

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: ____ / ____ / 2023		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		
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	
Codes for HH7:				
01 VIENTIANE CAPITAL	06 LUANGPRABANG	10 VIENTIANE	14 SARAVANE	
02 PHONGSALY	07 HUAPHANH	11 BORIKHAMXAY	15 SEKONG	
03 LUANGNAMTHA	08 XAYABURY	12 KHAMMUAN	16 CHAMPASACK	
04 OUDOMXAY	09 XIENGKHUANG	13 SAVANNAKHET	17 ATTAPEU	
05 BOKEO			18 XAYSOMBOUN	

<p>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.</p>	HH11. Record the time.
	HOURS : MINUTES ____ : ____
<p>HH12. Hello, my name is (<b>your name</b>). We are team member of Lao Social Indicator Survey which is executed by the Lao Statistics Bureau. 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 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?</p>	
<p>YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN..... 2</p>	<p>1 ⇒LIST OF HOUSEHOLD MEMBERS 2 ⇒HH46</p>

<p>HH46. Result of HOUSEHOLD QUESTIONNAIRE interview:  Discuss any result not completed with Supervisor.</p>	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

<p>HH47. Name and line number of the respondent to Household Questionnaire interview:</p> <p>NAME _____</p>
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
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 all the questionnaires are completed	
COMPLETED NUMBER	
HH53	_____
HH54	_____
HH55	_____
HH56	ZERO ..... 0 ONE..... 1

**LIST OF HOUSEHOLD MEMBERS**

**HL**

First complete HL2-HL4 vertically for all household members, starting with the head of household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name of the head of household)?	HL4. Is (name) male or female?	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in complete years. If age is 95 or above, record '95'.	HL7. Did (name) stay here last night?	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HH8 is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17?	HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL16. Is (name)'s natural father alive?	HL17. Does (name)'s natural father live in this household?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL20. Copy the line number from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.
LINE	NAME	RELATION*	M F	MONTH YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	1 2 3 4 8	Y N DK	Y N	FATHER	1 2 3 4 8	1 2 3 4 8
01		0_1	1 2			1 2	01	01	01	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
02			1 2			1 2	02	02	02	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
03			1 2			1 2	03	03	03	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
04			1 2			1 2	04	04	04	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
05			1 2			1 2	05	05	05	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
06			1 2			1 2	06	06	06	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
07			1 2			1 2	07	07	07	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
08			1 2			1 2	08	08	08	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
09			1 2			1 2	09	09	09	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8
10			1 2			1 2	15	15	15	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2		1 2 3 4 8	1 2 3 4 8

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

01 HEAD	05 GRANDCHILD	09 BROTHER-IN-LAW / SISTER-IN-LAW	13 ADOPTED / FOSTER / STEPCHILD
02 SPOUSE / PARTNER	06 PARENT	10 UNCLE/AUNT	14 SERVANT (LIVE-IN)
03 SON / DAUGHTER	07 PARENT-IN-LAW	11 NIECE / NEPHEW	96 OTHER (NOT RELATED)
04 SON-IN-LAW / DAUGHTER-IN-LAW	08 BROTHER / SISTER	12 OTHER RELATIVE	98 DK

EDUCATION I										ED			
ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO $\Delta$ Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 YES 2 NO $\Delta$ Next Line	ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE $\Delta$ 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 POST SECONDARY 5 TERTIARY EDU. 8 DK GRADE/YEAR: 11-15 PRIMARY 21-24 LOW SEC 31-33 UP SEC 41-43 POST SEC 51-57 TERTIARY 98 DK $\Delta$ ED7	ED6. Did (name) ever complete that (grade/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO $\Delta$ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO $\Delta$ Next Line	Y	N	DK	Yes	No	
Line	Name	Age	Yes	No	Yes	No	Level	Grade/Year	Y	N	DK	Yes	No
01		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
02		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
03		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
04		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
05		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
06		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
07		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
08		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
09		___	1	2	1	2	0 1 2 3 4 5 8	___	1	2	8	1	2
10		___	1	2	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 2022-23 school year did ( <i>name</i> ) attend school or any Early Childhood Education programme? 1 YES 2 NO $\varnothing$ ED15	ED10. During 2022-23 school year, which level and grade or year is ( <i>name</i> ) attending? LEVEL: 0 ECE $\varnothing$ ED15 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 POST SEC NON TER. 5 TERTIARY 8 DK	ED11. Is (he/she) attending a public school? If yes, record '1'. If no, probe to code who controls and manages the school. 1 GOVT./ PUBLIC ORG. 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2022-23 school year, has ( <i>name</i> ) received any school tuition support? If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO $\varnothing$ ED14 8 DK $\varnothing$ ED14	ED13. Who provided the tuition support? Record all mentioned. A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the 2022-23 school year, has ( <i>name</i> ) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours. 1 YES 2 NO 8 DK	ED15. At any time during the 2021-22 school year did ( <i>name</i> ) attend school or any Early Childhood Education programme? 1 YES 2 NO $\varnothing$ 8 DK $\varnothing$ Next Line Next Line	ED16. During 2021-22 school year, which level and grade or year did ( <i>name</i> ) attend? LEVEL: 0 ECE $\varnothing$ Next Line 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 POST SEC NON TER. 5 TERTIARY 8 DK	GRADE/YEAR:
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	

