Appendix F. 2013 Montenegro MICS Questionnaires

HOUSEHOLD QUESTIONNAIRE MONTENEGRO

<table>
<thead>
<tr>
<th>HOUSEHOLD INFORMATION PANEL</th>
<th>HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH1. Cluster number:</td>
<td>___ ___</td>
</tr>
<tr>
<td>HH3. Interviewer’s name and number:</td>
<td>Name ___________________ Line no: ___  ___</td>
</tr>
<tr>
<td>HH4. Supervisor’s name and number:</td>
<td>Name ___________________ ___  ___</td>
</tr>
<tr>
<td>HH5. Day / Month / Year of interview:</td>
<td>___ ___ / ___ ___ / 2013</td>
</tr>
<tr>
<td>HH6. AREA: Urban............................</td>
<td>1</td>
</tr>
<tr>
<td>Rural.............................</td>
<td>2</td>
</tr>
<tr>
<td>HH7. REGION: North............................</td>
<td>1</td>
</tr>
<tr>
<td>Central.............................</td>
<td>2</td>
</tr>
<tr>
<td>South.............................</td>
<td>3</td>
</tr>
<tr>
<td>HH8. Is the household selected for Questionnaire for Men?</td>
<td>Yes..............1</td>
</tr>
<tr>
<td>No............................</td>
<td>2</td>
</tr>
</tbody>
</table>

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 (specify)..............................................................................96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to household questionnaire:
Name ___________________ Line no: ___  ___

HH11. Total number of household members: ___ ___

If the household is selected for Questionnaire for Men:

HH12. Number of women age 15-49 years: ___ ___

HH13A. Number of men age 15-49 years: ___ ___

HH14. Number of children under age 5: ___ ___

HH15. Number of under-5 questionnaires completed: ___ ___

HH16. Field editor’s name and number:
Name ___________________ ___  ___

HH17. Main data entry clerk’s name and number:
Name ___________________ ___  ___

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

HH13B. Number of men’s questionnaires completed: ___ ___

HH18. Time of interview: ___ ___ ___ ___

HH19. Number of household members: ___ ___

HH20. Main data entry clerk’s name and number:
Name ___________________ ___  ___

HH21. Field editor’s name and number:
Name ___________________ ___  ___

HH22. Main data entry clerk’s name and number:
Name ___________________ ___  ___

HH23. Field editor’s name and number:
Name ___________________ ___  ___

HH24. Main data entry clerk’s name and number:
Name ___________________ ___  ___

HH25. Field editor’s name and number:
Name ___________________ ___  ___

HH26. Main data entry clerk’s name and number:
Name ___________________ ___  ___

HH27. Field editor’s name and number:
Name ___________________ ___  ___

HH28. Main data entry clerk’s name and number:
Name ___________________ ___  ___
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 Men’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 woman, each eligible man, and each child under 5 in the household.

* Codex for HL3: Relationship to head of household

### Selection of One Child for Child Labour/Child Discipline

- 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.
- Record the line number, name, sex, and age for each child.
- If there are no children aged 1–17 years in the household, leave the table blank and go to SL6.

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>Line</th>
<th>M</th>
<th>F</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

- 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 aged 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).

<table>
<thead>
<tr>
<th>Last digit of household number (from HH2)</th>
<th>Total Number of Eligible Children in the Household (from SL6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 2 4 3 6 5 4</td>
</tr>
<tr>
<td>1</td>
<td>1 1 3 1 4 1 6 5</td>
</tr>
<tr>
<td>2</td>
<td>1 2 1 2 5 2 7 6</td>
</tr>
<tr>
<td>3</td>
<td>1 1 2 3 1 3 1 7</td>
</tr>
<tr>
<td>4</td>
<td>1 2 3 4 2 4 2 8</td>
</tr>
<tr>
<td>5</td>
<td>1 1 1 1 3 5 3 1</td>
</tr>
<tr>
<td>6</td>
<td>1 2 2 2 4 6 4 2</td>
</tr>
<tr>
<td>7</td>
<td>1 1 3 3 5 1 5 3</td>
</tr>
<tr>
<td>8</td>
<td>1 2 1 4 1 2 6 4</td>
</tr>
<tr>
<td>9</td>
<td>1 2 2 1 2 3 7 5</td>
</tr>
</tbody>
</table>

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

| Rank number: __________________________ |
| Line number: _________________________ |
| Name: _______________________________ |
| Age: ________________________________ |
**CL1.** Check selected child’s age from SL9:
- ☐ 3-4 years ➔ Go to Child Discipline Module
- ☐ 5-17 years ➔ Continue with CL2

**CL2.** Now I would like to ask about any work children in this household may do.

Since last (day of the week), did [name] do any of the following activities, even for only one hour?

- [A] Did [name] 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?

  - Worked on plot/farm/food garden/looked after animals
    - Y
    - N

- [B] Did [name] help in family business or relative’s business with or without pay, or run his/her own business?

- [C] Did [name] produce or sell articles, handicrafts, clothes, food or agricultural products?

- [D] Since last (day of the week), did [name] engage in any other activity in return for income in cash or in kind, even for only one hour?

- [E] Helped in family/relative’s business/ran own business

- [F] Produce/sell articles/handicrafts/clothes/food or agricultural products ...

- [G] Any other activity

If "No", please include any activity performed as a regular or casual employee, self-employed or employer; or as an unpaid family worker helping out in household business or farm.

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**CL3.** Check CL2A-CL2D

- ☐ There is at least one ‘Yes’ ➔ continue with CL4
- ☐ All answers are ‘No’ ➔ Go to CL8

**CL4.** Since last (day of the week) about how many hours did [name] engage in this/these activities, in total?

- Number of hours ____________________

**CL5.** Does the activity that [name] engage in require that he/she carries heavy loads at work?

- Yes _____________________________ 1 ➔ CL8

- No ______________________________ 2

**CL6.** Does the activity that [name] engage in require that he/she works with dangerous tools (knives, etc.) or operates heavy machinery?

- Yes _____________________________ 1 ➔ CL8

- No ______________________________ 2

---

**CL7.** How would you describe the work environment of [name]?

- [A] Is [name] exposed to dust, fumes or gas?

  - Yes _____________________________ 1

  - No ______________________________ 2

- [B] Is [name] exposed to extreme cold, heat or humidity?

  - Yes _____________________________ 1

  - No ______________________________ 2

- [C] Is [name] exposed to loud noise or vibration?

  - Yes _____________________________ 1

  - No ______________________________ 2

- [D] Is [name] required to work at heights?

  - Yes _____________________________ 1

  - No ______________________________ 2

- [E] Is [name] required to work with chemicals (pesticides, glues, etc.) or explosives?

  - Yes _____________________________ 1

  - No ______________________________ 2

- [F] Is [name] exposed to other things, processes or conditions bad for [name]’s health or safety?

  - Yes _____________________________ 1

  - No ______________________________ 2

---

**CL8.** Since last (day of the week), did [name] fetch water or collect firewood for household use?

- Yes _____________________________ 1 ➔ CL8

- No ______________________________ 2 ➔ CL10

- If less than one hour, record "00"

---

**CL9.** In total, how many hours did [name] spend on fetching water or collecting firewood for household use, since last (day of the week)?

- Number of hours ___________________

---

**CL10.** Since last (day of the week), did [name] do any of the following tasks for this household?

- [A] Shopping for household

  - Yes _____________________________ 1

  - No ______________________________ 2

- [B] Repair any household equipment

  - Yes _____________________________ 1

  - No ______________________________ 2

- [C] Cooking or cleaning utensils or the house

  - Yes _____________________________ 1

  - No ______________________________ 2

- [D] Washing clothes

  - Yes _____________________________ 1

  - No ______________________________ 2

- [E] Caring for children

  - Yes _____________________________ 1

  - No ______________________________ 2

- [F] Caring for old/sick

  - Yes _____________________________ 1

  - No ______________________________ 2

- [G] Other household tasks

  - Yes _____________________________ 1

  - No ______________________________ 2

---

**CL11.** Check CL10, A to G

- ☐ There is at least one ‘Yes’ ➔ Continue with CL12

- ☐ All answers are ‘No’ ➔ Go to next module

---

**CL12.** Since last (day of the week) about how many hours did [name] engage in this/these activities?

- Number of hours ____________________
**CHILD DISCIPLINE**

**CD1.** Check selected child’s age from SL9:

- 4–14 years ⇒ Continue with CD2
- 15–17 years ⇒ Go to Next Module

**CD2.** Write the line number and name of the child from SL9:

- Line number: ____________________
- Name: ____________________

**CD3.** 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:

- [ ] Took away privileges, forbade something (name) liked or did not allow him/her to leave house:
  - Y N
- [ ] Explained why (name)’s behaviour was wrong:
  - Explained wrong behaviour: Y N
- [ ] Shook him/her:
  - Shook him/her: Y N
- [ ] Shouted, yelled at or screamed at him/her:
  - Shouted, yelled, screamed: Y N
- [ ] Gave him/her something else to do:
  - Gave something else to do: Y N
- [ ] Spanked, hit or slapped him/her on the bottom with bare hand:
  - Spanked, hit, slapped on bottom with bare hand: Y N
- [ ] 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: Y N
- [ ] Called him/her dumb, lazy, or another name like that:
  - Called dumb, lazy, or another name: Y N
- [ ] Hit or slapped him/her on the face, head or ears:
  - Hit/slapped on the face, head or ears: Y N
- [ ] Hit or slapped him/her on the hand, arm, or leg:
  - Hit/slapped on hand, arm or leg: Y N
- [ ] 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: Y N

**CD4.** DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

- Yes: Y N
- No: Y N
- Don’t know / No opinion: Y N

**HOUSEHOLD CHARACTERISTICS**

**HC1A.** WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?

- Orthodox: Y N
- Catholic: Y N
- Islamic: Y N
- Does not want to declare: Y N
- Other religion (specify) ____________________

**HC1B.** TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?

- Montenegrin: Y N
- Serbian: Y N
- Albanian: Y N
- Bosnian: Y N
- Croatian: Y N
- Muslim: Y N
- Catholic: Y N
- Orthodox: Y N
- Other ethnic group (specify) ____________________

**HC2.** HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural floor</td>
<td></td>
</tr>
<tr>
<td>Rudimentary floor</td>
<td></td>
</tr>
<tr>
<td>Finished floor</td>
<td></td>
</tr>
<tr>
<td>Roofing</td>
<td></td>
</tr>
</tbody>
</table>

**HC3.** MAIN MATERIAL OF THE DWELLING FLOOR.

- Natural roofing: Y N
- Natural floor: Y N
- Wood planks: Y N
- No Roof: Y N
- Metal/Sheet | Y N
- Earth/Sand | Y N
- Papel | Y N
- Cardboard | Y N
- Other (specify) ____________________

**HC4.** MAIN MATERIAL OF THE ROOF.

- Natural roofing: Y N
- Natural roofing: Y N
- No Roof: Y N
- Roofing | Y N
- Metal/Sheet | Y N
- Earth/Sand | Y N
- Papel | Y N
- Cardboard | Y N
- Other (specify) ____________________

**Record observation.**
**HC5. Main material of the exterior walls.**

*Record observation.*

<table>
<thead>
<tr>
<th>Natural walls</th>
<th>Rudimentary walls</th>
<th>Finished walls</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No walls</td>
<td>Canes, straw and mud</td>
<td>Cement</td>
<td>96</td>
</tr>
<tr>
<td>No walls</td>
<td>Stone with mud</td>
<td>Stone with lime or cement</td>
<td>31</td>
</tr>
<tr>
<td>No walls</td>
<td>Uncovered adobe</td>
<td>bricks</td>
<td>33</td>
</tr>
<tr>
<td>No walls</td>
<td>Plywood</td>
<td>cement blocks</td>
<td>34</td>
</tr>
<tr>
<td>No walls</td>
<td>Cardboard</td>
<td>covered adobe</td>
<td>35</td>
</tr>
<tr>
<td>No walls</td>
<td>Reused wood</td>
<td>wood planks</td>
<td>36</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Other (specify)</td>
<td>Other (specify)</td>
<td>96</td>
</tr>
</tbody>
</table>

**HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?**

<table>
<thead>
<tr>
<th>Electricity</th>
<th>Liquefied Petroleum Gas (LPG)</th>
<th>Biogas</th>
<th>Kerosene</th>
<th>Coal / Lignite</th>
<th>Charcoal</th>
<th>Wood</th>
<th>Straw / Shrubs / Grass</th>
<th>Agricultural crop residue</th>
<th>No food cooked in household</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>04</td>
<td>05</td>
<td>11</td>
<td>06</td>
<td>08</td>
<td>09</td>
<td>11</td>
<td>95</td>
<td>96</td>
</tr>
</tbody>
</table>

**HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?**

*If “In the house”, probe: Is it done in a separate room used as a kitchen?*

<table>
<thead>
<tr>
<th>In the house</th>
<th>Elsewhere in the house</th>
<th>In a separate building</th>
<th>Outdoors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

**HC8. DOES YOUR HOUSEHOLD HAVE:**

- [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

**HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:**

- [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] UAE 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?
  - Dishwashing machine: 1 2
- [P] AN AIR CONDITIONER?
  - Air conditioner: 1 2
- [Q] VIDEO MONITORING SYSTEM?
  - Video monitoring system: 1 2

**HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?**

- Own: 1
- Rent: 2
- Other (specify): 6

**HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?**

- Yes: 1
- No: 2

**HC12. HOW MANY AREAS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?**

- If less than 1, record “000”. If 995 or more, record “995”. If unknown, record “998”.

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**HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?**

- **A** CATTLE, MILK COWS, OR BULLS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **B** HORSES, DONKEYS, OR MULES?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **C** GOATS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **D** SHEEP?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **E** HENS/CHICKENS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **F** PIGS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **G** OTHER POULTRY?
  - Yes _______________________________ 1
  - No _______________________________ 2

If none, record ‘00’. If 95 or more, record ‘95’. If unknown, record ‘98’.

**HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?**

- Yes _______________________________ 1
- No _______________________________ 2

**HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?**

- **A** CATTLE, MILK COWS, OR BULLS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **B** HORSES, DONKEYS, OR MULES?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **C** GOATS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **D** SHEEP?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **E** HENS/CHICKENS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **F** PIGS?
  - Yes _______________________________ 1
  - No _______________________________ 2

- **G** OTHER POULTRY?
  - Yes _______________________________ 1
  - No _______________________________ 2

If none, record ‘00’. If 95 or more, record ‘95’. If unknown, record ‘98’.

**WATER AND SANITATION**

**WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?**

- City or local piped water
- Piped into dwelling _____________________ 1
- Piped into compound, yard or plot _______ 12
- Piped to neighbour _____________________ 13
- Public tap / standpipe _________________ 14

- Surface water (river, stream, dam, lake, pond, canal, irrigation channel) __________ 81
- Bottled water _________________________ 91
- Other (specify) _______________ 96

**WS2. WHAT IS THE MAIN 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

- Surface water (river, stream, dam, lake, pond, canal, irrigation channel) __________ 81
- Other (specify) _______________ 96

**WS3. WHERE IS THAT WATER SOURCE LOCATED?**

- In own dwelling _____________________ 1
- In own yard / plot ____________________ 2
- Elsewhere __________________________ 3

**WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?**

- Number of minutes ____________________
- DK ______________________________ 998
### MONTENEGRO 2013 MULTIPLE INDICATOR CLUSTER SURVEY

#### HOUSEHOLD

**WS10.** Do you share the facility with members of other households? (You know, or is the facility open to the use of the general public?)

<table>
<thead>
<tr>
<th>No. of households</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households (if less than 10)</td>
<td>10</td>
<td>2</td>
<td>2+</td>
</tr>
</tbody>
</table>

**WS11.** How many households in total use the facility with you? (If necessary, all premises in the facility you share will be observed for cleanliness, and permission will be sought for a) examine the premises, b) record the composition of the household, c) record the presence of water.)

<table>
<thead>
<tr>
<th>No. of households only (not public)</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households (if less than 10)</td>
<td>9</td>
<td>9+</td>
<td>10+</td>
</tr>
</tbody>
</table>

**WS12A.** Can you please show it to me?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**WS12B.** Record your observation.

- A. Liquid soap
- B. Detergent (Powder / Liquid / Paste)
- C. Bar soap
- D. Ash / Sand

### WATER

**WS7.** Is there a water source nearby where members of your household usually get the water to drink?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**WS8.** Do you share the water source with other households?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**WS9.** Do you share the water source with other households? (You know, or is the water source open to the use of the general public?)

<table>
<thead>
<tr>
<th>No. of households</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households (if less than 10)</td>
<td>10</td>
<td>2</td>
<td>2+</td>
</tr>
</tbody>
</table>

**WS10.** Do you share the water source with members of other households that you know, or is the facility open to the use of the general public?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**WS11.** How many households in total use the facility with you? (If necessary, all premises in the facility you share will be observed for cleanliness, and permission will be sought for a) examine the premises, b) record the composition of the household, c) record the presence of water.)

<table>
<thead>
<tr>
<th>No. of households only (not public)</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households (if less than 10)</td>
<td>9</td>
<td>9+</td>
<td>10+</td>
</tr>
</tbody>
</table>

**WS12A.** Can you please show it to me?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**WS12B.** Record your observation.

- A. Liquid soap
- B. Detergent (Powder / Liquid / Paste)
- C. Bar soap
- D. Ash / Sand

### HANDWASHING

**HW1.** Wash your hands with water and soap. (Water source number in HH1. Is the cluster number 301 or higher?)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW2.** did you wash your hands with water and soap?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW3.** were there any utensils, bowls, or cutlery used in the process of washing hands?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW4.** Did you use a hand wash or liquid soap?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW5A.** Can you please show it to me?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**HW5B.** Record your observation.

- A. Liquid soap
- B. Detergent (Powder / Liquid / Paste)
- C. Bar soap
- D. Ash / Sand

**HW6.** Did you do anything to the water to make it safer to drink?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW7.** What was it?

<table>
<thead>
<tr>
<th>Washed hands</th>
<th>Stained through a cloth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW8.** What is your usual way of doing the washing of your hands?

<table>
<thead>
<tr>
<th>Washed hands</th>
<th>Stained through a cloth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW9.** Did you use soap, detergent or sand/mud/sand to wash hands?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW10.** Do you share the water source with other households?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW11.** How many households in total use the facility with you? (If necessary, all premises in the facility you share will be observed for cleanliness, and permission will be sought for a) examine the premises, b) record the composition of the household, c) record the presence of water.)

<table>
<thead>
<tr>
<th>No. of households only (not public)</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households (if less than 10)</td>
<td>9</td>
<td>9+</td>
<td>10+</td>
</tr>
</tbody>
</table>

**HW12A.** Can you please show it to me?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH19</td>
<td>1OH19</td>
</tr>
</tbody>
</table>

**HW12B.** Record your observation.

- A. Liquid soap
- B. Detergent (Powder / Liquid / Paste)
- C. Bar soap
- D. Ash / Sand

**HW13.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW14.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW15.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW16.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW17.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW18.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>

**HW19.** Did you wash the hands of your children most of the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, not shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2OH4</td>
<td>1OH4</td>
</tr>
</tbody>
</table>
HH19. Record the time.

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:
- A separate Questionnaire for Individual Women has been issued for each woman age 15–49 years in the household list (HL7).

Check HH8. If the household is selected for Questionnaire for Men:
- A separate Questionnaire for Individual Men has been issued for each man age 15–49 years in the household list (HL7A).
- A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL7B).

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).

Make arrangements for the administration of the remaining questionnaire(s) in this household.