

## Appendix F. 2013 Montenegro MICS Questionnaires

### MICS HOUSEHOLD QUESTIONNAIRE MONTENEGRO

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: ____ / ____ / 2013	HH7. REGION: North ..... 1 Central ..... 2 South ..... 3	
HH6. AREA: Urban ..... 1 Rural ..... 2		
HH8. Is the household selected for Questionnaire for Men?	Yes ..... 1 No ..... 2	

WE ARE FROM THE STATISTICAL OFFICE OF MONTENEGRO - MONSTAT. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. 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 ⇒ CIRCLE 04 IN HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

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 ( <i>specify</i> ) .....	96

<i>After the household questionnaire has been completed, fill in the following information:</i>	
HH10. Respondent to household questionnaire: Name _____ Line no: _____	
HH11. Total number of household members: _____	
HH12. Number of women age 15-49 years: _____	
<i>If the household is selected for Questionnaire for Men:</i>	
HH13A. Number of men age 15-49 years: _____	
HH14. Number of children under age 5: _____	
HH16. Field editor's name and number: Name _____	

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH13. Number of women's questionnaires completed: _____	
<i>If the household is selected for Questionnaire for Men:</i>	
HH13B. Number of men's questionnaires completed: _____	
HH15. Number of under-5 questionnaires completed: _____	
HH17. Main data entry clerk's name and number: Name _____	

LINE	NAME	RELATION*	M	F	MONTH	YEAR	AGE	HL5	HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15		
01		01	1	2						01	01	01	1	2	1	2	8		1	2	8
02			1	2						02	02	02	1	2	1	2	8		1	2	8
03			1	2						03	03	03	1	2	1	2	8		1	2	8
04			1	2						04	04	04	1	2	1	2	8		1	2	8
05			1	2						05	05	05	1	2	1	2	8		1	2	8
06			1	2						06	06	06	1	2	1	2	8		1	2	8
07			1	2						07	07	07	1	2	1	2	8		1	2	8
08			1	2						08	08	08	1	2	1	2	8		1	2	8
09			1	2						09	09	09	1	2	1	2	8		1	2	8
10			1	2						10	10	10	1	2	1	2	8		1	2	8
11			1	2						11	11	11	1	2	1	2	8		1	2	8
12			1	2						12	12	12	1	2	1	2	8		1	2	8
13			1	2						13	13	13	1	2	1	2	8		1	2	8

For children age 0-17 years

**HH18.**  
Record the time.  
Hour .....  
Minutes.....

**HL**  
**LIST OF HOUSEHOLD MEMBERS**  
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 list of household members have been used.

LINE	NAME	RELATION*	F	M	MONTH	YEAR	AGE	HL5	HL6	HL7	HL7A	HL7B	HL11	HL12	HL12A	HL13	HL14	HL14A	HL15	TICK HERE IF ADDITIONAL QUESTIONNAIRE USED		
																				Y	N	
14			2	1																	<input type="checkbox"/>	<input type="checkbox"/>
15			2	1																	<input type="checkbox"/>	<input type="checkbox"/>

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.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.  
For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual 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, each eligible man, and each child under five in the household.

\* Codes for HL3: Relationship to head of household:  
01 Head 02 Wife / Husband 03 Son / Daughter 04 Son-in-Law / Daughter-in-Law 05 Grandchild 06 Parent 07 Parent-in-Law 08 Brother / Sister 09 Brother-in-Law / Sister-in-Law  
10 Uncle / Aunt 11 Niece / Nephew 12 Other relative 13 Adopted / Foster / Stepchild 14 Not related 98 Don't know

**SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE**

**SL**

- o List each of the children aged 1–17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1–17 years.
- o Record the line number, name, sex, and age for each child.
- o If there are no children age 1–17 years in the household, leave the table blank and go to SL6.

SL1. Rank number	SL2. Line number from HL1	SL3. Name from HL2	SL4. Sex from HL4		SL5. 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	---

**SL6.** Total number of children age 1–17 years

Total number .....

**SL7.** Check the number of children age 1–17 years in SL6:

- None ⇒ Go to Household Characteristics module
- One or more ⇒ Continue with SL8

**SL8.** 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 children age 1–17 in SL6 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 selected child (in SL1)

Last digit of household number (from HH2)	Total Number of Eligible Children in the Household (from SL6)							
	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

**SL9.** Record the rank number (SL1), line number (SL2), name (SL3) and age (SL5) of the selected child

Rank number .....

Line number .....

Name ..... Age .....

EDUCATION				ED				ED				
For household members age 5 and above				For household members age 5-24 years				For household members age 5-24 years				
ED1. Line number	ED2. Name and age Copy from List of Household members, HL2 (name) and HL6 (age)	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE (2012-2013) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2011-2012), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	ED3. Yes No	ED5. Yes No	ED6. Y N DK	ED8. Level
01		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
02		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
03		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
04		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
05		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
06		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
07		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
08		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
09		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
10		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
11		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
12		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
13		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
14		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8
15		1	0 1 2 3 8		1	0 1 2 3 8	1	0 1 2 3 8	1	2	8	0 1 2 3 8

CHILD LABOUR		CL
<b>CL1. Check selected child's age from SL9:</b> <input type="checkbox"/> 1-4years ⇒ Go to Child Discipline Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2		
<b>CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</b>  SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	Y N	
<b>[A] DID [<i>name</i>] DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?</b>	Worked on plot/farm/food garden/ looked after animals..... 1 2	
<b>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</b>	Helped in family/relative's business/ran own business ..... 1 2	
<b>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</b>	Produce/sell articles/handicrafts/ clothes/food or agricultural products ... 1 2	
<b>[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?</b>	Any other activity ..... 1 2	
<i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY ( <i>name</i> ) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.		
<b>CL3. Check CL2A-CL2D</b> <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8		
<b>CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS/THESE ACTIVITIES, IN TOTAL?</b>	Number of hours ..... __ __	
<b>CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES THAT (<i>name</i>) ENGAGE IN REQUIRE THAT HE/SHE CARRIES HEAVY LOADS AT WORK?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>CL6. DOES THE ACTIVITY THAT (<i>name</i>) ENGAGE IN REQUIRE THAT HE/SHE WORKS WITH DANGEROUS TOOLS (KNIVES, ETC.) OR OPERATES HEAVY MACHINERY?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8

<b>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?</b>		
<b>[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</b>	Yes ..... 1 No ..... 2	1 ⇒ CL8
<b>[F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)'S HEALTH OR SAFETY?</b>	Yes ..... 1 No ..... 2	
<b>CL8. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</b>	Yes ..... 1 No ..... 2	2 ⇒ CL10
<b>CL9. IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?</b>  <i>If less than one hour, record "00"</i>	Number of hours ..... __ __	
<b>CL10. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING TASKS FOR THIS HOUSEHOLD?</b>	Y N	
<b>[A] SHOPPING FOR HOUSEHOLD?</b>	Shopping for household ..... 1 2	
<b>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</b>	Repair household equipment ..... 1 2	
<b>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</b>	Cooking/cleaning utensils/house ..... 1 2	
<b>[D] WASHING CLOTHES?</b>	Washing clothes ..... 1 2	
<b>[E] CARING FOR CHILDREN?</b>	Caring for children ..... 1 2	
<b>[F] CARING FOR THE OLD OR SICK?</b>	Caring for old/sick ..... 1 2	
<b>[G] OTHER HOUSEHOLD TASKS?</b>	Other household tasks ..... 1 2	
<b>CL11. Check CL10, A to G</b> <input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12 <input type="checkbox"/> All answers are 'No' ⇒ Go to next module		
<b>CL12. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS/THESE ACTIVITIES?</b>	Number of hours ..... __ __	

CHILD DISCIPLINE		CD
<b>CD1.</b> Check selected child's age from SL9: <input type="checkbox"/> 1–14 years ⇒ Continue with CD2 <input type="checkbox"/> 15–17 years ⇒ Go to Next Module		
<b>CD2.</b> Write the line number and name of the child from SL9.	Line number ..... ____ Name .....	
<b>CD3.</b> 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.		
	Y N	
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Took away privileges ..... 1 2	
[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour ..... 1 2	
[C] SHOOK HIM/HER.	Shook him/her ..... 1 2	
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed ..... 1 2	
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do ..... 1 2	
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand ..... 1 2	
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object ..... 1 2	
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name ..... 1 2	
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit/slapped on the face, head or ears ..... 1 2	
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit/slapped on hand, arm or leg ..... 1 2	
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD	Beat up, hit over and over as hard as one could ..... 1 2	
<b>CD4.</b> DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes ..... 1 No ..... 2 Don't know / No opinion ..... 8	

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Orthodox ..... 1 Catholic ..... 2 Islamic ..... 3 Does not want to declare ..... 4 Other religion (specify) ..... 6 No religion 7	
<b>HC1C.</b> TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Montenegrin ..... 01 Serbian ..... 02 Albanian ..... 03 Bosniak ..... 04 Roma ..... 05 Muslim ..... 06 Croat ..... 07 Other ethnic group (specify) ..... 96 Does not want to declare ..... 08	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... ____	
<b>HC3.</b> Main material of the dwelling floor.  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other (specify) ..... 96	
<b>HC4.</b> Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch ..... 12 Rudimentary Roofing Wood planks ..... 23 Cardboard ..... 24 Finished roofing Metal/Sheet ..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other (specify) ..... 96	

<b>HC5. Main material of the exterior walls.</b>  <i>Record observation.</i>	Natural walls No walls..... 11 Cane/Trunks..... 12 Dirt..... 13		
	Rudimentary walls Cane, straw and mud..... 21 Stone with mud..... 22 Uncovered adobe..... 23 Plywood..... 24 Cardboard..... 25 Reused wood..... 26		
	Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks..... 33 Cement blocks..... 34 Covered adobe..... 35 Wood planks / shingles..... 36		
	Other ( <i>specify</i> )..... 96		
<b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</b>	Electricity..... 01 Liquefied Petroleum Gas (LPG)..... 02 Biogas..... 04 Kerosene..... 05	01⇒HC8 02⇒HC8 04⇒HC8 05⇒HC8	
	Coal / Lignite..... 06 Charcoal..... 07 Wood..... 08 Straw / Shrubs / Grass..... 09 Agricultural crop residue..... 11		
	No food cooked in household..... 95 Other ( <i>specify</i> )..... 96	95⇒HC8	
<b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b>  <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used only as kitchen 1 Elsewhere in the house..... 2 In a separate building..... 3 Outdoors..... 4		
	Other ( <i>specify</i> )..... 6		
<b>HC8. DOES YOUR HOUSEHOLD HAVE:</b>		Yes No	
	[A] ELECTRICITY?	Electricity..... 1	2
	[B] A RADIO?	Radio..... 1	2
	[C] A TELEVISION?	Television..... 1	2
	[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone..... 1	2
	[E] A REFRIGERATOR?	Refrigerator..... 1	2
	[F] AN ELECTRIC STOVE?	Electric stove..... 1	2

[G] A BED?	Bed..... 1	2		
[H] A TABLE WITH CHAIRS?	Table with chairs..... 1	2		
[I] A VACUUM CLEANER?	Vacuum cleaner..... 1	2		
[J] A PC/LAPTOP?	PC/Laptop..... 1	2		
[K] INTERNET	Internet..... 1	2		
[L] A CLOSET?	Closet..... 1	2		
[M] A WASHING MACHINE?	Washing machine..... 1	2		
[N] A DRYING MACHINE?	Drying machine..... 1	2		
[O] A DISHWASHING MACHINE?	A dishwashing machine..... 1	2		
[P] AN AIR CONDITIONER?	Air conditioner..... 1	2		
[Q] VIDEO MONITORING SYSTEM?	Video monitoring system..... 1	2		
<b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b>		Yes No		
	[A] A WATCH?	Watch..... 1	2	
	[B] A MOBILE TELEPHONE?	Mobile telephone..... 1	2	
	[C] A BICYCLE?	Bicycle..... 1	2	
	[D] A MOTORCYCLE OR SCOOTER?	Motorcycle/Scooter..... 1	2	
	[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart..... 1	2	
	[F] A CAR OR TRUCK?	Car/Truck..... 1	2	
	[G] A BOAT WITH MOTOR?	Boat with motor..... 1	2	
	[H] A TRACTOR?	Tractor..... 1	2	
<b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b>  <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>  <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own..... 1			
	Rent..... 2			
	Other ( <i>specify</i> )..... 6			
<b>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</b>	Yes..... 1			
	No..... 2		2⇒HC13	
<b>HC12. HOW MANY ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</b>  <i>If less than 1, record "000". If 995 or more, record '995'. If unknown, record '998'.</i>	Ares.....			

<b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ..... 1 No ..... 2	2⇒HC15
<b>HC14.</b> HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?		
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls..... ____	
[B] HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules ..... ____	
[C] GOATS?	Goats..... ____	
[D] SHEEP?	Sheep..... ____	
[E] HENS/CHICKENS?	Hens/chickens..... ____	
[F] PIGS?	Pigs ..... ____	
[G] OTHER POULTRY?	Other poultry ..... ____	
<i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>		
<b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes ..... 1 No ..... 2	

WATER AND SANITATION		WS
<b>WS1.</b> WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	City or local 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 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81  Bottled water .....91  Other ( <i>specify</i> ).....96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3  21⇒WS3  31⇒WS3 32⇒WS3  41⇒WS3 42⇒WS3  51⇒WS3 61⇒WS3 81⇒WS3  96⇒WS3
<b>WS2.</b> WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	City or local 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 Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....81  Other ( <i>specify</i> ).....96	11⇒WS6 12⇒WS6 13⇒WS6  21  31 32  41 42  51 61 81  96
<b>WS3.</b> WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....1 In own yard / plot.....2 Elsewhere .....3	1⇒WS6 2⇒WS6
<b>WS4.</b> HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... ____  DK .....998	

<b>WS5.</b> WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....1 Adult man (age 15+ years) .....2 Female child (under 15) .....3 Male child (under 15) .....4  DK .....8	
<b>WS6.</b> DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes .....1 No.....2  DK .....8	2⇒WS8  8⇒WS8
<b>WS7.</b> WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?  <i>Probe:</i> ANYTHING ELSE?  <i>Record all items mentioned.</i>	Boil ..... A Add 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  Other ( <i>specify</i> )..... X DK .....Z	
<b>WS8.</b> WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?  <i>If "Toilet with flush" or "pour flush", probe:</i> WHERE DOES IT FLUSH TO?  <i>If necessary, ask permission to observe the facility.</i>	Toilet with 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 Pit latrine Ventilated Improved Pit latrine (VIP) ...21 Pit latrine with slab .....22 Pit latrine without slab / Open pit .....23  Composting toilet .....31 Bucket .....41  No facility, Bush, Field .....95 Other ( <i>specify</i> )..... 96	95⇒Next Module
<b>WS9.</b> DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes .....1 No.....2	2⇒Next Module
<b>WS10.</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?	Other households only (not public) .....1 Public facility .....2	2⇒Next Module
<b>WS11.</b> HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 ___  Ten or more households ..... 10  DK .....98	

HANDWASHING		HW
<b>HW0.</b> Check cluster number in HH1. Is the cluster number 301 or higher?  <input type="checkbox"/> Yes ⇒ Continue with HW1.  <input type="checkbox"/> No ⇒ Go to HH19.		
<b>HW1.</b> WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed .....1  Not observed Not in dwelling / plot / yard .....2 No permission to see.....3 Other reason .....6	2 ⇒HW4 3 ⇒HW4 6 ⇒HW4
<b>HW2.</b> Observe presence of water at the specific place for handwashing.  <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available .....1  Water is not available .....2	
<b>HW3A.</b> Is soap, detergent or ash/mud/sand present at the place for handwashing?	Yes, present .....1 No, not present.....2	2⇒HW4
<b>HW3B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap .....A Detergent (Powder / Liquid / Paste).....B Liquid soap ..... C Ash / Sand..... D	A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19
<b>HW4.</b> DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes .....1 No.....2	2⇒HH19
<b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?	Yes, shown.....1 No, not shown .....2	2⇒HH19
<b>HW5B.</b> Record your observation.  <i>Circle all that apply.</i>	Bar soap .....A Detergent (Powder / Liquid / Paste).....B Liquid soap ..... C Ash / Sand..... D	



<b>HH19.</b> Record the time.	Hour and minutes ..... ____ : ____	
<p><b>HH20.</b> Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate Questionnaire for Individual Women has been issued for each woman age 15–49 years in the household list (HL7)</p> <p>Check HH8. If the household is selected for Questionnaire for Men:</p> <p><input type="checkbox"/> A separate Questionnaire for Individual Men has been issued for each man age 15–49 years in the household list (HL7A)</p> <p><input type="checkbox"/> A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL7B)</p> <p>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and men (HH13A)</p> <p>Make arrangements for the administration of the remaining questionnaire(s) in this household.</p>		

<b>Interviewer's Observations</b>
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<b>Field Editor's Observations</b>
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<b>Supervisor's Observations</b>
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