

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: _____ / _____ / <u>2 0 1</u> _____		HH7. Region:	
HH6. Area: URBAN1 RURAL.....2		REGION 1 1	
		REGION 2 2	
		REGION 3 3	
		REGION 4 4	
		REGION 5 5	
HH8. Is the household selected for Questionnaire for Men?	YES1 NO.....2	HH10. Is the household selected for blank testing?	
HH9. Is the household selected for Water Quality Testing?	YES1 NO.....2		

<p><i>Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.</i></p>	HH11. Record the time.
	HOURS : MINUTES ____ : ____

HH12. Hello, my name is (**your name**). We are from **National Statistical Office**. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about **number** minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

YES	1 ⇨ LIST OF HOUSEHOLD MEMBERS
NO / NOT ASKED	2 ⇨ HH46

HH46. Result of Household Questionnaire interview:	COMPLETED..... 01
<i>Discuss any result not completed with Supervisor.</i>	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03
	REFUSED 04
	DWELLING VACANT OR ADDRESS NOT A DWELLING 05
	DWELLING DESTROYED 06
	DWELLING NOT FOUND..... 07
	OTHER (specify) _____ 96

HH47. Name and line number of the respondent to Household Questionnaire interview:
NAME _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
HH48	__ __
HH49	__ __
HH50	__ __
HH51	__ __
HH52	__ __

<i>To be filled after all the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	__ __
HH54	__ __
HH55	__ __
HH56	ZERO 0 ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

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

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female? 1 MALE 2 FEMALE	HL5. What is (name)'s date of birth? 98 DK 9998 DK	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL7. Did (name) stay here last night? 1 YES 2 NO	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HH8 is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 YES 2 NO <input type="checkbox"/> Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO <input type="checkbox"/> HL16 8 DK <input type="checkbox"/> HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO <input type="checkbox"/> HL15	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO <input type="checkbox"/> HL20 8 DK <input type="checkbox"/> HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO <input type="checkbox"/> HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		0 1	1 2	__	__	__	1 2	01	01	01	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
02		__	1 2	__	__	__	1 2	02	02	02	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
03		__	1 2	__	__	__	1 2	03	03	03	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
04		__	1 2	__	__	__	1 2	04	04	04	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
05		__	1 2	__	__	__	1 2	05	05	05	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
06		__	1 2	__	__	__	1 2	06	06	06	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
07		__	1 2	__	__	__	1 2	07	07	07	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
08		__	1 2	__	__	__	1 2	08	08	08	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
09		__	1 2	__	__	__	1 2	09	09	09	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
10		__	1 2	__	__	__	1 2	10	10	10	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
11		__	1 2	__	__	__	1 2	11	11	11	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
12		__	1 2	__	__	__	1 2	12	12	12	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
13		__	1 2	__	__	__	1 2	13	13	13	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
14		__	1 2	__	__	__	1 2	14	14	14	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__
15		__	1 2	__	__	__	1 2	15	15	15	1 2	1 2 8	1 2	__	1 2 3 4 8	1 2 8	1 2	__	1 2 3 4 8	__

* Codes for HL3: 01 HEAD 05 GRANDCHILD 09 BROTHER-IN-LAW / SISTER-IN-LAW 13 ADOPTED / FOSTER / STEPCHILD
 Relationship to head of household: 02 SPOUSE / PARTNER 06 PARENT 10 UNCLE/AUNT 14 SERVANT (LIVE-IN)
 03 SON / DAUGHTER 07 PARENT-IN-LAW 11 NIECE / NEPHEW 12 OTHER RELATIVE 15 OTHER (NOT RELATED)
 04 SON-IN-LAW / DAUGHTER-IN-LAW 08 BROTHER / SISTER 96 OTHER (NOT RELATED) 98 DK

