



## HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: Region 1.....1 Region 2.....2 Region 3.....3 Region 4.....4	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed..... 1 Not at home..... 2 Refused..... 3 HH not found/destroyed..... 4 Other ( <i>specify</i> ) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
	HH11. Total number of household members: _____	
HH12. No.of women eligible for interview: _____	HH13. No.of women questionnaires completed: _____	
HH14. No.of children under age 5: _____	HH15. No.of under-5 questionnaires completed: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM												HL
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used <input type="checkbox"/>												
					Eligible for:			For children age 0-17 years ask HL9-HL12				
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW					
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE ?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  Record in completed years  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record Line no. of mother/ caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE?  1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  Record Line no. of father or 00 for 'no'	
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER	
01		0 1	1 2	__ __	01	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
02		__ __	1 2	__ __	02	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
03		__ __	1 2	__ __	03	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
04		__ __	1 2	__ __	04	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
05		__ __	1 2	__ __	05	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
06		__ __	1 2	__ __	06	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
07		__ __	1 2	__ __	07	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
08		__ __	1 2	__ __	08	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
09		__ __	1 2	__ __	09	__ __	__ __	1 2 8	__ __	1 2 8	__ __	
10		__ __	1 2	__ __	10	__ __	__ __	1 2 8	__ __	1 2 8	__ __	

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE ?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years</i>  98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE?  1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of father or 00 for 'no'</i>	
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER	
11		___ ___	1 2	___ ___	11	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
12		___ ___	1 2	___ ___	12	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
13		___ ___	1 2	___ ___	13	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
14		___ ___	1 2	___ ___	14	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
15		___ ___	1 2	___ ___	15	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>												
					Women 15-49	Children 5-14	Under-5s					
Totals					___ ___	___ ___	___ ___					

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children Under Five.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

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

01 = Head

02 = Wife or Husband

03 = Son or Daughter

04 = Son or Daughter In-Law

05 = Grandchild

06 = Parent

07 = Parent-In-Law

08 = Brother or Sister

09 = Brother or Sister-In-Law

10 = Uncle/Aunt

11 = Niece/Nephew By Blood

12 = Niece/Nephew By Marriage

13 = Other Relative

14 = Adopted/Foster/Stepchild

15 = Not Related

98 = Don't Know

EDUCATION MODULE													ED
For household members age 5 and above					For household members age 5-24 years								
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED4. DURING THE (2004-2005) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 YES 2 NO ⇒ ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?  <i>Insert number of days in space below.</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2003-2004)?  1 YES 2 NO ⇓ NEXT LINE 8 DK ⇓ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?  LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK  GRADE: 98 DK	
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE		
01		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
02		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
03		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
04		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
05		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
06		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
07		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
08		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
09		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
10		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
11		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
12		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
13		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
14		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		
15		1 2⇒NEXT LINE	0 1 2 3 6 8	__ __	1 2	__	0 1 2 3 6 8	__ __	1 2 8	0 1 2 3 6 8	__ __		

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling..... 11	11⇨ WS5
	Piped into yard or plot..... 12	12⇨ WS5
	Public tap/standpipe ..... 13	
	Tubewell/borehole ..... 21	
	Dug well	
	Protected well ..... 31	
	Unprotected well..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring ..... 42	⇨ WS3
	Rainwater collection ..... 51	
Tanker-truck ..... 61		
Cart with small tank/drum ..... 71		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81		
<b>Bottled water ..... 91</b>		
Other ( <i>specify</i> ) ..... 96	96⇨ WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling..... 11	11⇨ WS5
	Piped into yard or plot..... 12	12⇨ WS5
	Public tap/standpipe ..... 13	
	Tubewell/borehole ..... 21	
	Dug well	
	Protected well ..... 31	
	Unprotected well..... 32	
	Water from spring	
	Protected spring ..... 41	
	Unprotected spring ..... 42	
	Rainwater collection ..... 51	
Tanker-truck ..... 61		
Cart with small tank/drum ..... 71		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81		
Other ( <i>specify</i> ) ..... 96		
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... _____	
	Water on premises ..... 995	995⇨ WS5
	DK..... 998	
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman ..... 1	
	Adult man ..... 2	
	Female child (under 15) ..... 3	
	Male child (under 15)..... 4	
	DK..... 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes..... 1	
	No ..... 2	2⇨ WS7
	DK..... 8	8⇨ WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items 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>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</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 somewhere else ..... 14</p> <p>Flush to unknown place/not sure/DK where ..... 15</p> <p>Ventilated Improved Pit latrine (VIP) ..... 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 facilities or bush or field ..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>95⇨ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇨ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).... 0 ____</p> <p>Ten or more households ..... 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Religion 1</i> ..... 1 <i>Religion 2</i> ..... 2 <i>Religion 3</i> ..... 3  Other religion ( <i>specify</i> ) _____ 6 No religion ..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Language 1</i> ..... 1 <i>Language 2</i> ..... 2 <i>Language 3</i> ..... 3  Other language ( <i>specify</i> ) _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic group 1</i> ..... 1 <i>Ethnic group 2</i> ..... 2 <i>Ethnic group 3</i> ..... 3  Other ethnic group ( <i>specify</i> ) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor:  <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm/bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35  Other ( <i>specify</i> ) _____ 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch/palm leaf ..... 12 Sod ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm/bamboo ..... 22 Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) _____ 96	

<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane/palm/trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Carton ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime/cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Covered adobe ..... 35</p> <p>Wood planks/shingles ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p>																						
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquid Propane Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw/shrubs/grass ..... 09</p> <p>Animal dung ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p>																					
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire ..... 1</p> <p>Open stove ..... 2</p> <p>Closed stove ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p>	<p>3⇒HC8</p> <p>6⇒HC8</p>																					
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>																						
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house ..... 1</p> <p>In a separate building ..... 2</p> <p>Outdoors ..... 3</p> <p>Other (<i>specify</i>) ..... 6</p>																						
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A MOBILE TELEPHONE?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile Telephone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-Mobile Telephone .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television .....	1	2	Mobile Telephone .....	1	2	Non-Mobile Telephone .....	1	2	Refrigerator .....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A WATCH?</p> <p>A BICYCLE?</p> <p>A MOTORCYCLE OR SCOOTER?</p> <p>AN ANIMAL-DRAWN CART?</p> <p>A CAR OR TRUCK?</p> <p>A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle .....	1	2	Motorcycle/Scooter .....	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Boat with motor.....	1	2	
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**CHILD LABOUR MODULE** **CL**

*To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.*

**NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.**

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5			CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If more than one job, include all hours at all jobs.</i>  <i>Record response then ⇨ CL6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇨ TO CL8		CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?)  1 YES 2 NO ⇨ NEXT LINE		CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO			NO. HOURS	YES PAID UNPAID NO			YES NO	NO. HOURS	YES NO	NO. HOURS		
01		1	2	3	___	1	2	3	1	2	___	1	2	___
02		1	2	3	___	1	2	3	1	2	___	1	2	___
03		1	2	3	___	1	2	3	1	2	___	1	2	___
04		1	2	3	___	1	2	3	1	2	___	1	2	___
05		1	2	3	___	1	2	3	1	2	___	1	2	___
06		1	2	3	___	1	2	3	1	2	___	1	2	___
07		1	2	3	___	1	2	3	1	2	___	1	2	___
08		1	2	3	___	1	2	3	1	2	___	1	2	___
09		1	2	3	___	1	2	3	1	2	___	1	2	___
10		1	2	3	___	1	2	3	1	2	___	1	2	___
11		1	2	3	___	1	2	3	1	2	___	1	2	___
12		1	2	3	___	1	2	3	1	2	___	1	2	___
13		1	2	3	___	1	2	3	1	2	___	1	2	___
14		1	2	3	___	1	2	3	1	2	___	1	2	___
15		1	2	3	___	1	2	3	1	2	___	1	2	___

**SALT IODIZATION MODULE****SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?

- Not iodized 0 PPM ..... 1
- Less than 15 PPM ..... 2
- 15 PPM or more ..... 3
- No salt in home..... 6
- Salt not tested..... 7

*Once you have examined the salt, circle number that corresponds to test outcome.*

SI2. Does any eligible woman age 15-49 reside in the household?

*Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.*

Yes. ⇨ Go to **QUESTIONNAIRE FOR INDIVIDUAL WOMEN** to administer the questionnaire to the first eligible woman.

No. ⇨ Continue.

SI3. Does any child under the age of 5 reside in the household?

*Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.*

Yes. ⇨ Go to **QUESTIONNAIRE FOR CHILDREN UNDER FIVE** to administer the questionnaire to mother or caretaker of the first eligible child.

No. ⇨ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.