

Appendix H. Questionnaires

MALAWI GOVERNMENT
NATIONAL STATISTICAL OFFICE

HOUSEHOLD QUESTIONNAIRE
MALAWI MDG ENDLINE SURVEY 2013/14

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. DISTRICT NAME AND NUMBER: Name _____																
HH6. AREA: Urban 1 Rural 2																	
HH8. Is the household selected for Questionnaire for Men? Yes 1 No 2																	
<p>MY NAME IS _____. 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. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>																	
HH9. Result of household interview: <table style="width:100%; border: none;"> <tr><td>Completed.....</td><td style="text-align: right;">01</td></tr> <tr><td>No household member or no competent respondent at home at time of visit</td><td style="text-align: right;">02</td></tr> <tr><td>Entire household absent for extended period of time</td><td style="text-align: right;">03</td></tr> <tr><td>Refused.....</td><td style="text-align: right;">04</td></tr> <tr><td>Dwelling vacant / Address not a dwelling</td><td style="text-align: right;">05</td></tr> <tr><td>Dwelling destroyed.....</td><td style="text-align: right;">06</td></tr> <tr><td>Dwelling not found</td><td style="text-align: right;">07</td></tr> <tr><td>Other (specify).....</td><td style="text-align: right;">96</td></tr> </table>		Completed.....	01	No household member or no competent respondent at home at time of visit	02	Entire household absent for extended period of time	03	Refused.....	04	Dwelling vacant / Address not a dwelling	05	Dwelling destroyed.....	06	Dwelling not found	07	Other (specify).....	96
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Refused.....	04																
Dwelling vacant / Address not a dwelling	05																
Dwelling destroyed.....	06																
Dwelling not found	07																
Other (specify).....	96																

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

HH10. Respondent to Household Questionnaire:
Name _____

HH11. Total number of household members: _____

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

If the household is selected for Questionnaire for Men:

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

HH14. Number of children under age 5: _____

ENGLISH

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

HH13. Number of women's questionnaires completed: _____

If the household is selected for Questionnaire for Men:

HH13B. Number of men's questionnaires completed: _____

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

HH16. Field editor's name and number:

Name _____

HH17. Main data entry clerk's name and number:

Name _____

HH18. Record the start time.

Hour _____

Minutes _____

LIST OF HOUSEHOLD MEMBERS

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 List of Household Members have been used.

								For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years						For children age 0-14							
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?							
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother
01		01	1	2	___	___	___	1	2	01	01	01	1	2	8	___	1	2	8	___	1	2	8	___
02		___	1	2	___	___	___	1	2	02	02	02	1	2	8	___	1	2	8	___	1	2	8	___
03		___	1	2	___	___	___	1	2	03	03	03	1	2	8	___	1	2	8	___	1	2	8	___
04		___	1	2	___	___	___	1	2	04	04	04	1	2	8	___	1	2	8	___	1	2	8	___
05		___	1	2	___	___	___	1	2	05	05	05	1	2	8	___	1	2	8	___	1	2	8	___
06		___	1	2	___	___	___	1	2	06	06	06	1	2	8	___	1	2	8	___	1	2	8	___
07		___	1	2	___	___	___	1	2	07	07	07	1	2	8	___	1	2	8	___	1	2	8	___
08		___	1	2	___	___	___	1	2	08	08	08	1	2	8	___	1	2	8	___	1	2	8	___
09		___	1	2	___	___	___	1	2	09	09	09	1	2	8	___	1	2	8	___	1	2	8	___
10		___	1	2	___	___	___	1	2	10	10	10	1	2	8	___	1	2	8	___	1	2	8	___
11		___	1	2	___	___	___	1	2	11	11	11	1	2	8	___	1	2	8	___	1	2	8	___

							For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years						For children age 0-14								
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7.	HL7A.	HL7B.	HL11.	HL12.	HL12A.	HL13.	HL14.	HL14A.	HL15.							
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	1 Yes 2 No	Circle line no. if woman age 15-49	Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	Circle line no. if age 0-4	1 Yes 2 No 8 DK HL13 HL13	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No 8 DK HL15 HL15	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?							
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother
12		___	1	2	___	___	___	1	2	12	12	12	1	2	8	___	1	2	8	___	1	2	8	___
13		___	1	2	___	___	___	1	2	13	13	13	1	2	8	___	1	2	8	___	1	2	8	___
14		___	1	2	___	___	___	1	2	14	14	14	1	2	8	___	1	2	8	___	1	2	8	___
15		___	1	2	___	___	___	1	2	15	15	15	1	2	8	___	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	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION **ED**