EDUCATION 1														ED						
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.	ED3. Age 3 or above? 1 YES 2 NO ☹ Next Line	ED4. Has (<i>name</i>) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ☹ Next Line	ED5. What is the highest level and grade or year of school (<i>name</i>) has ever <u>attended</u> ? LEVEL: 0 ECE ☹ ED7 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 HIGHER 8 DK	ED6. Did (<i>name</i>) ever <u>complete</u> that (grade/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ☹ Next Line	ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ☹ Next Line													
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL				GRADE/YEAR	Y	N	DK	YES	NO	YES	NO		
01		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
11		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
12		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
13		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
14		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2
15		___	1	2	1	2	0	1	2	3	4	8	___	1	2	8	1	2	1	2

EDUCATION 2 **ED**

ED1. <i>Line number</i>	ED2. <i>Name and age.</i>		ED9. At any time during the current school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ <i>ED15</i>	ED10. During this current school year, which level and grade or year is (name) attending? LEVEL: 0 ECE ☺ <i>ED15</i> 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK	GRADE/YEAR: 98 DK	ED11. Is (he/she) attending a public school? <i>If "Yes", record '1'. If "No", probe to code who controls and manages the school.</i> 1 GOVT./PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the current school year, has (name) received any school tuition support? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO ☺ <i>ED14</i> 8 DK ☺ <i>ED14</i>	ED13. Who provided the tuition support? <i>Record all mentioned.</i> A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the current school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	ED15. At any time during the previous school year did (name) attend school or any Early Childhood Education programme? 1 YES 2 NO ☺ 8 DK ☺ <i>Next Line</i> <i>Next Line</i>	ED16. During that previous school year, which level and grade or year did (name) attend? LEVEL: 0 ECE ☺ <i>Next Line</i> 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK	GRADE/YEAR: 98 DK
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LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
02		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
03		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
04		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
05		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
06		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
07		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
08		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
09		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
10		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
11		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
12		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
13		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
14		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___
15		___	1 2	0 1 2 3 4 8	___	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	RELIGION 1 1 RELIGION 2 2 RELIGION 3 3 OTHER RELIGION (<i>specify</i>) 6 NO RELIGION 7	
HC1B. What is the mother tongue/native language of (<i>name of the head of the household from HL2</i>)?	LANGUAGE 1 1 LANGUAGE 2 2 LANGUAGE 3 3 OTHER LANGUAGE (<i>specify</i>) 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	ETHNIC GROUP 1 1 ETHNIC GROUP 2 2 ETHNIC GROUP 3 3 OTHER (<i>specify</i>) 6	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS..... __ __	
HC4. Main material of the dwelling floor. <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</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	

<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF..... 11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF..... 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM / BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN..... 31</p> <p>WOOD..... 32</p> <p>CALAMINE / CEMENT FIBRE 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT..... 35</p> <p>ROOFING SHINGLES 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>													
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS</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>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Country Specific Items That Do Not Run On Electricity (See Customization Guidelines)</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>COUNTRY SPECIFIC ITEM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO	1	2	COUNTRY SPECIFIC ITEM.....	1	2	
	YES	NO												
FIXED TELEPHONE LINE.....	1	2												
RADIO	1	2												
COUNTRY SPECIFIC ITEM.....	1	2												
<p>HC8. Does your household have electricity?</p>	<p>YES, INTERCONNECTED GRID..... 1</p> <p>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)..... 2</p> <p>NO 3</p>	<p>3⇒HC10</p>												

HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION..... 1 2	
[B] A refrigerator?	REFRIGERATOR..... 1 2	
[C] Country Specific Items That Run On Electricity (See Customization Guidelines)	COUNTRY SPECIFIC ITEM 1 2	
HC10. Does any member of your household own:	YES NO	
[A] A wristwatch?	WRISTWATCH..... 1 2	
[B] A bicycle?	BICYCLE..... 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART 1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR 1 2	
[G] Country Specific Items (See Customization Guidelines)	COUNTRY SPECIFIC ITEM 1 2	
HC11. Does any member of your household have a computer or a tablet?	YES 1 NO 2	
HC12. Does any member of your household have a mobile telephone?	YES 1 NO 2	
HC13. Does your household have access to internet at home?	YES 1 NO 2	
HC14. Do you or someone living in this household own this dwelling? <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i> <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN 1 RENT..... 2 OTHER (<i>specify</i>) _____ 6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES 1 NO 2	2⇒HC17
HC16. How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES ____ 95 OR MORE..... 95 DK 98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	2⇒HC19

<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Country Specific Additions (See Customization Guidelines)</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS__ __</p> <p>OTHER CATTLE__ __</p> <p>HORSES, DONKEYS OR MULES__ __</p> <p>GOATS.....__ __</p> <p>SHEEP__ __</p> <p>CHICKENS__ __</p> <p>PIGS__ __</p> <p>COUNTRY SPECIFIC ADDITION.....__ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] ASSISTANCE TYPE 1	[B] ASSISTANCE TYPE 2	[C] ASSISTANCE TYPE 3	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES..... 1 NO 2 ☺ [B]	YES..... 1 NO..... 2 ☺ [C]	YES..... 1 NO..... 2 ☺ [D]	YES..... 1 NO..... 2 ☺ [X]	YES (specify) _____ 1 NO..... 2 ☺ End
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES..... 1 ☺ ST4 NO 2 ☺ [B] DK 8 ☺ [B]	YES..... 1 ☺ ST4 NO..... 2 ☺ [C] DK..... 8 ☺ [C]	YES..... 1 ☺ ST4 NO..... 2 ☺ [D] DK..... 8 ☺ [D]	YES..... 1 ☺ ST4 NO..... 2 ☺ [X] DK..... 8 ☺ [X]	YES..... 1 ☺ ST4 NO..... 2 ☺ End DK..... 8 ☺ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO... 1 ___ ☺ [B] YEARS AGO 2 ___ ☺ [B] DK 998 ☺ [B]	MONTHS AGO... 1 ___ ☺ [C] YEARS AGO..... 2 ___ ☺ [C] DK..... 998 ☺ [C]	MONTHS AGO... 1 ___ ☺ [D] YEARS AGO..... 2 ___ ☺ [D] DK..... 998 ☺ [D]	MONTHS AGO... 1 ___ ☺ [X] YEARS AGO..... 2 ___ ☺ [X] DK..... 998 ☺ [X]	MONTHS AGO... 1 ___ ☺ End YEARS AGO..... 2 ___ ☺ End DK..... 998 ☺ End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE01	01 ⇨ EU5
	SOLAR COOKER02	02 ⇨ EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE03	03 ⇨ EU5
	PIPED NATURAL GAS STOVE04	04 ⇨ EU5
	BIOGAS STOVE05	05 ⇨ EU5
	LIQUID FUEL STOVE.....06	06 ⇨ EU4
	MANUFACTURED SOLID FUEL STOVE07	
	TRADITIONAL SOLID FUEL STOVE.....08	
	THREE STONE STOVE / OPEN FIRE09	09 ⇨ EU4
	OTHER (<i>specify</i>) _____ 96	96 ⇨ EU4
	NO FOOD COOKED IN HOUSEHOLD97	97 ⇨ EU6
EU2. Does it have a chimney?	YES..... 1	
	NO.....2	
	DK..... 8	
EU3. Does it have a fan?	YES..... 1	
	NO.....2	
	DK..... 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN03	
	COAL / LIGNITE.....04	
	CHARCOAL05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST11	
OTHER (<i>specify</i>) _____ 96		
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM 1	
	IN A SEPARATE ROOM2	
	IN A SEPARATE BUILDING.....3	
	OUTDOORS OPEN AIR4	
	ON VERANDA OR COVERED PORCH5	
	OTHER (<i>specify</i>) _____ 6	

<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING01</p> <p>MANUFACTURED SPACE HEATER02</p> <p>TRADITIONAL SPACE HEATER03</p> <p>MANUFACTURED COOKSTOVE.....04</p> <p>TRADITIONAL COOKSTOVE.....05</p> <p>THREE STONE STOVE / OPEN FIRE06</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD97</p>	<p>01 ⇔ EU8</p> <p>06 ⇔ EU8</p> <p>96 ⇔ EU8</p> <p>97 ⇔ EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES 1</p> <p>NO.....2</p> <p>DK..... 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER.....01</p> <p>ELECTRICITY02</p> <p>PIPED NATURAL GAS03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04</p> <p>BIOGAS05</p> <p>ALCOHOL / ETHANOL06</p> <p>GASOLINE / DIESEL07</p> <p>KEROSENE / PARAFFIN08</p> <p>COAL / LIGNITE.....09</p> <p>CHARCOAL10</p> <p>WOOD.....11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>ANIMAL DUNG / WASTE.....13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....14</p> <p>GARBAGE / PLASTIC.....15</p> <p>SAWDUST16</p> <p>OTHER (<i>specify</i>) 96</p>	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY01 SOLAR LANTERN.....02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04 BIOGAS LAMP05 GASOLINE LAMP06 KEROSENE OR PARAFFIN LAMP07 CHARCOAL08 WOOD.....09 CROP RESIDUE / GRASS / STRAW / SHRUBS..... 10 ANIMAL DUNG / WASTE.....11 OIL LAMP.....12 CANDLE13 OTHER (<i>specify</i>) _____ 96 NO LIGHTING IN HOUSEHOLD97</p>	
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INSECTICIDE TREATED NETS		TN
TN1. Does your household have any mosquito nets?	YES1 NO2	2 ⇒ End
TN2. How many mosquito nets does your household have?	NUMBER OF NETS.....__ __	

	1 ST NET	2 ND NET	3 RD NET
TN3. Ask the respondent to show you all the nets in the household.	OBSERVED1 NOT OBSERVED.....2	OBSERVED1 NOT OBSERVED.....2	OBSERVED1 NOT OBSERVED.....2
TN4. How many months ago did your household get the mosquito net? <i>If less than one month, record '00'.</i>	MONTHS AGO.....__ __ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO__ __ MORE THAN 36 MONTHS AGO.....95 DK / NOT SURE.....98	MONTHS AGO__ __ MORE THAN 36 MONTHS AGO95 DK / NOT SURE.....98
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 INSECTICIDE TREATED NETS (LLIN) BRAND A11 BRAND B12 BRAND C13 OTHER BRAND (specify)16 DK BRAND18 OTHER TYPE (specify)36 DK BRAND/TYPE98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) BRAND A11 BRAND B12 BRAND C13 OTHER BRAND (specify)16 DK BRAND18 OTHER TYPE (specify)36 DK BRAND/TYPE98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) BRAND A11 BRAND B12 BRAND C13 OTHER BRAND (specify)16 DK BRAND18 OTHER TYPE (specify)36 DK BRAND/TYPE98
TN10. Did you get the net through a local name of mass distribution campaign , during an antenatal care visit, or during an immunization visit?	YES, NAME OF CAMPAIGN1 YES, ANC2 YES, IMMUNIZATION3 NO4 DK8	YES, NAME OF CAMPAIGN1 YES, ANC2 YES, IMMUNIZATION3 NO4 DK8	YES, NAME OF CAMPAIGN1 YES, ANC2 YES, IMMUNIZATION3 NO4 DK8
TN11. Check TN10: Is TN10=4 or 8?	YES.....1 NO2 ☹ <i>TN13</i>	YES1 NO2 ☹ <i>TN13</i>	YES1 NO2 ☹ <i>TN13</i>

TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET.....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION06 SCHOOL07 OTHER.....96 DK98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION06 SCHOOL07 OTHER.....96 DK98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION06 SCHOOL07 OTHER.....96 DK98
TN13. Did anyone sleep under this mosquito net last night?	YES.....1 NO2 DK / NOT SURE.....8	YES1 NO2 DK / NOT SURE.....8	YES1 NO2 DK / NOT SURE.....8
TN14. Check TN13: Did anyone sleep under the net (TN13=1)?	YES.....1 NO2 ✨ TN16	YES1 NO2 ✨ TN16	YES1 NO2 ✨ TN16
TN15. Who slept under this mosquito net last night? <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 _____ LINE NUMBER.....__ __ NAME #2 _____ LINE NUMBER.....__ __ NAME #3 _____ LINE NUMBER.....__ __ NAME #4 _____ LINE NUMBER.....__ __	NAME #1 _____ LINE NUMBER.....__ __ NAME #2 _____ LINE NUMBER.....__ __ NAME #3 _____ LINE NUMBER.....__ __ NAME #4 _____ LINE NUMBER.....__ __	NAME #1 _____ LINE NUMBER.....__ __ NAME #2 _____ LINE NUMBER.....__ __ NAME #3 _____ LINE NUMBER.....__ __ NAME #4 _____ LINE NUMBER.....__ __
TN16. Is there another net?	YES.....1 ✨ Next Net NO2 ✨ End	YES1 ✨ Next Net NO2 ✨ End	YES1 ✨ Next Net NO2 ✨ End
			Tick here if additional questionnaire used: <input type="checkbox"/>

WATER AND SANITATION

WS

WS1. What is the main source of drinking water used by members of your household?

If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).

PIPED WATER		
PIPED INTO DWELLING	11	11 ⇨ WS7
PIPED TO YARD / PLOT	12	12 ⇨ WS7
PIPED TO NEIGHBOUR.....	13	13 ⇨ WS3
PUBLIC TAP / STANDPIPE	14	14 ⇨ WS3
TUBE WELL / BOREHOLE.....	21	21 ⇨ WS3
 DUG WELL		
PROTECTED WELL.....	31	31 ⇨ WS3
UNPROTECTED WELL.....	32	32 ⇨ WS3
SPRING		
PROTECTED SPRING	41	41 ⇨ WS3
UNPROTECTED SPRING.....	42	42 ⇨ WS3
RAINWATER.....	51	51 ⇨ WS3
TANKER-TRUCK.....	61	61 ⇨ WS4
CART WITH SMALL TANK	71	71 ⇨ WS4
WATER KIOSK	72	72 ⇨ WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	81 ⇨ WS3
 PACKAGED WATER		
BOTTLED WATER	91	
SACHET WATER	92	
OTHER (<i>specify</i>)	96	96 ⇨ WS3

WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

If unclear, probe to identify the place from which members of this household most often collect water for other purposes.

PIPED WATER		
PIPED INTO DWELLING	11	11 ⇨ WS7
PIPED TO YARD / PLOT	12	12 ⇨ WS7
PIPED TO NEIGHBOUR.....	13	
PUBLIC TAP / STANDPIPE	14	
TUBE WELL / BOREHOLE.....	21	
 DUG WELL		
PROTECTED WELL.....	31	
UNPROTECTED WELL.....	32	
SPRING		
PROTECTED SPRING	41	
UNPROTECTED SPRING.....	42	
RAINWATER.....	51	
TANKER-TRUCK.....	61	61 ⇨ WS4
CART WITH SMALL TANK	71	71 ⇨ WS4
WATER KIOSK	72	72 ⇨ WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	
OTHER (<i>specify</i>)	96	

WS3. Where is that water source located?	IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3	1 ⇨ WS7 2 ⇨ WS7
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT 000 NUMBER OF MINUTES..... _ _ _ DK..... 998	000 ⇨ WS7
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER _ _	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES _ _ DK..... 98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE 1 NO, ALWAYS SUFFICIENT 2 DK..... 8	2 ⇨ WS9 8 ⇨ WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE ... 1 WATER TOO EXPENSIVE 2 SOURCE NOT ACCESSIBLE..... 3 OTHER (<i>specify</i>) 6 DK..... 8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES 1 NO..... 2 DK..... 8	2 ⇨ WS11 8 ⇨ WS11

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOIL A</p> <p>ADD BLEACH / CHLORINE..... B</p> <p>STRAIN IT THROUGH A CLOTH..... C</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D</p> <p>SOLAR DISINFECTION E</p> <p>LET IT STAND AND SETTLE F</p> <p>OTHER (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>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 OPEN DRAIN..... 14</p> <p>FLUSH TO DK WHERE..... 18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE..... 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT 23</p> <p>COMPOSTING TOILET..... 31</p> <p>BUCKET..... 41</p> <p>HANGING TOILET / HANGING LATRINE 51</p> <p>NO FACILITY / BUSH / FIELD 95</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇨ WS14</p> <p>14 ⇨ WS14</p> <p>18 ⇨ WS14</p> <p>41 ⇨ WS14</p> <p>51 ⇨ WS14</p> <p>95 ⇨ End</p> <p>96 ⇨ WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED</p> <p>WITHIN THE LAST 5 YEARS 1</p> <p>MORE THAN 5 YEARS AGO 2</p> <p>DON'T KNOW WHEN 3</p> <p>NO, NEVER EMPTIED 4</p> <p>DK..... 8</p>	<p>4 ⇨ WS14</p> <p>8 ⇨ WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK..... 8</p>	