**HOUSEHOLD CHARACTERISTICS**

**HC**

<p><b>HC1A.</b> What is the religion of (<i>name of the head of the household from HL2</i>)?</p>	<p>BUDDHIST ..... 1                  CHRISTIANITY ..... 2                  ISLAM..... 3                  ANIMIST ..... 4                  OTHER RELIGION                  (<i>specify</i>) ..... 6                  NO RELIGION ..... 7</p>	
<p><b>HC2.</b> To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?</p>	<p>ETHNIC GROUP CODE ..... __ __                  OTHER (<i>specify</i>) ..... 96</p>	
<p><b>HC3.</b> How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS..... __ __</p>	
<p><b>HC4.</b> <i>Main material of the dwelling floor.</i></p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p><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</p>	
<p><b>HC5.</b> <i>Main material of the roof.</i></p> <p><i>Record observation.</i></p>	<p>NO ROOF..... 11  <b>NATURAL ROOFING</b>                  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>	

E

<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>NO WALLS ..... 11</p> <p><b>NATURAL WALLS</b></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/fixed wireless phone?</p> <p>[B] A radio?</p> <p>[C] Clock</p> <p>[D] Sofa / Wooden Settee</p> <p>[E] Bed/Mattress</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLOCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA / WOODEN SETTEE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED/MATTRESS .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE .....	1	2	RADIO .....	1	2	CLOCK .....	1	2	SOFA / WOODEN SETTEE .....	1	2	BED/MATTRESS .....	1	2	
	YES	NO																		
FIXED TELEPHONE LINE .....	1	2																		
RADIO .....	1	2																		
CLOCK .....	1	2																		
SOFA / WOODEN SETTEE .....	1	2																		
BED/MATTRESS .....	1	2																		
<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>																		

<b>HC9.</b> Does your household have:	YES	NO	
[A] A television?	TELEVISION.....	1 2	
[B] A refrigerator?	REFRIGERATOR.....	1 2	
[C] Fan	FAN.....	1 2	
[D] Water pump	WATER PUMP .....	1 2	
[E] Air-conditioner	AIR-CONDITIONER .....	1 2	
[F] Washing Machine	WASHING MACHINE .....	1 2	
[G] CD/DVD Player/ Home Theatre	CD/DVD PLAYER.....	1 2	
[H] Iron box	IRON BOX .....	1 2	
[I] Rice Cooker / Steamed Cooker	RICE COOKER/STEAMED COOKER	1 2	
<b>HC10.</b> Does any member of your household own:	YES	NO	
[A] A wristwatch?	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 / Tok Tok	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	2⇒HC13
<b>HC12A</b> What kind of mobile telephone does member of your household have?	SMARTPHONE.....	A	
	KEYPAD MOBILE PHONE .....	B	
	DK .....	Z	
<b>HC13.</b> Does your household have access to internet at home?	YES .....	1	
	NO .....	2	

<p><b>HC14.</b> Do you or someone living in 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', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN ..... 1</p> <p>RENT..... 2</p> <p>OTHER (<i>specify</i>) _____ 6</p>	
<p><b>HC15.</b> 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 ⇒ HC17
<p><b>HC16.</b> How many hectares of agricultural land do members of this household own?</p> <p><i>If less than one, record '00'</i></p>	<p>HECTARES ..... ____</p> <p>95 OR MORE..... 95</p> <p>DK ..... 98</p>	
<p><b>HC17.</b> Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	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 HEALTH INSURANCE FUND (COMMUNITY BASED HEALTH INSURANCE, HEALTH EQUITY FUND, FREE MOTHER & CHILD)	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<b>ST2.</b> Are you aware of ( <i>name of programme</i> )?	YES.....1 <input type="checkbox"/> ST3 NO.....2 <input type="checkbox"/> [B]	YES.....1 <input type="checkbox"/> ST3 NO.....2 <input type="checkbox"/> [D]	YES.....1 <input type="checkbox"/> ST3 NO.....2 <input type="checkbox"/> [X]	YES( <i>specify</i> ).....1 <input type="checkbox"/> ST3 NO.....2 <input type="checkbox"/> End
<b>ST3.</b> Has your household or anyone in your household received assistance through ( <i>name of programme</i> )?	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [B] DK.....8 <input type="checkbox"/> [B]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [D] DK.....8 <input type="checkbox"/> [D]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> [X] DK.....8 <input type="checkbox"/> [X]	YES.....1 <input type="checkbox"/> ST4 NO.....2 <input type="checkbox"/> End DK.....8 <input type="checkbox"/> End
<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. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO.....1 ___ YEARS AGO.....2 ___ DK.....998	MONTHS AGO.....1 ___ YEARS AGO.....2 ___ DK.....998	MONTHS AGO 1 ___ YEARS AGO.....2 ___ DK.....998	MONTHS AGO...1 ___ YEARS AGO.....2 ___ DK.....998

HOUSEHOLD ENERGY USE		EU
<p><b>EU1.</b> In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u>?</p>	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	
<p><b>EU2.</b> Does it have a chimney?</p>	YES..... 1	
	NO..... 2	
	DK..... 8	
<p><b>EU3.</b> Does it have a fan?</p>	YES..... 1	
	NO..... 2	
	DK..... 8	
<p><b>EU4.</b> What type of fuel or energy source is used in this cookstove?</p> <p><i>If more than one, record the main energy source for this cookstove.</i></p>	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	
<p><b>EU5.</b> Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If in main house, probe to determine if cooking is done in a separate room.</i></p> <p><i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i></p>	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	

E

<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>DK.....98</p>	

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<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
<b>TN1.</b> Does your household have any mosquito nets?	YES .....1 NO .....2	2⇒End
<b>TN2.</b> 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
<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
<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
<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>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
<b>TN11.</b> Check TN10: Is TN10=4 or 8?	YES, TN10=4 OR 8 .....1 NO, TN10=2 OR 3 .....2 √ TN13	YES, TN10=4 OR 8 .....1 NO, TN10=2 OR 3 .....2 √ TN13	YES, TN10=4 OR 8 .....1 NO, TN10=2 OR 3 .....2 √ TN13

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<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
<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
<b>TN14.</b> Check TN13: Did anyone sleep under the net (TN13=1)?	YES, TN13=1 .....1 NO, TN13=2 OR 8 .....2 <i>TN16</i>	YES, TN13=1 .....1 NO, TN13=2 OR 8 .....2 <i>TN16</i>	YES, TN13=1 .....1 NO, TN13=2 OR 8 .....2 <i>TN16</i>
<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 _____  LINE NUMBER..... ____  NAME #2 _____  LINE NUMBER..... ____  NAME #3 _____  LINE NUMBER..... ____  NAME #4 _____  LINE NUMBER..... ____	NAME #1 _____  LINE NUMBER..... ____  NAME #2 _____  LINE NUMBER..... ____  NAME #3 _____  LINE NUMBER..... ____  NAME #4 _____  LINE NUMBER..... ____	NAME #1 _____  LINE NUMBER..... ____  NAME #2 _____  LINE NUMBER..... ____  NAME #3 _____  LINE NUMBER..... ____  NAME #4 _____  LINE NUMBER..... ____
<b>TN16.</b> Is there another net?	YES.....1 <i>Next Net</i> NO .....2 <i>End</i>	YES .....1 <i>Next Net</i> NO .....2 <i>End</i>	YES .....1 <i>Next Net</i> NO .....2 <i>End</i>
			Tick here if additional questionnaire used: ..... <input type="checkbox"/>

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<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>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>

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<b>WS3.</b> Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD / PLOT.....2 ELSEWHERE ..... 3	1 ⇒WS7 2 ⇒WS7
<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 ..... 1</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>  TO A TREATMENT PLANT ..... 1  BURIED IN A COVERED PIT .....2  TO DON'T KNOW WHERE.....3</p> <p><b>EMPTIED BY HOUSEHOLD</b>  BURIED IN A COVERED PIT .....4  TO UNCOVERED PIT, OPEN GROUND,  WATER BODY OR ELSEWHERE..... 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK .....8</p>	
<p><b>WS14.</b> Where is this toilet facility located?</p>	<p>IN OWN DWELLING ..... 1  IN OWN YARD / PLOT.....2  ELSEWHERE ..... 3</p>	
<p><b>WS15.</b> Do you share this facility with others who are not members of your household?</p>	<p>YES ..... 1  NO .....2</p>	2 ⇒ End
<p><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?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS  (NOT PUBLIC)..... 1  SHARED WITH GENERAL PUBLIC.....2</p>	2 ⇒ End
<p><b>WS17.</b> How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS  (IF LESS THAN 10) ..... <u>0</u> ____</p> <p>TEN OR MORE HOUSEHOLDS ..... 10</p> <p>DK .....98</p>	

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 (BUCKET / JUG / KETTLE) ..... 3</p> <p><b>NOT OBSERVED</b></p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>NO PERMISSION TO SEE ..... 5</p> <p>OTHER REASON (<i>specify</i>) ..... 6</p>	<p>4 ⇒HW5</p> <p>5 ⇒HW4</p> <p>6 ⇒HW5</p>
<p><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, hand washing liquid or ash/ 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 (BUCKET / JUG / KETTLE) ..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4</p> <p>OTHER (<i>specify</i>) ..... 6</p>	
<p><b>HW5.</b> Do you have any soap or detergent, hand washing liquid 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>	

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SALT IODIZATION		SA
<p><b>SA1.</b> We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Use blue-labelled test kit (iodate): Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b>            0 PPM (NO REACTION)..... 1            REACTION ..... 5</p> <p><b>SALT NOT TESTED</b>            NO SALT IN THE HOUSE ..... 4            OTHER REASON            (specify) _____ 6</p>	<p>5 ⇒ HH13</p> <p>4 ⇒ HH13</p> <p>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>Use blue-labelled test kit (iodate): 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 result (1 or 5) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b>            0 PPM (NO REACTION)..... 1            REACTION ..... 5</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

<b>HH26.</b> Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.		RANK NUMBER ..... ____  LINE NUMBER ..... ____  NAME .....  AGE ..... ____
<b>HH27.</b> (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.		
<b>HH28.</b> Issue a <u>QUESTIONNAIRE FOR CHILDREN AGE 5-17</u> 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 <u>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</u> 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
<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.  For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.  May we interview ( <b>name(s) of female member(s) age 15-17</b> ) later?		
<input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.		
<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.		
<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.		
<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 <u>QUESTIONNAIRE FOR INDIVIDUAL MEN</u> for each man age 15-49 years.		

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<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
<p><b>HH39.</b> As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
<b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS. Are there any children age 0-4?	YES, AT LEAST ONE ..... 1 NO ..... 2	2 ⇒ HH42
<b>HH41.</b> 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 NO, HH9 = 2 ..... 2	2 ⇒ HH44A
<b>HH43.</b> Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
<p><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?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN..... 2	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
<b>HH44A.</b> Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1 ..... 1 NO, HC7[A]=2 AND HC12=2 ..... 2	2 ⇒ HH45
<b>HH44B.</b> Thank you for your participation.		

The Lao Statistics Bureau will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES..... 1	2 ⇒ HH45
NO..... 2	

<b>HH44C.</b> Do you have a personal phone number or does your household have a communal number where you can be reached?	YES..... 1 NO ..... 2	2 ⇒ HH45
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**HH44D.** You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 <sup>ND</sup> NUMBER	[P3] 3 <sup>RD</sup> NUMBER
<b>HH44E.</b> Ask for and record phone number.	_____	_____	_____
<b>HH44F.</b> Just to confirm, the number is ( <b>number recorded in HH44E</b> )?  If no, return to HH44E and correct entry.	YES ..... 1 NO ..... 2 ⇨ HH44E	YES..... 1 NO.....2 ⇨ HH44E	YES ..... 1 NO ..... 2 ⇨ HH44E
<b>HH44G.</b> Is this a fixed line or a mobile phone number?	FIXED LINE..... 1 MOBILE ..... 2	FIXED LINE ..... 1 MOBILE..... 2	FIXED LINE..... 1 MOBILE ..... 2
<b>HH44H1.</b> Usually, what time of the day would be best to call you on this number?	<b>PERIOD</b> BETWEEN..... ____ ____ AND ..... ____  ANY TIME ..... 95 OTHER ( <i>specify</i> ) 96	<b>PERIOD</b> BETWEEN ..... ____ ____ AND..... ____  ANY TIME.....95 OTHER ( <i>specify</i> )96	<b>PERIOD</b> BETWEEN ____ AND ..... ____  ANY TIME ..... 95 OTHER ( <i>specify</i> ) 96

<p><b>HH44H2.</b> Usually, what days of the week are best to call you on this number?</p> <p><i>Probe: Any other day?</i></p> <p><i>If X is recorded, no other answer is possible</i></p>	<p>MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X</p>	<p>MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X</p>	<p>MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X</p>
<p><b>HH44I.</b> Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?</p>	<p>YES ..... 1 <input type="checkbox"/> [P2]  NO ..... 2 <input type="checkbox"/> HH45</p>	<p>YES ..... 1 <input type="checkbox"/> [P3]  NO ..... 2 <input type="checkbox"/> HH45</p>	<p>YES ..... 1 <input type="checkbox"/> [P4]  NO ..... 2 <input type="checkbox"/> HH45</p>
			<p>Tick here if additional questionnaire used: ..... <input type="checkbox"/></p>

**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**