REFUSED .....04
	DWELLING VACANT OR ADDRESS NOT A DWELLING.....05
	DWELLING DESTROYED .....06
	DWELLING NOT FOUND .....07
	OTHER (specify) _____ 96

HH47. Name and line number of the respondent to Household Questionnaire interview:  NAME _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
If household is selected for Questionnaire for Men: MEN AGE 15-49
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

To be filled after the Household Questionnaire is completed	
TOTAL NUMBER	
HH48	____
HH49	____
HH50	____
HH51	____
HH52	____

To be filled after <u>all</u> the questionnaires are completed	
COMPLETED NUMBER	
HH53	____
HH54	____
HH55	____
HH56	ZERO ..... 0 ONE ..... 1



EDUCATION 1										ED	
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above?	ED4. Has (name) ever attended school or any Early Childhood Education programme?	ED5. What is the highest level and grade or year of school (name) has ever attended?	ED6. Did (name) ever complete that (grade/year)?	ED7. Age 3-24?	ED8. Check ED4: Ever attended school or ECE?			Yes	No
Line	Name	Age	Yes	No	Level	Grade/Year	Y	N	DK	Yes	No
01		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
02		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
03		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
04		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
05		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
06		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
07		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
08		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
09		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
10		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
11		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
12		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
13		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
14		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
15		___	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2

EDUCATION 2										ED
ED1. Line number	ED2. Name and age.	ED9. At any time during the 2016-17 school year or any Early Childhood Education programme?	ED10. During 2016-17 school year, which level and grade or year is (name) attending?	ED11. Is (he/she) attending a public school?	ED12. In the 2016-17 school year, has (name) received any school tuition support?	ED13. Who provided the tuition support?	ED14. For the 2016-17 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?	ED15. At any time during the 2015-16 school year did (name) attend school or any Early Childhood Education programme?	ED16. During 2015-16 school year, which level and grade or year did (name) attend?	
LINE	NAME	AGE	LEVEL	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
02			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
03			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
04			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
05			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
06			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
07			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
08			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
09			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
10			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
11			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
12			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
13			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
14			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
15			0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> What is the religion of ( <i>name of the head of the household from HL2</i> )?	BUDDHIST ..... 1 CHRISTIANITY ..... 2 ISLAM ..... 3 ANIMIST ..... 4 OTHER RELIGION ( <i>specify</i> ) ..... 6  NO RELIGION ..... 7	
<b>HC2.</b> To what ethnic group does ( <i>name of the head of the household from HL2</i> ) belong?	ETHNIC GROUP CODE ..... __ __  OTHER ( <i>specify</i> ) ..... 96	
<b>HC3.</b> How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS ..... __ __	
<b>HC4.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>  <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	<b>NATURAL FLOOR</b> EARTH / SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM / BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER ( <i>specify</i> ) ..... 96	
<b>HC5.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH / PALM LEAF ..... 12 <b>RUDIMENTARY ROOFING</b> PALM / BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> METAL / TIN ..... 31 WOOD ..... 32 CALAMINE / CEMENT FIBRE ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER ( <i>specify</i> ) ..... 96	