WS14. Where is this toilet facility located?	IN OWN DWELLING..... 1 IN OWN YARD / PLOT 2 ELSEWHERE..... 3	
WS15. Do you share this facility with others who are not members of your household?	YES 1 NO..... 2	2 ⇒ End
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1 SHARED WITH GENERAL PUBLIC 2	2 ⇒ End
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)..... <u>0</u> — TEN OR MORE HOUSEHOLDS 10 DK..... 98	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT..... 2</p> <p>MOBILE OBJECT OBSERVED</p> <p>(BUCKET / JUG / KETTLE)..... 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. Is soap or detergent <i>or ash/mud/sand</i> present at the place for handwashing?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT..... 2</p> <p>MOBILE OBJECT</p> <p>(BUCKET / JUG / KETTLE)..... 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT..... 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent <i>or ash/mud/sand</i> in your house for washing hands?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 ⇨ End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇨ End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE).....B</p> <p>ASH / MUD / SAND.....C</p>	

SALT IODISATION

SA

<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE 4 OTHER REASON (specify)_____ 6</p>	<p>2⇒HH13 3⇒HH13 4⇒HH13 6⇒HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED OTHER REASON (specify)_____ 6</p>	

<p>HH13. Record the time.</p>	<p>HOUR AND MINUTES : ..</p>	
<p>HH14. Language of the Questionnaire.</p>	<p>ENGLISH 1 LANGUAGE 2 2 LANGUAGE 3 3</p>	
<p>HH15. Language of the Interview.</p>	<p>ENGLISH 1 LANGUAGE 2 2 LANGUAGE 3 3</p> <p>OTHER LANGUAGE (specify)_____ 6</p>	
<p>HH16. Native language of the Respondent.</p>	<p>ENGLISH 1 LANGUAGE 2 2 LANGUAGE 3 3</p> <p>OTHER LANGUAGE (specify)_____ 6</p>	
<p>HH17. Was a translator used for any parts of this questionnaire?</p>	<p>YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3</p>	
<p>HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:</p>	<p>NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)</p>	<p>0⇒HH29 1⇒HH27</p>

HH19. List each of the children age 5-17 years below in the order they appear in the *LIST OF HOUSEHOLD MEMBERS*. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6
RANK	LINE	NAME	M	F	AGE
1	__ __		1	2	__ __
2	__ __		1	2	__ __
3	__ __		1	2	__ __
4	__ __		1	2	__ __
5	__ __		1	2	__ __
6	__ __		1	2	__ __
7	__ __		1	2	__ __
8	__ __		1	2	__ __

HH25. Check the last digit of the household number (HH2) from the *HOUSEHOLD INFORMATION PANEL*. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER __

HH27. (When HH18=1 or when there is a single child age 5-17 in the household):
Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the *LIST OF HOUSEHOLD MEMBERS*.

LINE NUMBER..... __ __

NAME _____

AGE..... __ __

HH28. Issue a *QUESTIONNAIRE FOR CHILDREN AGE 5-17* to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?	YES, AT LEAST ONE WOMAN AGE 15-49 1 NO..... 2	2⇒HH34
HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 1 NO..... 2	2⇒HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL GIRLS AGE 15-17 2	2⇒HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=1 1 NO, HH8=2..... 2	2⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 1 NO..... 2	2⇒HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO..... 2	2⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2⇒HH40
<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE..... 1 NO..... 2	2⇒HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=1 1 NO, HH9=2..... 2	2⇒HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i>	YES, PERMISSION IS GIVEN1 NO, PERMISSION IS NOT GIVEN.....2	2⇒Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS