



# HOUSEHOLD QUESTIONNAIRE

[name of country]

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 3..... 3 Region 2..... 2      Region 4..... 4	

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 THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**number**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

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 ⇨ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
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	HH10. Respondent to household questionnaire: Name: _____  Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH13A. Number of men age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH13B. Number of man's questionnaires completed: _____	
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HH18.  
Record the time.

Hour ..... \_\_\_\_

Minutes..... \_\_\_\_

## 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?

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 household listing form have been used.

						For women age 15-49	For men age 15-49	For children age 5-14	For children under age 5	For all household members	For children age 0-17 years										
HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7A.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.						
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line no. if woman is age 15-49	Circle line no. if man is age 15-49	Record line no. of mother/ caretaker	Record line no. of mother/ caretaker	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line no. of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line no. of father or 00 for "No"						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	___	_____	___	01	01	___	___	1	2	1	2	8	___	1	2	8	___
02		___	1	2	___	_____	___	02	02	___	___	1	2	1	2	8	___	1	2	8	___
03		___	1	2	___	_____	___	03	03	___	___	1	2	1	2	8	___	1	2	8	___
04		___	1	2	___	_____	___	04	04	___	___	1	2	1	2	8	___	1	2	8	___
05		___	1	2	___	_____	___	05	05	___	___	1	2	1	2	8	___	1	2	8	___
06		___	1	2	___	_____	___	06	06	___	___	1	2	1	2	8	___	1	2	8	___
07		___	1	2	___	_____	___	07	07	___	___	1	2	1	2	8	___	1	2	8	___
08		___	1	2	___	_____	___	08	08	___	___	1	2	1	2	8	___	1	2	8	___
09		___	1	2	___	_____	___	09	09	___	___	1	2	1	2	8	___	1	2	8	___
10		___	1	2	___	_____	___	10	10	___	___	1	2	1	2	8	___	1	2	8	___

HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7.	HL7A.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?							
			1 Male 2 Female	98 DK    9998 DK	<i>Record in completed years. If age is 95 or above, record '95'</i>	<i>Circle line no. if woman is age 15-49</i>	<i>Circle line no. if man is age 15-49</i>	<i>Record line no. of mother/ caretaker</i>	<i>Record line no. of mother/ caretaker</i>	1 Yes 2 No	1 Yes 2 No <sup>8</sup> HL13 8 DK <sup>8</sup> HL13	<i>Record line no. of mother or "No"</i>	1 Yes 2 No <sup>8</sup> Next Line 8 DK <sup>8</sup> Next Line	<i>Record line no. of father or "No"</i>							
Line	Name	Relation*	M	F	Month	Year	Age	15-49	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
11		___ ___	1	2	___	___	___	11	11	___	___	1	2	1	2	8	___	1	2	8	___
12		___ ___	1	2	___	___	___	12	12	___	___	1	2	1	2	8	___	1	2	8	___
13		___ ___	1	2	___	___	___	13	13	___	___	1	2	1	2	8	___	1	2	8	___
14		___ ___	1	2	___	___	___	14	14	___	___	1	2	1	2	8	___	1	2	8	___
15		___ ___	1	2	___	___	___	15	15	___	___	1	2	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used

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	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

EDUCATION															ED		
For household members age 5 and above										For household members age 5-24 years							
ED1. Line number	ED2. Name and age  Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  Grade: 98 DK  <i>If less than 1 grade, enter 00.</i>		ED5. DURING THE (2011-2012) 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?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK  <i>If level=0, skip to ED7</i>		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No ↕ 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 8 DK  <i>If level=0, go to next person</i>	
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade		
01		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
02		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
03		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
04		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
05		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
06		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
07		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
08		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
09		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
10		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
11		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
12		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
13		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
14		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		
15		___	1	2	0 1 2 3 8	___	1	2	0 1 2 3 8	___	1	2	8	0 1 2 3 8	___		

<b>WATER AND SANITATION</b>		<b>WS</b>
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	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 Cart with small tank / drum ..... 71 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 71⇨ WS3 81⇨ WS3  96⇨ WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	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 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81  Other ( <i>specify</i> ) ..... 96	11⇨ WS6 12⇨ WS6 13⇨ WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere ..... 3	1⇨ WS6 2⇨ WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .....  DK..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1          Adult man (age 15+ years) ..... 2          Female child (under 15) ..... 3          Male child (under 15)..... 4</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1          No ..... 2</p> <p>DK..... 8</p>	<p>2⇒ WS8 8⇒ WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A          Add bleach / 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</p> <p>Other (<i>specify</i>) ..... X          DK..... Z</p>	
<p>WS8. 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 necessary, ask permission to observe the facility.</i></p>	<p>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</p> <p>Pit latrine          Ventilated Improved Pit latrine (VIP) .... 21          Pit latrine with slab..... 22          Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet..... 31          Bucket..... 41          Hanging toilet, Hanging latrine ..... 51</p> <p>No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>95⇒ Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes..... 1          No ..... 2</p>	<p>2⇒ Next Module</p>
<p>WS10. 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>Other households only (not public) ..... 1          Public facility ..... 2</p>	<p>2⇒ Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __</p> <p>Ten or more households ..... 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		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?	Number of rooms ..... _ _	
HC3. <i>Main material of the dwelling floor.</i>  <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. <i>Main material of the roof.</i>  <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 Cardboard ..... 24 Finished roofing Metal ..... 31 Wood ..... 32 Calamine / Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36  Other ( <i>specify</i> ) ..... 96	

<p>HC5. <i>Main material of the exterior walls.</i></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>Cardboard ..... 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 <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum 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>No food cooked in household ..... 95</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>05⇒ HC8</p> <p>95⇒ HC8</p>																		
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen ..... 1</p> <p>Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																			
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="1"> <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>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	Non-mobile telephone .....	1	2	Refrigerator .....	1	2	
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Refrigerator .....	1	2																		



<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone .....	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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<p>HC10. 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”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own.....1</p> <p>Rent .....2</p> <p>Other (Not owned or rented).....6</p>																									
<p>HC11. 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⇒ HC13																								
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record ‘95’. If unknown, record ‘98’.</i></p>	<p>Hectares .....__ __</p>																									
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1</p> <p>No .....2</p>	2⇒ HC15																								
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>If none, record ‘00’.</i></p> <p><i>If 95 or more, record ‘95’.</i></p> <p><i>If unknown, record ‘98’.</i></p>	<p>Cattle, milk cows, or bulls .....__ __</p> <p>Horses, donkeys, or mules .....__ __</p> <p>Goats .....__ __</p> <p>Sheep .....__ __</p> <p>Chickens .....__ __</p> <p>Pigs .....__ __</p>																									
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No .....2</p>																									

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2	2⇒ Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets.....	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net
TN4. Mosquito net observed?	Observed..... 1 Not observed..... 2	Observed..... 1 Not observed..... 2	Observed..... 1 Not observed..... 2
TN5. 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>	Long-lasting treated nets Brand A..... 11 Brand B..... 12 Brand C..... 13 Other (specify)..... 16 DK brand..... 18  Pre-treated nets Brand D..... 21 Brand E..... 22 Brand F..... 23 Other (specify)..... 26 DK brand..... 28  Other net (specify)..... 31 DK brand / type..... 98	Long-lasting treated nets Brand A..... 11 Brand B..... 12 Brand C..... 13 Other (specify)..... 16 DK brand..... 18  Pre-treated nets Brand D..... 21 Brand E..... 22 Brand F..... 23 Other (specify)..... 26 DK brand..... 28  Other net (specify)..... 31 DK brand / type..... 98	Long-lasting treated nets Brand A..... 11 Brand B..... 12 Brand C..... 13 Other (specify)..... 16 DK brand..... 18  Pre-treated nets Brand D..... 21 Brand E..... 22 Brand F..... 23 Other (specify)..... 26 DK brand..... 28  Other net (specify)..... 31 DK brand / type..... 98
TN6. 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 mo. ago... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago... 95 DK / Not sure..... 98	Months ago..... More than 36 mo. ago... 95 DK / Not sure..... 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No..... 2 DK / Not sure..... 8	Yes..... 1 No..... 2 DK / Not sure..... 8	Yes..... 1 No..... 2 DK / Not sure..... 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes..... 1 No..... 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes..... 1 No..... 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes..... 1 No..... 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago ..... ____ ____ More than 24 mo. ago... 95 DK / Not sure..... 98</p>	<p>Months ago ..... ____ ____ More than 24 mo. ago... 95 DK / Not sure ..... 98</p>	<p>Months ago ..... ____ ____ More than 24 mo. ago... 95 DK / Not sure ..... 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13</p>	<p>Yes..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13</p>	<p>Yes..... 1 No ..... 2 ⇒ TN13 DK / Not sure ..... 8 ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?  <i>Record the person's line number from the household listing form</i>  <i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____</p>	<p>Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____</p>	<p>Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____  Name _____ Line number ..... ____ ____</p>
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>
<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>			

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes.....1 No .....2 DK.....8	2⇒ Next Module 8⇒ Next Module
IR2. WHO SPRAYED THE DWELLING?  <i>Circle all that apply.</i>	Government worker / program ..... A Private company ..... B Non-governmental organization ..... C Other ( <i>specify</i> )..... X DK.....Z	

CHILD LABOUR													CL									
To be administered for children in the household age 5-14 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 number	CL2. Name and Age		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  If yes: FOR PAY IN CASH OR KIND?			CL4. 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?  If more than one job, include all hours at all jobs.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?  Include work for a business run by the child, alone or with one or more partners.		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?			
			1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5					1 Yes 2 No ⇒ CL7														
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours					
01		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
02		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
03		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
04		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
05		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
06		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
07		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
08		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
09		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__			

**CHILD DISCIPLINE****CD****Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).
- If there are no children age 2-14 years in the household, skip to next module.

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	___
CD6.	Total children age 2-14 years				___

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

**Table 2: Selection of Random Child for Child Discipline Questions**

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- 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 eligible children (2-14) in CD6 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 child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	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

CD8. Record the rank number of the selected child..... \_\_\_\_\_

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number ..... _ _</p>	
<p>CD10. 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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u>.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOR WAS WRONG.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Don't know / No opinion ..... 8</p>	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed .....1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard.....2</p> <p>No permission to see .....3</p> <p>Other reason .....6</p>	<p>2 ⇨ HW4</p> <p>3 ⇨ HW4</p> <p>6 ⇨ HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for handwashing.</i></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>HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Bar soap..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>None ..... Y</p>	<p>A ⇨ HH19</p> <p>B ⇨ HH19</p> <p>C ⇨ HH19</p> <p>D ⇨ HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT (<b>or other locally used cleansing agent</b>) IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes .....1</p> <p>No.....2</p>	<p>2 ⇨ HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>Not able / Does not want to show..... Y</p>	



HH19. <i>Record the time.</i>	Hour and minutes ..... : .....	
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<b>SALT IODIZATION</b>		<b>SI</b>
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?  <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM .....1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more.....3  No salt in the house .....6  Salt not tested .....7	

<p>HH20. <i>Thank the respondent for his/her cooperation and check the Household Listing Form:</i></p> <p><input type="checkbox"/> <i>A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)</i></p> <p><input type="checkbox"/> <i>A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the household list (HL7A)</i></p> <p><input type="checkbox"/> <i>A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</i></p> <p><i>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)</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p> <p>___</p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**