<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS .....11</p> <p>CANE / PALM / TRUNKS .....12</p> <p>DIRT .....13</p> <p><b>RUDIMENTARY WALLS</b></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><b>FINISHED WALLS</b></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><b>HC7. Does your household have:</b></p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Clock</p> <p>[D] Sofa / Wooden Settee</p> <p>[E] Bed/Mattress</p>	<p style="text-align: right;">YES NO</p> <p>FIXED TELEPHONE LINE..... 1 2</p> <p>RADIO..... 1 2</p> <p>CLOCK..... 1 2</p> <p>SOFA / WOODEN SETTEE..... 1 2</p> <p>BED/MATTRESS ..... 1 2</p>	
<p><b>HC8. Does your household have electricity?</b></p>	<p>YES, INTERCONNECTED GRID .....1</p> <p>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) .....2</p> <p>NO .....3</p>	<p>3 ⇒ HC10</p>
<p><b>HC9. Does your household have:</b></p> <p>[A] A television?</p> <p>[B] A refrigerator?</p> <p>[C] Fan</p> <p>[D] Water pump</p> <p>[E] Air-conditioner</p> <p>[F] Washing Machine</p> <p>[G] CD/DVD Player/Home Theatre</p> <p>[H] Iron</p> <p>[I] Rice Cooker / Steamed Cooker</p>	<p style="text-align: right;">YES NO</p> <p>TELEVISION ..... 1 2</p> <p>REFRIGERATOR ..... 1 2</p> <p>FAN ..... 1 2</p> <p>WATER PUMP ..... 1 2</p> <p>AIR-CONDITIONER..... 1 2</p> <p>WASHING MACHINE ..... 1 2</p> <p>CD/DVD PLAYER..... 1 2</p> <p>IRON ..... 1 2</p> <p>RICE COOKER/STEAMED COOKER 1 2</p>	

	YES	NO	
<b>HC10.</b> Does any member of your household own:			
[A] A watch?	WATCH..... 1	2	
[B] A bicycle?	BICYCLE ..... 1	2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER ..... 1	2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART ..... 1	2	
[E] A car, truck or van?	CAR / TRUCK / VAN..... 1	2	
[F] A boat with a motor?	BOAT WITH MOTOR..... 1	2	
[G] Tak Tak	TAK TAK..... 1	2	
<b>HC11.</b> Does any member of your household have a computer or a tablet?	YES.....1 NO .....2		
<b>HC12.</b> Does any member of your household have a mobile telephone?	YES.....1 NO .....2		
<b>HC13.</b> Does your household have access to internet at home?	YES.....1 NO .....2		
<b>HC14.</b> Do you or someone living in this household own this dwelling?  <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i>  <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN.....1 RENT .....2  OTHER ( <i>specify</i> ) _____ 6		
<b>HC15.</b> Does any member of this household own any land that can be used for agriculture?	YES.....1 NO .....2		2⇒HC17
<b>HC16.</b> How many hectares of agricultural land do members of this household own?  <i>If less than one, record '00'</i>	HECTARES..... ____ 95 OR MORE .....95 DK .....98		
<b>HC17.</b> Does this household own any livestock, herds, other farm animals, or poultry?	YES.....1 NO .....2		2⇒HC19



<p><b>HC18.</b> How many of the following animals does this household have?</p> <p>[A] Cattle? (Cow / Buffalo)</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens? / Ducks?</p> <p>[G] Pigs?</p> <p>[H] Others (Specify _____)?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>CATTLE..... __ __</p> <p>GOATS..... __ __</p> <p>SHEEP..... __ __</p> <p>CHICKENS/DUCKS..... __ __</p> <p>PIGS..... __ __</p> <p>OTHERS..... __ __</p>	
<p><b>HC19.</b> Does any member of this household have a bank account?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	

**SOCIAL TRANSFERS**

**ST**

**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.

	[A] NATIONAL SOCIAL SECURITY FUND (STATE AUTHORITY FOR SOCIAL SECURITY, SOCIAL SECURITY ORGANIZATION)	[B] NATIONAL SOCIAL SECURITY FUND (COMMUNITY BASED HEALTH INSURANCE, HEALTH EQUITY FUND, FREE MOTHER & CHILD)	[C] FREE SCHOOL FEES	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<b>ST2.</b> Are you aware of ( <i>name of programme</i> )?	YES.....1 NO.....2 <i>[B]</i>	YES.....1 NO.....2 <i>[C]</i>	YES.....1 NO.....2 <i>[D]</i>	YES.....1 NO.....2 <i>[X]</i>	YES (specify) _____ 1 NO.....2 <i>[X]</i> <i>End</i>
<b>ST3.</b> Has your household or anyone in your household received assistance through ( <i>name of programme</i> )?	YES.....1 <i>[B]</i> NO.....2 <i>[B]</i> DK.....8 <i>[B]</i>	YES.....1 <i>[C]</i> NO.....2 <i>[C]</i> DK.....8 <i>[C]</i>	YES.....1 <i>[D]</i> NO.....2 <i>[D]</i> DK.....8 <i>[D]</i>	YES.....1 <i>[X]</i> NO.....2 <i>[X]</i> DK.....8 <i>[X]</i>	YES.....1 <i>[X]</i> NO.....2 <i>[X]</i> DK.....8 <i>[X]</i> <i>End</i>
<b>ST4.</b> When was the last time your household or anyone in your household received assistance through ( <b>name of programme</b> )? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO 1 ___ <i>[B]</i> YEARS AGO ...2 ___ <i>[B]</i> DK.....998 <i>[B]</i>	MONTHS AGO 1 ___ <i>[C]</i> YEARS AGO ...2 ___ <i>[C]</i> DK.....998 <i>[C]</i>	MONTHS AGO 1 ___ <i>[D]</i> YEARS AGO ...2 ___ <i>[D]</i> DK.....998 <i>[D]</i>	MONTHS AGO 1 ___ <i>[X]</i> YEARS AGO ...2 ___ <i>[X]</i> DK.....998 <i>[X]</i>	MONTHS AGO 1 ___ <i>[X]</i> YEARS AGO ...2 ___ <i>[X]</i> DK.....998 <i>[X]</i> <i>End</i>

HOUSEHOLD ENERGY USE		EU
<b>EU1.</b> In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE..... 01	01 ⇨EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE..... 03	03 ⇨EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇨EU5
	BIOGAS STOVE ..... 05	05 ⇨EU5
	LIQUID FUEL STOVE ..... 06	06 ⇨EU4
	MANUFACTURED SOLID FUEL STOVE ..... 07	
	TRADITIONAL SOLID FUEL STOVE ..... 08	
	THREE STONE STOVE / OPEN FIRE ..... 09	09 ⇨EU4
	OTHER ( <i>specify</i> )..... 96	96 ⇨EU4
	NO FOOD COOKED IN HOUSEHOLD ..... 97	97 ⇨EU6
<b>EU2.</b> Does it have a chimney?	YES ..... 1	
	NO ..... 2	
	DK..... 8	
<b>EU3.</b> Does it have a fan?	YES ..... 1	
	NO ..... 2	
	DK..... 8	
<b>EU4.</b> What type of fuel or energy source is used in this cookstove?  <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL..... 01	
	GASOLINE / DIESEL ..... 02	
	KEROSENE / PARAFFIN ..... 03	
	COAL / LIGNITE ..... 04	
	CHARCOAL..... 05	
	WOOD ..... 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS ..... 07	
	ANIMAL DUNG / WASTE ..... 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 09	
	GARBAGE / PLASTIC ..... 10	
	SAWDUST ..... 11	
	OTHER ( <i>specify</i> )..... 96	
<b>EU5.</b> Is the cooking usually done in the house, in a separate building, or outdoors?  <i>If in main house, probe to determine if cooking is done in a separate room.</i>  <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE	
	NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM..... 2	
	IN A SEPARATE BUILDING ..... 3	
	OUTDOORS	
	OPEN AIR ..... 4	
	ON VERANDA OR COVERED PORCH..... 5	
OTHER ( <i>specify</i> )..... 6		

<p><b>EU6.</b> What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING..... 01</p> <p>MANUFACTURED SPACE HEATER ..... 02</p> <p>TRADITIONAL SPACE HEATER..... 03</p> <p>MANUFACTURED COOKSTOVE ..... 04</p> <p>TRADITIONAL COOKSTOVE..... 05</p> <p>THREE STONE STOVE / OPEN FIRE ..... 06</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>NO SPACE HEATING IN HOUSEHOLD ..... 97</p>	<p>01 ⇨EU8</p> <p>06 ⇨EU8</p> <p>96 ⇨EU8</p> <p>97 ⇨EU9</p>
<p><b>EU7.</b> Does it have a chimney?</p>	<p>YES ..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EU8.</b> What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>ELECTRICITY ..... 02</p> <p>PIPED NATURAL GAS..... 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS..... 04</p> <p>BIOGAS..... 05</p> <p>ALCOHOL / ETHANOL..... 06</p> <p>GASOLINE / DIESEL ..... 07</p> <p>KEROSENE / PARAFFIN ..... 08</p> <p>COAL / LIGNITE ..... 09</p> <p>CHARCOAL..... 10</p> <p>WOOD ..... 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS ..... 12</p> <p>ANIMAL DUNG / WASTE ..... 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 14</p> <p>GARBAGE / PLASTIC ..... 15</p> <p>SAWDUST ..... 16</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p><b>EU9.</b> At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY ..... 01  SOLAR LANTERN ..... 02  RECHARGEABLE FLASHLIGHT,  TORCH OR LANTERN ..... 03  BATTERY POWERED FLASHLIGHT,  TORCH OR LANTERN ..... 04  BIOGAS LAMP ..... 05  GASOLINE LAMP ..... 06    KEROSENE OR PARAFFIN LAMP ..... 07  CHARCOAL ..... 08  WOOD ..... 09  CROP RESIDUE / GRASS /  STRAW / SHRUBS ..... 10  ANIMAL DUNG / WASTE ..... 11  OIL LAMP ..... 12  CANDLE ..... 13    OTHER (<i>specify</i>) _____ 96    NO LIGHTING IN HOUSEHOLD ..... 97</p>	
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**INSECTICIDE TREATED NETS**

**TN**

TN1. Does your household have any mosquito nets?	YES.....1 NO .....2	2 → End
TN2. How many mosquito nets does your household have?	NUMBER OF NETS .....	

	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
<b>TN3.</b> Ask the respondent to show you all the nets in the household.	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED.....2
<b>TN4.</b> How many months ago did your household get the mosquito net? <i>If less than one month, record '00'.</i>	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO.,_____ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98
<b>TN5.</b> Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98	<b>LONG-LASTING INSECTICIDE TREATED NETS (LLIN)</b> OLYSET NET.....11 PERMANET NET...12 OTHER BRAND (specify).....16 DK BRAND.....18 OTHER TYPE (specify).....36 DK BRAND/TYPE.....98
<b>TN6.</b> Is net type LLIN (TN5=11-18)?	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

<b>TN7.</b> Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8
<b>TN8.</b> Was the net soaked or dipped (TN7=1)?	YES.....1 NO.....2 TN10	YES.....1 NO.....2 TN10	YES.....1 NO.....2 TN10	YES.....1 NO.....2 TN10	YES.....1 NO.....2 TN10	YES.....1 NO.....2 TN10
<b>TN9.</b> How many months ago was the net last soaked or dipped? <i>If less than one month, record '00'.</i>	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98	MONTHS AGO, _____ MORE THAN 24 MONTHS AGO....95 DK / NOT SURE.....98

<b>TN10.</b> Did you get the net during an antenatal care visit, or during an immunization visit?	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	YES, ANC.....2 YES, EPI.....3 NO.....4 DK.....8	
<b>TN11.</b> Check TN10: Is TN10=4?	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	YES.....1 NO.....2 ⚡ TN13	
<b>TN12.</b> Where did you get the net?	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98	GOVERNMENT HEALTH FACILITY.....01 PRIVATE HEALTH FACILITY.....02 PHARMACY.....03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION.....06 SCHOOL.....07 OTHER.....96 DK.....98
<b>TN13.</b> Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	YES.....1 NO.....2 DK / NOT SURE.....8	
<b>TN14.</b> Did anyone sleep under the net (TN13=1)?	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	YES.....1 NO.....2 ⚡ TN16	



<b>TN15.</b> Who slept under this mosquito net last night?  <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i>  <i>If someone not in the List of Household Members slept under the mosquito net, record '00'.</i>	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____	NAME #1 _____
	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____
	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____	NAME #2 _____
	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____
	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____	NAME #3 _____
	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____
	NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____	NAME #4 _____
LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	LINE NUMBER..____	
<b>TN16.</b> Is there another net?	YES.....1 ☺	YES.....1 ☺	YES.....1 ☺	YES.....1 ☺	YES.....1 ☺	YES.....1 ☺
	NO.....2 ☺	NO.....2 ☺	NO.....2 ☺	NO.....2 ☺	NO.....2 ☺	NO.....2 ☺
<i>Tick here if additional questionnaire used: ... <input type="checkbox"/></i>						

**WATER AND SANITATION**

**WS**

<p><b>WS1.</b> What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD / PLOT ..... 12</p> <p>PIPED TO NEIGHBOUR ..... 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER-TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p><b>PACKAGED WATER</b></p> <p>BOTTLED WATER..... 91</p> <p>SACHET WATER ..... 92</p> <p>OTHER (<i>specify</i>) ..... 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13 ⇒WS3</p> <p>14 ⇒WS3</p> <p>21 ⇒WS3</p> <p>31 ⇒WS3</p> <p>32 ⇒WS3</p> <p>41 ⇒WS3</p> <p>42 ⇒WS3</p> <p>51 ⇒WS3</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>81 ⇒WS3</p> <p>91</p> <p>92</p> <p>96 ⇒WS3</p>
<p><b>WS2.</b> What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD / PLOT ..... 12</p> <p>PIPED TO NEIGHBOUR ..... 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE ..... 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER-TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81</p> <p>OTHER (<i>specify</i>) ..... 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13</p> <p>14</p> <p>21</p> <p>31</p> <p>32</p> <p>41</p> <p>42</p> <p>51</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>81</p> <p>96</p>
<p><b>WS3.</b> Where is that water source located?</p>	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD / PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>1 ⇒WS7</p> <p>2 ⇒WS7</p> <p>3</p>

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

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

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

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

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

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

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

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6
RANK	LINE	NAME	M	F	AGE
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

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

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

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

RANK NUMBER ..... \_ \_

LINE NUMBER ..... \_ \_

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

NAME \_\_\_\_\_

AGE ..... \_ \_

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



<b>HH29.</b> 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
<b>HH30.</b> Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.		
<b>HH31.</b> Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS. Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 ..... 1 NO..... 2	2 ⇒ HH34
<b>HH32.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS. Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 ..... 1 NO, HL20=90 FOR ALL GIRLS AGE 15-17 ..... 2	2 ⇒ HH34
<p><b>HH33.</b> As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
<b>HH34.</b> Check HH8 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Questionnaire for Men?	YES, HH8=1 ..... 1 NO, HH8=0..... 2	2 ⇒ HH40
<b>HH35.</b> Check HL9 in the LIST OF HOUSEHOLD MEMBERS. Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 ..... 1 NO..... 2	2 ⇒ HH40
<b>HH36.</b> Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
<b>HH37.</b> Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS. Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 ..... 1 NO..... 2	2 ⇒ HH40
<b>HH38.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS. Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 ..... 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 ..... 2	2 ⇒ HH40

**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 MWM7 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 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

<b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS. Are there any children age 0-4?	YES, AT LEAST ONE ..... 1	2 ⇒ HH42
	NO..... 2	

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

<b>HH42.</b> Check HH9 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Water Quality Testing Questionnaire?	YES, HH9 = 1 ..... 1	2 ⇒ HH45
	NO, HH9 = 2..... 2	

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

<b>HH44.</b> 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?  <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i>	YES, PERMISSION IS GIVEN ..... 1	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
	NO, PERMISSION IS NOT GIVEN ..... 2	

**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.*

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**