



HOUSEHOLD QUESTIONNAIRE Malawi Multiple Indicator Cluster Survey (MICS) 2019-20

HOUSEHOLD INFORMATION PAN	IEL			НН			
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	HH7. Districts: CHITIPAKARONGA						
HH6. Area:	NKHATA BAYRUMPHI		103				
HH8. Is the household selected for Questionnaire for Men?	YES1 NO2	MZIMBA LIKOMA MZUZU CITY KASUNGU		106 107 201			
		NKHOTAKOTA NTCHISI DOWA SALIMA		203 204			
		LILONGWE RURAL MCHINJI DEDZA					
		NTCHEU LILONGWE CITY MANGOCHI MACHINGA ZOMBA RURAL CHIRADZULU BLANTYRE RURAL MWANZA THYOLO MULANJE PHALOMBE CHIKWAWA NSANJE BALAKA					
		NENO ZOMBA CITY BLANTYRE CITY	314				
HH9. Is the household selected for Water Quality Testing?	YES1 NO2	HH10. Is the household selected for blank water testing?		S1)2			
Check that the respondent is a know				HH11. Record the time.			
old before proceeding. You may one of the household or all adult members age 15.				HOURS : MINUTES			
HH12. Hello, my name is (<i>your nam</i> situation of children, families and ho about 40 minutes. Following this, I m household. All the information we ob question or stop the interview, pleas	useholds. I would like nay ask to conduct ac otain will remain strict	e to talk to you about these subjectional interviews with you or cly confidential and anonymous.	ects. This	interview usually takes vidual members of your			
YESNO / NOT ASKED			1 <i>⇒LIST</i> <i>MEMB</i> 2 <i>⇒HH46</i>				

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

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

To be filled after the Household Questionnaire is completed					
TOTAL NUMBER					
HH48					
HH49					
НН50					
HH51					
НН52					

To be filled after <u>all</u> the questionnaires are completed							
COMPLETED NUMBER							
HH53							
НН54							
HH55							
НН56	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 first, please tell me the name of each person who usually er lives here, starting with the head of the household. HL3. What is the relationship of (name) to (name) to (name) to (name) father head of household. HL4. Is (name) what is male or of (name) to (name) to (name) to (name)? Record in mother head of household. HL5. What is the relationship of (name) to (name) to (name) to (name) to (name)? Record in mother head of household. HL5. What is the relationship of (name) to (name) to (name) to (name) to (name)? Record in mother head of household. HL6. HL7. Did (name) Record d line of line numb er if night? Record in mother alive? Record in mother alive? I MALE I ML6. HL7. Did (name) to	father live? blank, ask: 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME DISTRICT 3 IN ANOTHER HOUSEHOLD IN ANOTHER DISTRICT 1 ABROAD Who is the primary caretaker of (name)? If 'No one' for a child age 15-17,
Probe for additional household members. 98 DK 9998 DK	4 INSTITUTION IN THIS COUNTRY 8 DK
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 3 4 8
03 1 2 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 1 2 04 04 04 1 2 1 2 8 1 2 12 3 4 8 1 2 8 1 2	1 2 3 4 8
<u></u>	1 2 3 4 8
06 1 2 06 06 06 06 06 06 06 1 2 1 2 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 5 6 6 6 7 8 8 9 9 1 2 1 2 2 3 4 4 4 4 5 6 6 6 7 8 1 2 1 2 1 2 2 2 2 3 4	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
<u>08</u> 1 2 <u> 1 2 1 2 08 08 08 1 2 1 2 8 1 2 12 3 4 8 1 2 8 1 2</u>	1 2 3 4 8
<u>09</u> 1 2 <u></u> 1 2 <u></u> 1 2 <u>09</u> 09 09 1 2 1 2 8 1 2 <u></u> 1 2 3 4 8 1 2 8 1 2 <u></u>	1 2 3 4 8
<u> </u>	1 2 3 4 8
<u> </u>	1 2 3 4 8
<u> </u>	1 2 3 4 8
<u> </u>	1 2 3 4 8
<u> 1 2 1 2 1 2 14 14 14 1 2 1 2 8 1 2 1 2 3 4 8 1 2 8 1 2</u>	1 2 3 4 8
15 1 2 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 0 PROTUED IN LAW (SISTED IN	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

ED	OUCATION 1																				ED
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of ti	ED3. Age 3 or above? I Age 3 or above? I Age 3 or above? I YES ED4. Has (name) ever attended school or any Early Childhood ED5. What is the highest level and grade or year of school (name) has ever attended?				CLASS/GRADE/YEAR: 98 DK ☆	ED6. Did (name) ever complete that (grade/ year)? 1 YES 2 NO 8 DK		ED7. Age 3-24? 1 YES 2 NO ⅓ Next Line		ED8. Check ED4: Ever attended school or										
LINE	NAME	AGE		NO	YES	NO		8 DK	1		EVEL	_		CLASS/GRADE/YEAR	Υ	N	DK	YES	NO	YES	NO
01			1	2	1	2	0	1	2	3	4	5 5	8		1	2	8	1	2	1	2
02			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
03			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
05			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
06			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
07			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
08			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
09			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
10			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
11			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
12			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
13			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
14 15			1	2	1	2	0	1	2	3	4	5	8		1	2	8	1	2	1	2
15			1	2	1	2	0	1	2	3	4	5	В		Т	2	8	1	2	1	2

EDUCATI	EDUCATION 2 ED											
ED1.	ED2.		ED9.	ED10.		ED11.	ED12.	ED13.	ED14.	ED15.	ED16.	
Line	Name and	d age.	At any time	During this 2019/2020 sch	nool year,	Is (he/she)	In the	Who provided	For the 2019/2020	At any time	During previous 2018/2019	
number			during the	which level and grade or y	ear is	attending a	2019/2020	the tuition	school year, has	during the	school year, which	n level and
			2019/2020	(name) attending?		public school?	school year,	support?	(<i>name</i>) received	previous	grade or year did	(name)
			school year did				has (<i>name</i>)		any material	2018/2019	attend?	
			(<i>name</i>) attend				received any		support or cash to	school year did		
			school or any	·	•	If "Yes", record	school tuition	Record all	buy shoes,	(<i>name</i>) attend		
			Early Childhood		CLASS/	'1'. If "No", probe	support?	mentioned.	exercise books,	school or any	LEVEL:	CLASS/
			Education programme?	0 ECE ☆	YEAR:	to code who controls and		A GOVT. /	notebooks, school uniforms or other	Early Childhood Education	0 ECE か	YEAR:
			programmer	ED15	98 DK	manages the	If "Yes", probe	PUBLIC	school supplies?	programme?	Next Line	98 DK
				1 PRIMARY 2 LOWER		school.	to ensure that	B	scriour supplies:		1 PRIMARY 2 LOWER	
				SECONDARY		1 GOVT./	support was not	RELIGIOUS/			SECONDARY	
				3 UPPER SECONDARY		PUBLIC	received from	FAITH ORG.	If "Yes", probe to		3 UPPER	
				4 HIGHER		2 RELIGIOUS/	family, other	C PRIVATE.	ensure that support	1 YES	SECONDARY	
			1 YES	5 VOCATION		FAITH ORG.	relatives,	X OTHER	was not received	2 NO か	4 HIGHER	
			2 NO か	TRAINING		3 PRIVATE	friends or	Z DK	from family, other	Next Line	5 VOCATION	
			ED15	8 DK		6 OTHER	neighbours.		relatives, friends or	8 DK か	TRAINING	
						8 DK			neighbours.	Next Line	8 DK	
							1 YES		4.7/20			
							2 NO か <i>ED14</i>		1 YES 2 NO			
							8 DK ⅓		8 DK			
							ED14		O DIX			
					CLASS/							CLASS/
LINE	NAME	AGE	YES NO	LEVEL	YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	YEAR
01			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
02			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
03			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
04			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
05			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
06			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
07			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
08			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
09			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
10			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
11			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
12			1 2	0 1 2 3 458		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
13			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
14			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	
15			1 2	0 1 2 3 4 5 8		1 2 3 6 8	1 2 8	ABCXZ	1 2 8	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS		НС
HC1A. What is the religion of (name of the head of the household from HL2)?	CHRISTIANITY 01 ISLAM 02 HINDUISM 03 BUDDHISM 04 TRADITION 05	
	OTHER RELIGION (specify) 06 NO RELIGION	
HC1B. What is the mother tongue language of (name of the head of the household from HL2)?	CHICHEWA 01 CHITUMBUKA 02 CHIYAO 03 CHILOMWE 04 CHITONGA 05 CHISENA 06 CHINKHONDE 07 CHINGONI 08 OTHER LANGUAGE 96	
HC2. To what ethnic group/tribe does (name of the head of the household from HL2) belong?	CHEWA 01 TUMBUKA 02 YAO 03 LOMWE 04 TONGA 05 SENA 06 NKHONDE 07 NGONI 08 OTHER (specify) 96	
HC3. How many rooms do members of this household usually use for sleeping? Probe for rooms build for sleeping by children when they reach puberty (around age 12) and include them as part of the household.	NUMBER OF ROOMS	
HC4. Main material of the dwelling floor. Record observation. If observation is not possible, ask the respondent to determine the material of the dwelling floor.	NATURAL FLOOR EARTH / SAND 11 DUNG 12 RUDIMENTARY FLOOR 21 WOOD PLANKS 21 PALM / BAMBOO 22 FINISHED FLOOR 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER (specify) 96	

HC5. Main material of the roof.	NO ROOF	11
	NATURAL ROOFING	
Record observation.	THATCH / PALM LEAF	12
	RUDIMENTARY ROOFING	
	RUSTIC MAT	21
	PALM / BAMBOO	
	WOOD PLANKS	
	CARDBOARD	24
	IRON SHEETS/METAL/TIN	31
	WOOD	
	CALAMINE / CEMENT FIBRE	
	CERAMIC TILES	
	ROOFING SHINGLES	
	OTHER (specify)	96
HC6. Main material of the exterior walls.	NO WALLS	11
0 11 0	NATURAL WALLS	40
Record observation.	CANE / PALM / TRUNKS	
	RUDIMENTARY WALLS	
	BAMBOO WITH MUDSTONE WITH MUD	
	UNCOVERED ADOBE (UNBURNT BRICKS)	
	PLYWOOD	
	CARDBOARD	25
	REUSED WOOD	26
	FINISHED WALLS CEMENT	24
	STONE WITH LIME / CEMENT	
	BRICKS (BURNT)	
	CEMENT BLOCKS	
	COVERED ADOBE	
	WOOD PLANKS / SHINGLES	30
	OTHER (specify)	96
HC7. Does your household have	YES NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE1	2
[B] A radio?	RADIO1	2
[C] Bed?	BED1 2	2
[D] A Sofa?	SOFA1 2	2
[E] A Chair?	CHAIR1	2
[F] A water storage tank?	WATER STORAGE TANK1	2
[G] Watch?	WATCH1	2
HC8. Does your household have electricity?	YES, INTERCONNECTED GRIDYES, OFF-GRID (GENERATOR/ISOLATED SYSTEM/SOLAR)	
	NO	

HC9. Does your household have:	YES NO	
[A] A television?	TELEVISION 2	
[B] A refrigerator?	REFRIGERATOR1 2	
[C] A water pump?	WATER PUMP 1 2	
[D] A sewing machine?	SEWING MACHINE1 2	
[E] A DVD player/Home thearter?	DVD PLAYER1 2	
HC10. Does any member of your household own:	YES NO	
[A] [A] Torch/Battery lamp/Bulb	TOURCH/BATTERY LAMP/BULB1 2	
[B] A bicycle?	BICYCLE 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER1 2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN1 2	
[F] A boat with a motor?	BOAT WITH MOTOR1 2	
[G] A fishing net?	FISHING NET1 2	
[H] A canoe	CANOE1 2	
HC11. Does any member of your household have a computer or a tablet?	YES	
HC12. Does any member of your household have a mobile	YES1	
telephone?	NO2	
HC13. Does your household have access to internet at home?	YES	
	NO2	
HC14. Do you or someone living in this household own this dwelling?	OWN	
If 'No', then ask: Do you rent this dwelling from someone not	OTHER (specify)6	
living in this household?		
If 'Rented from someone else', record '2'. For other responses, record '6' and specify.		
HC15. Does any member of this household own any land that	YES1	
can be used for agriculture?	NO	2 <i>⇒</i> HC17
HC16. How many hectares/acres/football pitches of		
agricultural land do members of this household own?	HECTARE	
If less than 1, record '00'.	FOOTBALL PITCHES95 OR MORE95	
	DK98	

HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES	2 <i>⇔</i> HC19
HC18. How many of the following animals does this household have?		
[A] Milk cows or bulls?	MILK COWS OR BULLS	
[B] Other cattle?	OTHER CATTLE	
[C] Horses, donkeys or mules	HORSES, DONKEYS OR MULES	
[D] Goats?	GOATS	
[E] Sheep?	SHEEP	
[F] Chickens?	CHICKENS	
[G] Pigs?	PIGS	
[H] Other poultry (Turkey, Quails, Guinea fowl)	OTHER POULTRY	
If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.		
HC19. Does any member of this household have a bank account?	YES	

SOCIAL TRANSFERS

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.

ST

	[4]	ID1	[0]	ID1	[V]
	[A] SOCIAL CASH TRANSFER	[B] FARM INPUTS (SUBSIDISED OR FREE) (ZIPANGIZO ZA ULIMI)	[C] PUBLIC WORKS (MASAF)	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME (CHITHANDIZO CHINA CHILICHONSE)
ST2. Are you aware of (name of programme)?	YES	YES	YES	YES	YES (specify)1 NO
ST3. Has your household or anyone in your household received assistance through (name of programme)?	YES 1 分 ST4 NO 2 分 [B] DK 8 分 [B]	YES	YES 1 分 ST4 NO 2 分 [D] DK 8 分 [D]	YES	YES
ST4. When was the last time your household or anyone in your household received assistance through (name of programme)? If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.	MONTHS AGO1 YEARS AGO2 [B] DK	MONTHS AGO1	MONTHS AGO1	MONTHS AGO1	MONTHS AGO1 End YEARS AGO2 End DK

EUI. In your household, what type of cookstove is mainly used for cooking? EUI. COOKER	HOUSEHOLD ENERGY USE		EU
SOLAR COOKER	EU1. In your household, what type of cookstove is mainly used	ELECTRIC STOVE	01 <i>⇒EU5</i>
LIQUEFIED PETROLEUM GAS (LPG) COOKING GAS STOVE			
STOVE		LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS	
BIOGAS STOVE		, ,	03 <i>⇒EU</i> 5
LIQUID FUEL STOVE		PIPED NATURAL GAS STOVE04	04 <i>⇒EU</i> 5
MANUFACTURED SOLID FUEL STOVE 07		BIOGAS STOVE	05 <i>⇒EU</i> 5
TRADITIONAL SOLID FUEL STOVE 00 00 ⇒ EU		LIQUID FUEL STOVE	06 <i>⇒EU4</i>
THREE STONE STOVE / OPEN FIRE		MANUFACTURED SOLID FUEL STOVE07	
DTHER (specify)			
NO FOOD COOKED IN HOUSEHOLD		THREE STONE STOVE / OPEN FIRE	09 <i>⇒EU4</i>
NO FOOD COOKED IN HOUSEHOLD			
EU2. Does it have a chimney? YES		OTHER (specify)96	96 <i>⇒EU4</i>
EU2. Does it have a chimney? YES			
EU3. Does it have a chimney? YES			
NO		HOUSEHOLD97	97 <i>⇒EU</i> 6
NO	FII2 Does it have a chimpey?	VEQ 1	
DK	EUZ. Does it have a chimiley!		
EU3. Does it have a fan? YES		110	
NO		DK8	
NO	FILE D. VI. C. O.	\/F0	
EU4. What type of fuel or energy source is used in this cookstove? EU4. What type of fuel or energy source is used in this cookstove? ALCOHOL / ETHANOL	EU3. Does it have a fan?		
EU4. What type of fuel or energy source is used in this cookstove? ALCOHOL / ETHANOL		NO2	
EU4. What type of fuel or energy source is used in this cookstove? ALCOHOL / ETHANOL		DK 8	
GASQLINE / DIESEL			
Probe to specify the exact type if energy used. If more than one, record the main energy source for this cookstove. KERCSENE / PARAFFIN	EU4 . What type of fuel or energy source is used in this		
Probe to specify the exact type if energy used. If more than one, record the main energy source for this cookstove. COAL / LIGNITE	cookstove?		
### CHARCOAL			
WOOD	Probe to specify the exact type if energy used.	COAL / LIGNITE04	
CROP RESIDUE / GRASS / STRAW / SHRUBS	If more than one, record the main energy source for this	CHARCOAL	
STRAW / SHRUBS	cookstove.	WOOD	
ANIMAL DUNG / WASTE			
PROCESSED BIOMASS (PELLETS) OR WOODCHIPS/BRIQUETTES. 09 GARBAGE / PLASTIC. 10 SAWDUST. 11 10 SAWDUST. 11 11 11 11 11 11 11 11 11 11 11 11 11		STRAW / SHRUBS07	
WOODCHIPS/BRIQUETTES		ANIMAL DUNG / WASTE08	
WOODCHIPS/BRIQUETTES		PROCESSED BIOMASS (PELLETS) OR	
SAWDUST			
DTHER (specify)		GARBAGE / PLASTIC10	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? If in main house, probe to determine if cooking is done in a separate room. If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air. IN A SEPARATE BUILDING		SAWDUST11	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? If in main house, probe to determine if cooking is done in a separate room. If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air. IN A SEPARATE BUILDING			
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? If in main house, probe to determine if cooking is done in a separate room. If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air. IN A SEPARATE BUILDING		OTHER (specify)96	
building, or outdoors? NO SEPARATE ROOM	FILE to the evolving versally done in the house in a consent.		
IN A SEPARATE ROOM			
If in main house, probe to determine if cooking is done in a separate room. IN A SEPARATE BUILDING	building, or outdoors?		
Separate room. IN A SEPARATE BUILDING		IN A SEPARATE ROOM2	
If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air. OUTDOORS		W. A. OFFIA DATE DAWN DIVID	
Veranda, covered porch, or open air. OPEN AIR	separate room.	IN A SEPARATE BUILDING3	
Veranda, covered porch, or open air. OPEN AIR		OUTDOODO	1
ON VERANDA OR COVERED PORCH 5 OTHER (specify)	• • • • • • • • • • • • • • • • • • • •		1
OTHER (specify)	veranda, covered porch, or open air.		1
EU6. What does your household mainly use for space heating when needed? CENTRAL HEATING		ON VERANDA OR COVERED PORCH5	1
EU6. What does your household mainly use for space heating when needed? CENTRAL HEATING		07/170 (// // // // // // // // // // // // /	
EU6. What does your household mainly use for space heating when needed? CENTRAL HEATING		OTHER (specify)6	
when needed? MANUFACTURED SPACE HEATER	EU6 . What does your household mainly use for space heating		01 <i>⇒EU</i> 8
MANUFACTURED SPACE HEATER 02 TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE / OPEN FIRE 06 06 DEU8 OTHER (specify) 96 96 DEU8 NO SPACE HEATING IN HOUSEHOLD 97 97 DEU9 EU7. Does it have a chimney? 1 NO 2			
TRADITIONAL SPACE HEATER 03 MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE / OPEN FIRE 06 06 ≠ EU8 OTHER (specify) 96 96 ≠ EU8 NO SPACE HEATING IN HOUSEHOLD 97 97 ≠ EU9 EU7. Does it have a chimney? YES 1 NO 2		MANUFACTURED SPACE HEATER02	
MANUFACTURED COOKSTOVE 04 TRADITIONAL COOKSTOVE 05 THREE STONE STOVE / OPEN FIRE 06 OTHER (specify) 96 NO SPACE HEATING IN HOUSEHOLD 97 PEU7. Does it have a chimney? 1 NO 2			
TRADITIONAL COOKSTOVE .05 THREE STONE STOVE / OPEN FIRE .06 .06 ⇒EU8 OTHER (specify) .96 .96 ⇒EU8 NO SPACE HEATING IN HOUSEHOLD .97 .97 ⇒EU9 EU7. Does it have a chimney? YES .1 NO .2			
THREE STONE STOVE / OPEN FIRE			
OTHER (specify)			06 <i>⇒EU</i> 8
NO SPACE HEATING IN HOUSEHOLD 97 ⇒EU9 EU7. Does it have a chimney? YES 1 NO 2			
NO SPACE HEATING IN HOUSEHOLD 97 ⇒EU9 EU7. Does it have a chimney? YES 1 NO 2		OTHER (specify) 96	96 <i>⇒EU</i> 8
EU7. Does it have a chimney? YES		5 · · · 2 · · · (opcony)	30 , 200
EU7. Does it have a chimney? YES		NO SPACE HEATING IN HOUSEHOLD 97	97 <i>⇒FH</i> 9
NO2			0. , 200
	EU7. Does it have a chimney?		
		NO2	
		DV.	
DK8		_ טר8	

EU8. What type of fuel and energy source is used in this heater? If more than one, record the main energy source for this heater.	SOLAR AIR HEATER	
	OTHER (specify)96	
EU9. At night, what does your household mainly use to light the household?	ELECTRICITY	

INSECTICIDE TREATED NETS		TN
TN1. Does your household have any mosquito nets?	YES	2 <i>⇔End</i>
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 OBSERVED2		
TN4. How many months ago did your household get the mosquito net?	MONTHS AGO	MONTHS AGO	MONTHS AGO
If less than one month, record '00'.	MORE THAN 36 MONTHS AGO 95	MORE THAN 36 MONTHS AGO95	MORE THAN 36 MONTHS AGO95
	DK / NOT SURE98	DK / NOT SURE98	DK / NOT SURE 98
TN5. Observe or ask the brand/type of mosquito net. If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) DAWA	OLYSET	OTHER TYPE (specify)36
TNAC Did and and a	DK BRAND/TYPE98		DK BRAND/TYPE
TN10. Did you get the net through a ITN Mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, ITN MASS DISTRIBUTION CAMPAIGN	YES, ITN MASS DISTRIBUTION CAMPAIGN	YES, ITN MASS DISTRIBUTION CAMPAIGN
TN11. Check TN10: Is TN10=4 or 8?	YES	YES	YES
TN12. Where did you get the net?		GOVERNMENT HEALTH FACILITY	
TN13. Did anyone sleep under this mosquito net last night?	YES	YES	YES
TN14. Check TN13: Did anyone sleep under the net (TN13=1)?	YES	YES	YES

TN15. Who slept under this	NAME #1	NAME #1	NAME #1
mosquito net last night?	LINE NUMBER	LINE NUMBER	
Record the person's line number	LINE NUMBER	LINE NUMBER	LINE NUMBER
from the LIST OF HOUSEHOLD MEMBERS.	NAME #2	NAME #2	NAME #2
	LINE NUMBER	LINE NUMBER	LINE NUMBER
If someone not in the LIST OF HOUSEHOLD MEMBERS slept	NAME #3	NAME #3	NAME #3
under the mosquito net, record '00'.	LINE NUMBER	LINE NUMBER	LINE NUMBER
	NAME #4	NAME #4	NAME #4
	LINE NUMBER	LINE NUMBER	LINE NUMBER
TN16. Is there another net?	YES1 ☆ Next Net	YES1 Φ Next Net	
	NO2 公	NO2 \(\Delta \)	NO2 Ω
	End	End	
			Tick here if additional questionnaire used:□

WATER AND SANITATION		ws
WS1. What is the main source of drinking water used by	PIPED WATER	
members of your household?	PIPED INTO DWELLING11	11 <i>⇒W</i> S7
	PIPED TO YARD / PLOT12	12 <i>⇒W</i> S7
	PIPED TO NEIGHBOUR13	13 <i>⇔W</i> S3
If unclear, probe to identify the place from which members of this household most often collect drinking water (collection	PUBLIC TAP / STANDPIPE14	14 <i>⇒W</i> S3
point).	TUBE WELL / BOREHOLE21	21 <i>⇒W</i> S3
	DUG WELL	
	PROTECTED WELL31	31 <i>⇒W</i> S3
	UNPROTECTED WELL32	32 <i>⇒W</i> S3
	SPRING ALL	44 114/00
	PROTECTED SPRING41	41 <i>⇒W</i> S3
	UNPROTECTED SPRING42	42 <i>⇒W</i> S3
	RAINWATER51	51 <i>⇒W</i> S3
	TANKER-TRUCK	61 <i>⇒W</i> S4
	CART WITH SMALL TANK71	71 <i>⇒W</i> S4
	SURFACE WATER (RIVER, DAM, LAKE, POND,	
	STREAM, CANAL, IRRIGATION CHANNEL)81	
	DACKACED WATER	81 <i>⇒W</i> S3
	PACKAGED WATER BOTTLED WATER91	
	SACHET WATER 92	
	OTHER (specify) 96	96 <i>⇒W</i> S3
WS2 What is the main source of water used by members of	PIPED WATER	
WS2 . What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and	PIPED WATER PIPED INTO DWELLING11	11 <i>⇒W</i> S7
handwashing?	PIPED TO YARD / PLOT12	11 <i>⇒W</i> 37 12 <i>⇒W</i> S7
nandwasi ing:	PIPED TO NEIGHBOUR	12-7707
If unclear, probe to identify the place from which members of	PUBLIC TAP / STANDPIPE14	
this household most often collect water for other purposes.		
, ,	TUBE WELL / BOREHOLE21	
	DUG WELL	
	PROTECTED WELL31	
	UNPROTECTED WELL32	
	SPRING	
	PROTECTED SPRING41	
	UNPROTECTED SPRING42	
	RAINWATER51	
	TANKER-TRUCK	61 <i>⇒W</i> S4
	CART WITH SMALL TANK	71 <i>⇒W</i> S4
	SURFACE WATER (RIVER, DAM, LAKE, POND,	
	STREAM, CANAL, IRRIGATION CHANNEL)81	
	OTHER (specify) 96	
WS3. Where is that water source located?	IN OWN DWELLING	1 <i>⇒W</i> S7
TYDD. WHERE IS that water Source located?	IN OWN DWELLING	1 <i>⇔w</i> S7 2 <i>⇒W</i> S7
	ELSEWHERE	27007
WS4. How long does it take for members of your household to	MEMBERS DO NOT COLLECT000	000 <i>⇒W</i> S7
go there, get water, and come back?	NUMBER OF MINUTES	
	DK998	
WS5. Who usually goes to this source to collect the water for		
your household?	NAME	
Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.	LINE NUMBER	
WS6 . Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES	
	DK98	
	30	

WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking	YES, AT LEAST ONCE	2 <i>⇒W</i> S9
water?	DK8	8 <i>⇒W</i> S9
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 (specify) 6	
	DK8	
WS9 . Do you or any other member of this household do anything to the water to make it safer to drink?	YES	
	DK8	8 <i>⇒WS11</i>
WS10. What do you usually do to make the water safer to drink?	BOIL A ADD WATER GUARD / CHLORINE B STRAIN IT THROUGH A CLOTH C	
Probe: Anything else?	USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D	
Record all methods mentioned.	SOLAR DISINFECTION E LET IT STAND AND SETTLE	
	OTHER (specify) X	
	DKZ	
WS11. What kind of toilet facility do members of your household usually use?	FLUSH / POUR FLUSH FLUSH TO PIPED SEWER SYSTEM11 FLUSH TO SEPTIC TANK12	11 <i>⇒WS14</i>
If 'Flush' or 'Pour flush', probe:	FLUSH TO PIT LATRINE	
Where does it flush to?	FLUSH TO DK WHERE18 PIT LATRINE VENTILATED IMPROVED PIT	18 <i>⇒WS14</i>
If not possible to determine, ask permission to observe the facility.	LATRINE	
	COMPOSTING TOILET31	
	BUCKET41 HANGING TOILET / HANGING LATRINE51	
	NO FACILITY / BUSH / FIELD95	95 <i>⇒End</i>
		96 <i>⇒W</i> S14
WS12. Has your (<i>answer from WS11</i>) ever been emptied?	OTHER (<i>specify</i>) 96 YES, EMPTIED1	30 → W3 14
., (NO, NEVER EMPTIED4	4 <i>⇒W</i> S14
	DK8	8 <i>⇒W</i> S14
WS13. The last time it was emptied, where were the contents emptied to?	REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT	
Probe:	TO DON'T KNOW WHERE3	
Was it removed by a service provider?	EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT	
	OTHER (specify)6	
	DK8	
WS14. Where is this toilet facility located?	IN OWN DWELLING	

WS15. Do you share this facility with others who are not members of your household?	YES	2 <i>⇒End</i>
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)	2 <i>⇔End</i>
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)0	
	TEN OR MORE HOUSEHOLDS10	
	DK98	

HANDWASHING		HW
HW1. We would like to learn about where members of this household wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED FIXED FACILITY OBSERVED (SINK / TAP/TIPPY TAP) IN DWELLING	
Record result and observation.	NOT OBSERVED NO HANDWASHING PLACE IN DWELLING / YARD / PLOT	4 <i>⇔HW</i> 5 5 <i>⇔HW</i> 4 6 <i>⇔HW</i> 5
HW2. Observe presence of water at the place for handwashing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	WATER IS AVAILABLE	
HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?	YES, PRESENT	1 <i>⇔HW</i> 7 2 <i>⇔HW</i> 5
HW4. 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/TIPPY TAP) 3 NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4 OTHER (specify) 6	
HW5 . Do you have any soap or detergent or ash/mud/sand in your house for washing hands?	YES	2 <i>⇔</i> End
HW6. Can you please show it to me?	YES, SHOWN	2 <i>⇔</i> End
HW7. Record your observation. Record all that apply.	BAR OR LIQUID SOAPA DETERGENT (POWDER / LIQUID / PASTE)B ASH / MUD / SAND	

SALT IODISATION		SA
SA1. We would like to check whether the salt used in your	SALT TESTED	
household is iodised. May I have a sample of the salt used to	0 PPM (NO REACTION)1	
cook meals in your household?	BELOW 15 PPM (BETWEEN 0 AND 15 PPM)2	2 <i>⇒HH</i> 13
	ABOVE 15 PPM (AT LEAST 15 PPM)3	3 <i>⇒</i> HH13
Apply 2 drops of test solution, observe the darkest reaction		
within 30 seconds, compare to the colour chart and then	SALT NOT TESTED	
record the result (1, 2 or 3) that corresponds to test outcome.	NO SALT IN THE HOUSE4	4 <i>⇒</i> HH13
	OTHER REASON	
	(specify)6	6 <i>⇒HH</i> 13
SA2. I would like to perform one more test. May I have another	SALT TESTED	
sample of the same salt?	0 PPM (NO REACTION)1	
	BELOW 15 PPM (BETWEEN 0 AND 15 PPM)2	
Apply 5 drops of recheck solution. Then apply 2 drops of test	ABOVE 15 PPM (AT LEAST 15 PPM)3	
solution on the same spot. Observe the darkest reaction		
within 30 seconds, compare to the colour chart and then	SALT NOT TESTED	
record the result (1, 2 or 3) that corresponds to test outcome.	OTHER REASON	
	(specify)6	

HH13. Record the time.	HOUR AND MINUTES : : : :	
HH14. Language of the Questionnaire.	ENGLISH	
HH15. Language of the Interview.	ENGLISH	
HH16. Native language of the Respondent.	ENGLISH	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN	0 <i>⇔HH</i> 29 1 <i>⇔HH</i> 27

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 <u>record</u> the number that appears in the box. This is the rank number (HH20) of the selected child.

	TOTAL N	JMBER OF I	ELIGIBLE CI	HILDREN IN	THE HOUSI	EHOLD (FRO	OM HH18)
LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	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

		9	1		1			3	/	5		
HH26.		ord the rank number (HH20), line	number (HH2	21), name	(HH22) and a	ge (HH24) of	the	RA	NK NUMBER	?		
numb	ber as	en HH18=1 or when there is a sin s '1'and record the line number (F DF HOUSEHOLD MEMBERS.						NA	E NUMBER . ME			
HH28.	Issue	a QUESTIONNAIRE FOR CHIL	DREN AGE	5-17 to be	administered	to the mothe	r/careta	aker d	of this child.			
		k HL8 in the LIST OF HOUSEHO any women age 15-49?	OLD MEMBE		ES, AT LEAST O						2 <i>⇔H</i> F	134
HH30.	Issue	a separate QUESTIONNAIRE F	OR INDIVID	UAL WON	IEN for each w	voman age 1	5-49 ye	ears.				
		k HL6 and HL8 in the LIST OF H S: Are there any girls age 15-17:			ES, AT LEAST D						2 <i>⇒H</i> F	134
		k HL20 in the LIST OF HOUSEF t required for interviewing at leas			ES, AT LEAST O, HL20=90 F						2 <i>⇒H</i> F	H34
condi	ucts t	art of the survey we are also inter these interviews.		-								
		nfidential and anonymous. rview (<i>name(s) of female memb</i>	ber(s) age 15	i -17) later?								
	'Yes'	for all girls age 15-17 ⇒ Continu	ie with HH34.									
		for at least one girl age 15-17 and dividual questionnaires for those		•	•			Л17 (á	also in UF17	and FS	17, if ap _l	olicable)
		for all girls age 15-17 ⇔ Record 'i ent was not given. Then continue		(also in Ul	-17 and FS17,	, if applicable	e) on ali	l indiv	vidual questio	nnaires	for who	m adult
	EL: Is	k HH8 in the HOUSEHOLD INFO s the household selected for Que	-		ES, HH8=1 O, HH8=2						2 <i>⇒H</i> F	140
		k HL9 in the LIST OF HOUSEHO any men age 15-49?	OLD MEMBE	_	ES, AT LEAST D	_	_	-			2 <i>⇒H</i> ⊦	140
HH36.	Issue	e a separate QUESTIONNAIRE F	OR INDIVID	UAL MEN	for each man	age 15-49 ye	ears.					
		k HL6 and HL8 in the LIST OF H S: Are there any boys age 15-17			ES, AT LEAST						2 <i>⇒H</i> F	1 40

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≠901 NO, HL20=90 FOR ALL BOYS AGE 15-172	2 <i>⇔HH4</i> 0
HH39. As part of the survey we are also interviewing men age 15 conducts these interviews.	5-49. We ask each person we interview for permission. A male	e interviewer
For boys age 15-17 we must also get permission from an adult to strictly confidential and anonymous.	o interview them. As mentioned before, all the information we	obtain will remain
May we interview (<i>name(s) of male member(s) age 15-17</i>) late	r?	
☐ 'Yes' for all boys age 15-17 Continue with HH40.		
□ 'No' for at least one boy age 15-17 and 'Yes' to at least of applicable) on individual questionnaires for those adult co	ne boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and onsent was not given. Then continue with HH40.	FS17, if
☐ 'No' for all boys age 15-17 Record '06' in MWM17 (also consent was not given. Then continue with HH40.	in UF17 and FS17, if applicable) on all individual questionnain	es for whom adult
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE	2 <i>⇔</i> HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UN	IDER 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	2 <i>⇔HH4</i> 5
HH43. Issue a separate WATER QUALITY TESTING QUESTIO	NNAIRE 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? 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.	YES, PERMISSION IS GIVEN	2 ⇔Record '02' in WQ31 on the WATER QUALITY TESTING QUESTION-
		NAIRE

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 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.

INTERVIEWER'S OBSERVATIONS	
SUPERVISOR'S OBSERVATIONS	

