

## APPENDIX E 2018-2019 NORTH MACEDONIA MICS AND 2018-2019 NORTH MACEDONIA ROMA SETTLEMENTS MICS QUESTIONNAIRES

The questionnaires of surveys are presented in Appendix E:

- Household questionnaire
- Questionnaire for Individual Women
- Questionnaire for Children Under Five
- Questionnaire Form for Vaccination Records at Health Facility
- Questionnaire for Children Age 5-17

Upon full customization of the English template of the questionnaires to the country context, the questionnaires were translated in Macedonian and Albanian. Data was collected using the Macedonian and Albanian versions.



## HOUSEHOLD QUESTIONNAIRE

2018-2019 Macedonia MICS



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: _____ / _____ / 2 0 1 _____		HH7. Region: VARDAR..... 01 EAST..... 02 SOUTHWEST..... 03 SOUTHEAST..... 04 PELAGONIJA..... 05 POLOG..... 06 NORTHEAST..... 07 SKOPJE..... 08
HH6. Area:	URBAN..... 1 RURAL..... 2	

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.

HH11. Record the time.

HOURS : MINUTES

\_\_\_\_\_ : \_\_\_\_\_

HH12. Hello, my name is (**your name**). I come from the State Statistical Office. In collaboration with UNICEF, 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 20 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

NO / NOT ASKED..... 2

1 ⇒ LIST OF HOUSEHOLD MEMBERS

2 ⇒ HH46

HH46. Result of Household Questionnaire interview:  Discuss any result not completed with Supervisor.	COMPLETED..... 01
	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

CHILDREN UNDER AGE 5

CHILDREN AGE 5-17

To be filled after the Household Questionnaire is completed

TOTAL NUMBER

HH48 \_\_\_\_\_

HH49 \_\_\_\_\_

HH51 \_\_\_\_\_

HH52 \_\_\_\_\_

To be filled after all the questionnaires are completed

COMPLETED NUMBER

HH53 \_\_\_\_\_

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 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?		HL6. How old is (name)?  Record in completed years.  If age is 95 or above, record '95'.	HL8. Record line number if woman and age 15-49.	HL10. Record line number if age 0-4.	HL11. Age 0-17?  1 YES 2 NO $\varnothing$ Next Line	HL12. Is (name)'s natural mother alive?  1 YES 2 NO $\varnothing$ HL16 8 DK $\varnothing$ HL16	HL13. Does (name)'s natural mother live in this household?  1 YES 2 NO $\varnothing$ 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 MUNICIPALITY 3 IN ANOTHER HOUSEHOLD IN ANOTHER MUNICIPALITY 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive?  1 YES 2 NO $\varnothing$ HL20 8 DK $\varnothing$ HL20	HL17. Does (name)'s natural father live in this household?  1 YES 2 NO $\varnothing$ 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 MUNICIPALITY 3 IN ANOTHER HOUSEHOLD IN ANOTHER MUNICIPALITY 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	W 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		0 1	1 2	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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	___	----	__	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: Relationship to head of household:		01 HEAD 02 SPOUSE / PARTNER 03 SON / DAUGHTER 04 SON-IN-LAW / DAUGHTER-IN-LAW					05 GRANDCHILD 06 PARENT 07 PARENT-IN-LAW 08 BROTHER / SISTER				09 BROTHER-IN-LAW / SISTER-IN-LAW 10 UNCLE/AUNT 11 NIECE / NEPHEW 12 OTHER RELATIVE				13 ADOPTED / FOSTER / STEPCHILD 14 SERVANT (LIVE-IN) 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 pre-school education?  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 PRE-SCHOOL ☺ ED7 1 PRIMARY (GRADES 1-5) 2 PRIMARY (GRADES 6-9) 3 OCCUPATIONAL SECONDARY (3 YEARS) 4 SECONDARY (4 YEARS) 5 VOCATIONAL 6 HIGHER 8 DK				ED6. Did ( <i>name</i> ) ever <u>complete</u> that (grade/year)?  98 DK ☺ ED7			ED7. Age 3-24?  1 YES 2 NO ☺ Next Line		ED8. Check ED4: Ever attended school or pre-school education?  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	5	6	8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
11		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
12		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
13		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
14		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2
15		___	1	2	1	2	0	1	2	3	4	5	6	8	___	1	2	8	1	2	1	2

EDUCATION 2													ED						
ED1. Line number	ED2. Name and age.		ED9. At any time during the 2018/19 school year did ( <b>name</b> ) attend school or pre-school education ?		ED10. During 2018/19 school year, which level and grade or year is ( <b>name</b> ) attending?		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>		ED12. In the 2018/19 school year, has ( <b>name</b> ) received any school tuition support?  <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i>		ED13. Who provided the tuition support?  <i>Record all mentioned.</i>		ED14. For the 2018/19 school year, has ( <b>name</b> ) 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 does not include textbooks and that it was not received from family, other relatives, friends or neighbours.</i>		ED15. At any time during the 2017/18 school year did ( <b>name</b> ) attend school or any pre-school?  1 YES 2 NO ☹ 8 DK ☹ <i>Next Line</i> <i>Next Line</i>		ED16. During the 2017/18 school year, which level and grade or year did ( <b>name</b> ) attend?  LEVEL: 0 PRE-SCHOOL ☹ <i>Next Line</i> 1 PRIMARY (GRADES 1-5) 2 PRIMARY (GRADES 6-9) 3 OCCUPATIONAL SECONDARY (3 YEARS) 4 SECONDARY (4 YEARS) 5 VOCATIONAL 6 HIGHER 8 DK 8 DK		
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 5 6 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 5 6 8	___
02		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
03		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
04		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
05		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
06		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
07		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
08		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
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13		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___
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15		___	1	2	0 1 2 3 4 5 6 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 5 6 8	___

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A.</b> What is the religion of ( <i>name of the head of the household from HL2</i> )?	CHRISTIAN ORTHODOX ..... 1 MUSLIM ..... 2 CHRISTIAN CATHOLIC ..... 3  OTHER RELIGION ( <i>specify</i> ) _____ 6  NO RELIGION ..... 7	
<b>HC1B.</b> What is the mother tongue/native language of ( <i>name of the head of the household from HL2</i> )?	MACEDONIAN ..... 01 ALBANIAN ..... 02 TURKISH ..... 03 ROMA ..... 04 VLACH ..... 05 SERBIAN ..... 06 BOSNIAK ..... 07  OTHER LANGUAGE ( <i>specify</i> ) _____ 96	
<b>HC2.</b> To what ethnic group does ( <i>name of the head of the household from HL2</i> ) belong?	MACEDONIAN ..... 01 ALBANIAN ..... 02 TURKISH ..... 03 ROMA ..... 04 VLACH ..... 05 SERBIAN ..... 06 BOSNIAK ..... 07  OTHER ( <i>specify</i> ) _____ 96	
<b>HC3.</b> How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS ..... __ __	
<b>HC4.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>  <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	<b>NATURAL FLOOR</b> EARTH / SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 LAMINATE ..... 36  OTHER ( <i>specify</i> ) _____ 96	

<p><b>HC5. Main material of the roof:</b></p> <p><i>Record observation.</i></p>	<p>NO ROOF..... 11</p> <p><b>NATURAL ROOFING</b></p> <p>THATCH ..... 12</p> <p>SOD ..... 13</p> <p>STONE SLABS / LEAF STONE ..... 14</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p><b>FINISHED ROOFING</b></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>SALONITE / ASBESTOS..... 37</p> <p>OTHER (<i>specify</i>) ..... 96</p>																						
<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>NO WALLS..... 11</p> <p><b>NATURAL WALLS</b></p> <p>CANE / TRUNKS ..... 12</p> <p>DIRT..... 13</p> <p><b>RUDIMENTARY WALLS</b></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><b>FINISHED WALLS</b></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><b>HC7. Does your household have:</b></p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] Dining table with chairs?</p> <p>[D] A sofa?</p> <p>[E] A closet for clothes / wardrobe?</p> <p>[F] Bed for sleeping?</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>DINING TABLE WITH CHAIRS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLOSET / WARDROBE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED FOR SLEEPING.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE .....	1	2	RADIO .....	1	2	DINING TABLE WITH CHAIRS .....	1	2	SOFA.....	1	2	CLOSET / WARDROBE .....	1	2	BED FOR SLEEPING.....	1	2	
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BED FOR SLEEPING.....	1	2																					

<b>HC8.</b> Does your household have electricity?  <i>If 'Yes', ask: Is the electricity provided via an interconnected grid on or is it off-grid?</i>	YES, INTERCONNECTED GRID ..... 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) .....2 NO .....3	3 ⇒HC10																																							
<b>HC9.</b> Does your household have:  [A] A television? [B] A refrigerator? [C] A washing machine? [D] An electrical stove? [E] A water heater? [F] A dishwasher? [G] An air-conditioner? [H] A drying machine / clothes dryer? [I] A vacuum cleaner? [J] An air purifier? [K] A video monitoring system? [L] A jacuzzi tub?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRICAL STOVE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WATER HEATER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISHWASHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR-CONDITIONER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRYING MACHINE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VACUUM CLEANER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR PURIFIER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VIDEO MONITORING SYSTEM.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JACUZZI TUB.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	WASHING MACHINE.....	1	2	ELECTRICAL STOVE.....	1	2	WATER HEATER.....	1	2	DISHWASHER.....	1	2	AIR-CONDITIONER.....	1	2	DRYING MACHINE.....	1	2	VACUUM CLEANER.....	1	2	AIR PURIFIER.....	1	2	VIDEO MONITORING SYSTEM.....	1	2	JACUZZI TUB.....	1	2	
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VIDEO MONITORING SYSTEM.....	1	2																																							
JACUZZI TUB.....	1	2																																							
<b>HC10.</b> Does any member of your household own:  [A] A wristwatch? [B] A bicycle? [C] A motorcycle or scooter? [D] An animal-drawn cart? [E] A car, truck or van? [F] A boat with a motor? [G] Additional dwelling / weekend house or apartment	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WRISTWATCH.....</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 / VAN.....</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> <tr> <td>ADDITIONAL DWELLING / WEEKEND HOUSE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WRISTWATCH.....	1	2	BICYCLE.....	1	2	MOTORCYCLE / SCOOTER.....	1	2	ANIMAL-DRAWN CART.....	1	2	CAR / TRUCK / VAN.....	1	2	BOAT WITH MOTOR.....	1	2	ADDITIONAL DWELLING / WEEKEND HOUSE.....	1	2																
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ADDITIONAL DWELLING / WEEKEND HOUSE.....	1	2																																							
<b>HC11.</b> Does any member of your household have a computer or a tablet?	YES ..... 1 NO .....2																																								
<b>HC12.</b> Does any member of your household have a mobile telephone?	YES ..... 1 NO .....2																																								
<b>HC13.</b> Does your household have access to internet at home?	YES ..... 1 NO .....2																																								



<p><b>HC14.</b> 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', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN ..... 1</p> <p>RENT..... 2</p> <p>OTHER (specify) _____ 6</p>	
<p><b>HC15.</b> 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 ⇒ HC17
<p><b>HC16.</b> What size of agricultural land do members of this household own?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>M2 ..... 1 _____</p> <p>ARES..... 2 _____</p> <p>DECARES..... 3 _____</p> <p>HECTARES ..... 4 _____</p> <p>DK ..... 9999998</p>	
<p><b>HC17.</b> Does this household own any livestock, herds, other farm animals, poultry or beehives?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	2 ⇒ HC19
<p><b>HC18.</b> 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] Turkeys?</p> <p>[I] Beehives?</p> <p>[J] Other poultry?</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>TURKEYS..... ____</p> <p>BEEHIVES..... ____</p> <p>OTHER POULTRY ..... ____</p>	
<p><b>HC19.</b> 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] CHILD ALLOWANCE	[B] SPECIAL ALLOWANCE	[C] SOCIAL FINANCIAL ASSISTANCE	[D] ANY RETIREMENT PENSION	[E] PERMANENT FINANCIAL ASSISTANCE	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
<b>ST2.</b> 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 [E]	YES..... 1 NO..... 2 [X]	YES ( <i>specify</i> ) ..... 1 NO ..... 2 End
<b>ST3.</b> 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 [E] DK..... 8 [E]	YES..... 1 ST4 NO..... 2 [X] DK..... 8 [X]	YES..... 1 ST4 NO ..... 2 End DK ..... 8 End
<b>ST4.</b> 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 [E]  YEARS AGO ..... 2 [E]  DK..... 998 [E]	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
<b>EU1.</b> In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE ..... 01	01 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03	03 ⇒EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇒EU5
	BIOGAS STOVE ..... 05	05 ⇒EU5
	LIQUID FUEL STOVE..... 06	06 ⇒EU4
	MANUFACTURED SOLID FUEL STOVE..... 07	
	TRADITIONAL SOLID FUEL STOVE..... 08	
	THREE STONE STOVE / OPEN FIRE..... 09	09 ⇒EU4
	OTHER ( <i>specify</i> ) _____ 96	96 ⇒EU4
NO FOOD COOKED IN HOUSEHOLD ..... 97	97 ⇒EU6	
<b>EU2.</b> Does it have a chimney?	YES..... 1	
	NO..... 2	
	DK..... 8	
<b>EU3.</b> Does it have a fan?	YES..... 1	
	NO..... 2	
	DK..... 8	
<b>EU4.</b> 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 / ETHANOL ..... 01	
	GASOLINE / DIESEL..... 02	
	KEROSENE / PARAFFIN ..... 03	
	COAL / LIGNITE..... 04	
	CHARCOAL ..... 05	
	WOOD..... 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS ..... 07	
	ANIMAL DUNG / WASTE ..... 08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS..... 09	
	GARBAGE / PLASTIC / TYRES ..... 10	
	SAWDUST ..... 11	
	OTHER ( <i>specify</i> ) _____ 96	
<b>EU5.</b> 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 ROOM ..... 2	
	IN A SEPARATE BUILDING..... 3	
	OUTDOORS OPEN AIR ..... 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER ( <i>specify</i> ) _____ 6	

<p><b>EU6.</b> What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING ..... 01</p> <p>MANUFACTURED SPACE HEATER ..... 02</p> <p>TRADITIONAL SPACE HEATER ..... 03</p> <p>MANUFACTURED COOKSTOVE ..... 04</p> <p>TRADITIONAL COOKSTOVE ..... 05</p> <p>THREE STONE STOVE / OPEN FIRE..... 06</p> <p>AIR CONDITIONER/ INVERTER..... 07</p> <p>THERMOSTATIC STORAGE HEATER..... 08</p> <p>ELECTRIC PANELS ..... 09</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>NO SPACE HEATING IN THE HOUSEHOLD .... 97</p>	<p>01 ⇒EU8</p> <p>06 ⇒EU8</p> <p>07 ⇒EU8</p> <p>08 ⇒EU8</p> <p>09 ⇒EU8</p> <p>96 ⇒EU8</p> <p>97 ⇒EU9</p>
<p><b>EU7.</b> Does it have a chimney?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p><b>EU8.</b> 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>ELECTRICITY ..... 02</p> <p>PIPED NATURAL GAS ..... 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS ..... 04</p> <p>BIOGAS ..... 05</p> <p>ALCOHOL / ETHANOL ..... 06</p> <p>GASOLINE / DIESEL..... 07</p> <p>KEROSENE / PARAFFIN ..... 08</p> <p>COAL / LIGNITE..... 09</p> <p>CHARCOAL ..... 10</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 / TYRES ..... 15</p> <p>SAWDUST ..... 16</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p>DK_____ 98</p>	

<b>EU9.</b> At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY .....	01
	SOLAR LANTERN.....	02
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....	03
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....	04
	BIOGAS LAMP .....	05
	GASOLINE LAMP .....	06
	KEROSENE OR PARAFFIN LAMP.....	07
	CHARCOAL .....	08
	WOOD.....	09
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....	10
	ANIMAL DUNG / WASTE .....	11
	OIL LAMP.....	12
	CANDLE .....	13
	OTHER ( <i>specify</i> ) .....	96
NO LIGHTING IN HOUSEHOLD .....	97	

**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).*

<b>PIPED WATER</b>		
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
<b>DUG WELL</b>		
PROTECTED WELL.....	31	31 ⇒WS3
UNPROTECTED WELL.....	32	32 ⇒WS3
<b>SPRING</b>		
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
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) .....	81	81 ⇒WS3
<b>PACKAGED WATER</b>		
BOTTLED WATER .....	91	
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.*

<b>PIPED WATER</b>		
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	
<b>DUG WELL</b>		
PROTECTED WELL.....	31	
UNPROTECTED WELL.....	32	
<b>SPRING</b>		
PROTECTED SPRING.....	41	
UNPROTECTED SPRING.....	42	
RAINWATER.....	51	
TANKER-TRUCK.....	61	61 ⇒WS4
CART WITH SMALL TANK .....	71	71 ⇒WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) .....	81	
OTHER ( <i>specify</i> ).....	96	

<b>WS3.</b> Where is that water source located?	IN OWN DWELLING.....1 IN OWN YARD / PLOT .....2 ELSEWHERE.....3	1 ⇒WS7 2 ⇒WS7
<b>WS4.</b> 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
<b>WS5.</b> 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 ..... ___ ___	
<b>WS6.</b> Since last ( <i>day of the week</i> ), how many times has this person collected water?	NUMBER OF TIMES ..... ___ ___  DK.....98	
<b>WS7.</b> 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 ⇒WS10A1 8 ⇒WS10A1
<b>WS8.</b> 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	
<b>WS10A1.</b> Where do you or other members of your household most often wash your hands?	FIXED FACILITY (SINK / TAP) IN DWELLING ..... 1 IN YARD / PLOT ..... 2  MOBILE OBJECT (BUCKET / JUG / KETTLE)..... 3  NO HANDWASHING PLACE IN DWELLING / YARD / PLOT ..... 4  OTHER ( <i>specify</i> ) ..... 6	
<b>WS10A2.</b> Do you have any soap or detergent in your house for washing hands?  <i>If “yes”, probe: Do you have soap, detergent or both for handwashing?</i>	YES, BAR OR LIQUID SOAP..... 1 DETERGENT (POWDER / LIQUID / PASTE).. 2 BOTH TYPES..... 3  NO..... 4	

<p><b>WS11.</b> 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><b>FLUSH / POUR FLUSH</b></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><b>PIT LATRINE</b></p> <p>VENTILATED IMPROVED PIT</p> <p>LATRINE .....21</p> <p>PIT LATRINE WITH SLAB .....22</p> <p>PIT LATRINE WITHOUT SLAB /</p> <p>OPEN PIT .....23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET .....41</p> <p>HANGING TOILET /</p> <p>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><b>WS12.</b> 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><b>WS13.</b> 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><b>REMOVED BY SERVICE PROVIDER</b></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><b>EMPTIED BY HOUSEHOLD</b></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>	
<p><b>WS14.</b> Where is this toilet facility located?</p>	<p>IN OWN DWELLING.....1</p> <p>IN OWN YARD / PLOT .....2</p> <p>ELSEWHERE.....3</p>	
<p><b>WS15.</b> Do you share this facility with others who are not members of your household?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>2 ⇒End</p>
<p><b>WS16.</b> Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1</p> <p>SHARED WITH GENERAL PUBLIC.....2</p>	



<b>HH13.</b> Record the time.	HOUR AND MINUTES ..... __ : __			
<b>HH14.</b> Language of the Questionnaire.	MACEDONIAN .....2 ALBANIAN .....3			
<b>HH15.</b> Language of the Interview.	MACEDONIAN .....2 ALBANIAN .....3  OTHER LANGUAGE (specify) ..... 6			
<b>HH16.</b> Native language of the Respondent.	MACEDONIAN .....02 ALBANIAN .....03 TURKISH.....04 ROMA .....05 VLACH .....06 SERBIAN .....07 BOSNIAK .....08  OTHER LANGUAGE (specify) ..... 96			
<b>HH17.</b> Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE ..... 1 YES, PART OF QUESTIONNAIRE .....2 NO, NOT USED.....3			
<b>HH18.</b> Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN .....0  1 CHILD .....1  2 OR MORE CHILDREN (NUMBER)..... __	0 ⇒HH29  1 ⇒HH27		
<b>HH19.</b> 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.				
<b>HH20.</b> Rank number	<b>HH21.</b> Line number from HL1	<b>HH22.</b> Name from HL2	<b>HH23.</b> Sex from HL4	<b>HH24.</b> 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 ⇒HH40

**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 ⇒HH40

**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 ⇒HH40

**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.

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.

May we interview (*name(s) of female member(s) age 15-17*) later?

- 'Yes' for all girls age 15-17 ⇒ Continue with HH40.
- '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 HH40.
- '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 HH40.

<b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE.....1	2 ⇒ HH45
	NO .....2	

**HH41.** Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

**HH45.** Now return to the HOUSEHOLD INFORMATION PANEL and,

- 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.

If there is no individual 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.

**INTERVIEWER'S OBSERVATIONS**

**SUPERVISOR'S OBSERVATIONS**