			<i>For household members age 5 and above</i>				<i>For household members age 5-24 years</i>								
ED1. <i>Line number</i>	ED2. <i>Name and age</i>		ED3. <i>HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?</i>	ED4A. <i>WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?</i>	ED4B. <i>WHAT IS THE HIGHEST CLASS/FORM/ YEAR (name) COMPLETED AT THIS LEVEL?</i>	ED5. <i>DURING THE 2013-2014 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?</i>		ED6. <i>DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM/YEAR IS/WAS (name) ATTENDING?</i>		ED7. <i>DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?</i>			ED8. <i>DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/FORM/YEAR DID (name) ATTEND?</i>		
	<i>Copy all names and ages from HL2 and HL6</i>					<i>1 Yes</i> <i>2 No ↘</i> <i>Next Line</i>	<i>Level:</i> <i>0 Preschool</i> <i>1 Primary</i> <i>2 Secondary</i> <i>3 Higher</i> <i>8 DK</i> <i>If level=0,</i> <i>skip to ED5</i>	<i>Class:</i> <i>98 DK</i> <i>If class/form/</i> <i>year 1 is not</i> <i>completed at</i> <i>this level, enter</i> <i>"00".</i>	<i>1 Yes</i> <i>2 No ↘</i> <i>ED7</i>	<i>Level:</i> <i>0 Preschool</i> <i>1 Primary</i> <i>2 Secondary</i> <i>3 Higher</i> <i>8 DK</i> <i>If level=0,</i> <i>skip to ED7</i>	<i>Class:</i> <i>98 DK</i>	<i>1 Yes</i> <i>2 No ↘</i> <i>Next Line</i> <i>8 DK ↘</i> <i>Next Line</i>	<i>Level:</i> <i>0 Preschool</i> <i>1 Primary</i> <i>2 Secondary</i> <i>3 Higher</i> <i>8 DK</i> <i>If level=0, go</i> <i>to next line</i>	<i>Class:</i> <i>98 DK</i>	
<i>Line</i>	<i>Name</i>	<i>Age</i>	<i>Yes</i> <i>No</i>	<i>Level</i>	<i>Class</i>	<i>Yes</i> <i>No</i>	<i>Level</i>	<i>Class</i>	<i>Yes</i> <i>No</i> <i>DK</i>	<i>Level</i>	<i>Class</i>				
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	___				
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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	__ __
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SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number —

SL2. Check the number of children age 1-17 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
- Two or more ⇒ Continue with SL2A

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	— —

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 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 circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	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

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number —
 Line number — —
 Name _____
 Age — —

CHILD LABOUR

CL

CL1. Check selected child's age from SL9:

1-4 years ⇒ Go to Next Module

5-17 years ⇒ Continue with CL2

CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

	Yes	No
[A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	1	2
[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	1	2
[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	1	2
[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	1	2

CL3. Check CL2, A to D

There is at least one 'Yes' ⇒ continue with CL4

All answers are 'No' ⇒ Go to CL8

CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

If less than one hour, record "00"

Number of hours__ __

CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Yes.....1
No2

1⇒ CL8

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?

Yes.....1
No2

1⇒ CL8

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>																									
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours.....__ __</p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td>1</td> <td>2</td> </tr> <tr> <td>Repair household equipment</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cooking / cleaning utensils /house</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing clothes</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for children</td> <td>1</td> <td>2</td> </tr> <tr> <td>Caring for old / sick</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other household tasks</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
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Caring for old / sick	1	2																								
Other household tasks	1	2																								
<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>																										
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours__ __</p>																									

CHILD DISCIPLINE

CD

CD1. Check selected child's age from SL9:

- 1-14 years ⇒ Continue with CD2
- 15-17 years ⇒ Go to Next Module

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

Line number ____
 Name

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.

Yes No

- | | | |
|---|---|---|
| [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. | Took away privileges..... 1 | 2 |
| [A1]FORBADE (name) A MEAL. | Skipped a meal..... 1 | 2 |
| [B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG. | Explained wrong behaviour..... 1 | 2 |
| [C] SHOOK HIM/HER. | Shook him/her 1 | 2 |
| [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. | Shouted, yelled, screamed 1 | 2 |
| [E] GAVE HIM/HER SOMETHING ELSE TO DO. | Gave something else to do 1 | 2 |
| [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. | Spanked, hit, slapped on bottom with bare hand 1 | 2 |
| [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. | Hit with belt, hairbrush, stick, or other hard object 1 | 2 |
| [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. | Called dumb, lazy, or another name 1 | 2 |
| [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. | Hit / slapped on the face, head or ears 1 | 2 |
| [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. | Hit / slapped on hand, arm or leg 1 | 2 |
| [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD | Beat up, hit over and over as hard as one could 1 | 2 |

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

Yes 1
 No..... 2
 DK / No opinion 8

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic.....01 CCAP.....02 Anglican.....03 Seventh Day Adventist.....04 Other Christian.....05 Muslim.....06 No Religion.....07 Other religion (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Chewa.....01 Tumbuka.....02 Lomwe.....03 Tonga.....04 Yao.....05 Sena.....06 Nkhonde.....07 Ngoni.....08 Other ethnic group (<i>specify</i>) _____ 96	
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 Rudimentary roofing Palm / Bamboo.....22 Wood planks.....23 Cardboard.....24 Finished roofing Metal / Tin / Iron sheets.....31 Wood.....32 Ceramic tiles.....34 Cement.....35 Other (<i>specify</i>) _____ 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks12</p> <p>Dirt13</p> <p>Rudimentary walls</p> <p>Bamboo with mud21</p> <p>Stone with mud22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard25</p> <p>Reused wood26</p> <p>Unburnt bricks27</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks (burnt)33</p> <p>Cement blocks34</p> <p>Covered adobe35</p> <p>Wood planks / shingles36</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG) / gas cylinder02</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung10</p> <p>Agricultural crop residue11</p> <p>No food cooked in household95</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 kitchen1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors4</p> <p>Other (<i>specify</i>) 6</p>	

<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[A1] SOLAR PANEL?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] PARAFFIN LAMP?</p> <p>[G] A BED WITH MATTRESS?</p> <p>[H] A TABLE AND CHAIR(S)?</p> <p>[I] KOLOBOYI?</p> <p>[J] TORCH/BATTERY LAMP?</p> <p>[K] COMPUTER/LAPTOP?</p>	<p style="text-align: right;">Yes No</p> <p>Electricity1 2</p> <p>Solar panel1 2</p> <p>Radio1 2</p> <p>Television1 2</p> <p>Non-mobile telephone1 2</p> <p>Refrigerator.....1 2</p> <p>Paraffin Lamp1 2</p> <p>A bed with mattress1 2</p> <p>A table and chair(s)1 2</p> <p>Koloboyi1 2</p> <p>Torch/Battery Lamp1 2</p> <p>Computer/Laptop.....1 2</p>	
<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> <p>[H] A CANOE/BOAT WITHOUT A MOTOR?</p> <p>[I] A FISHING NET?</p>	<p style="text-align: right;">Yes No</p> <p>Watch1 2</p> <p>Mobile telephone1 2</p> <p>Bicycle1 2</p> <p>Motorcycle / Scooter1 2</p> <p>Animal- drawn cart.....1 2</p> <p>Car / Truck1 2</p> <p>Boat with motor.....1 2</p> <p>Canoe/Boat without a motor1 2</p> <p>Fishing net1 2</p>	
<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>Own1</p> <p>Rent2</p> <p>Other (<i>specify</i>)6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒HC13</p>

<p>HC12. HOW MUCH AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>Record in units respondent uses</i></p> <p><i>If 95 or more, circle '995'.</i></p> <p><i>If unknown, circle '998'.</i></p>	<p>Acres1 ____ . ____</p> <p>Hectares2 ____ . ____</p> <p>Football pitches3 ____ . ____</p> <p>95 or more Acres/Hectares/Football Pitches995</p> <p>DK.....998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒HC15</p>
<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] CHICKEN?</p> <p>[F] PIGS?</p> <p>[G] OTHER POULTRY (DUCKS, GUINEA FOWL)</p> <p><i>If none, record '00'. 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>Chicken ____ ____</p> <p>Pigs ____ ____</p> <p>Other poultry (Ducks, Guinea fowl) .. ____ ____</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 st Net	2 nd Net	3 rd 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>Long-lasting net</i> Duranet (green, square) Olyset (light blue square) Lifenet (white, square) Permanet (green square) <i>Other nets:</i> Safi net (dark blue, conical) If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98	Long-lasting treated nets Duranet 11 Olyset 12 Lifenet 13 Permanet 14 Other (specify) 16 DK brand 18 Re-treatable nets Specify 26 DK brand 28 Other net Safi 31 Other (specify) 36 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	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"/> Re-treatable (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ 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?</p> <p><i>If less than one month, record "00"</i></p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago ... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago ... 95</p> <p>DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00"</i></p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>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		IF
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes..... 1	2⇒Next
	No..... 2	
	DK..... 8	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 (specify) _____ X	
	DK..... Z	

WATER AND SANITATION		WS
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 neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Bottled water.....91 Other (<i>specify</i>) 96	
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 neighbour13 Public tap / standpipe14 Tube Well, Borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank / drum71 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 THE MAIN SOURCE OF DRINKING WATER LOCATED?	In own dwelling1 In own yard / plot2 Elsewhere3	1⇒WS6 2⇒WS6
WS3A HOW FAR IS THE MAIN SOURCE OF DRINKING WATER: LESS THAN 200M, BETWEEN 200M AND 500M OR OVER 500M?	Less than 200m1 Between 200 and 500 m.....2 Over 500m.....3	
WS4. HOW LONG DOES IT TAKE TO GO TO THE MAIN SOURCE OF DRINKING WATER, GET WATER, AND COME BACK?	Total Number of minutes__ __ __ DK.....998	
WS4A. HOW MUCH OF THIS TIME IS SPENT WAITING AT THE SOURCE (IN QUEUE)?	No waiting time000 Waiting time in minutes__ __ __ DK.....998	

<p>WS5. WHO USUALLY GOES TO THE MAIN SOURCE OF DRINKING WATER 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 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes.....1 No2 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 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 not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place / Not sure / DK where15 Pit latrine Ventilated Improved Pit latrine (VIP)21 Pit latrine with concrete slab.....22 Pit latrine with solid slab made from mud/rock/wood etc24 Pit latrine without slab / Open pit.....23 Composting toilet.....31 Bucket.....41 Hanging toilet, Hanging latrine51 No facility, Bush, Field95 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 No2</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 facility2</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 ___ Ten or more households.....10 DK.....98</p>	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> 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 (specify) _____ 6</p>	<p>2 ⇒HW4</p> <p>3 ⇒HW4</p> <p>6 ⇒HW4</p>
<p>HW1A <i>Record the place where members most often wash their hands</i></p>	<p>Tap..... 1</p> <p>Container with tap..... 2</p> <p>Home-made hand washing facility..... 3</p> <p>Other (specify) _____ 6</p>	
<p>HW1B <i>Where is the location?</i></p>	<p>Kitchen 1</p> <p>Toilet 2</p> <p>Other 6</p>	
<p>HW2. <i>Observe presence of water at the 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>HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p>	<p>Yes, present..... 1</p> <p>No, not present 2</p>	<p>2⇒HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>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 / SandD</p>	<p>A⇒ HW6</p> <p>B⇒ HW6</p> <p>C⇒HW6</p> <p>D⇒HW6</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ HW6</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown 1</p> <p>No, not shown 2</p>	<p>2⇒HW6</p>

<p>HW5B. Record your observation.</p> <p><i>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>HW6. WHEN DO MEMBERS OF YOUR HOUSEHOLD USUALLY WASH THEIR HANDS?</p> <p><i>Check each activity provided but do not prompt answer.</i></p>	<p>When coming home A</p> <p>After eating..... B</p> <p>Before eating..... C</p> <p>After visiting the latrine/toilet D</p> <p>Before preparing food E</p> <p>After cleaning baby's bottom F</p> <p>Before feeding a baby..... G</p> <p>Whenever they are dirty..... H</p> <p>Other (<i>specify</i>) _____ X</p> <p>Do not usually wash hands Z</p>	

HH19. Record the finish time.	Hour and minutes :	
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SALT IODIZATION		SI
<p>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 <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify _____) 5</p>	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)</p> <p>Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:</p> <p><input type="checkbox"/> A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the List of Household Members (HL7A)</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)</p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A) and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations