

APPENDIX F

QUESTIONNAIRES



INSTITUTO NACIONAL DE ESTATÍSTICAS

Nº DE REFERÊNCIA:

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Questionário: ___ de ___

CONFIDENCIAL

REPÚBLICA DE MOÇAMBIQUE
INQUÉRITO DE INDICADORES MÚLTIPLOS - MICS 2008

QUESTIONÁRIO DO AGREGADO FAMILIAR

IDENTIFICAÇÃO																																												
PROVÍNCIA.....	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																											
DISTRITO.....																																												
POSTO ADMINISTRATIVO.....																																												
URBANO / RURAL (URBANO = 1, RURAL = 2).....																																												
NOME DA UNIDADE COMUNAL.....																																												
NOME DO LOCAL (Especifique o Bairro/Povoação).....																																												
NOME DA ÁREA DE ENUMERAÇÃO.....																																												
NÚMERO DA ÁREA DE ENUMERAÇÃO (MICS I.D.).....																																												
NÚMERO DO AGREGADO FAMILIAR.....																																												
NOME DO CHEFE DO AGREGADO FAMILIAR.....																																												
LINGUA USADA NA ENTREVISTA (Port = 1, Outro = 6 _ _ _ _)	(Especificar)	(Uso Interno)																																										
VISITAS DO(A) INQUIRIDOR(A)																																												
	1	2	3	VISITA FINAL																																								
DATA	___/___/___ DIA / MÊS	___/___/___ DIA / MÊS	___/___/___ DIA / MÊS	DIA..... MÊS..... ANO..... CÓDIGO..... RESULTADO.....																																								
NOME DO(A) INQUIRIDOR(A)				<table border="1"> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	0	8																																				
2	0	0	8																																									
RESULTADO																																												
PRÓXIMA VISITA: DATA	_____	_____		NÚMERO TOTAL DE VISITAS.....																																								
HORA	_____	_____																																										
CÓDIGOS DE RESULTADOS DO QUESTIONÁRIO DO AGREGADO FAMILIAR																																												
01 COMPLETO				HH11. TOTAL PESSOAS AGREGADO FLIAR. [][]																																								
02 TODO AGREGADO FAMILIAR AUSENTE				HH12. NÚMERO DE MULHERES ELEGÍVEIS [][]																																								
03 RECUSA TOTAL				HH14. NÚMERO DE CRIANÇAS MENORES DE 5 ANOS [][]																																								
04 CASA DESOCUPADA				HH10. Nº DE ORDEM DO(A) INQUIRIDO(A).. [][]																																								
05 CASA DESTRUÍDA				HH13. Nº DE QUESTIONÁRIOS PARA MULHERES REALIZADOS..... [][]																																								
06 CASA NÃO ENCONTRADA				HH15. Nº DE QUESTIONÁRIOS PARA CRIANÇAS MENORES DE 5 ANOS REALIZADOS..... [][]																																								
96 OUTRO..... (Especificar)																																												
NOME	SUPERVISOR: _____ [][][]	CONTROLADOR: _____ [][][]	REVISTO NO GABINETE POR: _____ [][]	DIGITADO POR: _____ [][]																																								
DATA	___/___/___	___/___/___	___/___/___	REDIGITADO POR: _____ [][]																																								



Sheet for listing household members											HL		
<p>Now I would like some information about the people who usually live in your house. Please list all members of the household (HL2), their relation to the head of household (HL3), their sex and age (HL4). Then ask the questions starting with HL5 to one person at a time. Add a continuation questionnaire if the household has more than 15 members.</p>													
							Eligible for:			For persons aged 18–59 years			
							interview for women	module for child workers	interview for children under five				
HL1. N° OF LINE	HL2. (Name) –please tell me the names of the people who normally live in this house, starting with the head of the household	HL3. what is the relationship of (name) to the head of the household?	HL4. (Name) é M MAN OR WOMAN? 1 male, 2 female		HL5. (Name) how old are you (in complete years)? Register in complete years*	HL5A. what is the marital status of (Name)? Ask for people who are 12 years old or more	HL6. Draw a circle on the no. of women aged 15–49 years	HL7. For each child aged 5–14 years: who is the mother or main care giver for this child? Register the line no. of the mother/care giver of the child	HL8. For each child less than 5 years old: who is the mother or main care giver for this child? Register the line no. of the mother/care giver of the child	HL8A. (Name) were you very ill during at least 3 of the last 12 months?			
LINE	NAME	RELATION	M	F	AGE	STATUS	15-49	MOTHER	MOTHER	Y	N	DK	
01		0 1	1	2	___	___	01	___	___	1	2	3	
02		___	1	2	___	___	02	___	___	1	2	3	
03		___	1	2	___	___	03	___	___	1	2	3	
04		___	1	2	___	___	04	___	___	1	2	3	
05		___	1	2	___	___	05	___	___	1	2	3	
06		___	1	2	___	___	06	___	___	1	2	3	
07		___	1	2	___	___	07	___	___	1	2	3	
08		___	1	2	___	___	08	___	___	1	2	3	
09		___	1	2	___	___	09	___	___	1	2	3	
10		___	1	2	___	___	10	___	___	1	2	3	
11		___	1	2	___	___	11	___	___	1	2	3	
12		___	1	2	___	___	12	___	___	1	2	3	
13		___	1	2	___	___	13	___	___	1	2	3	
14		___	1	2	___	___	14	___	___	1	2	3	
15		___	1	2	___	___	15	___	___	1	2	3	
<p>does anyone else live here – even if they are not members of your family or do not have parents living in this household? for example: children who are currently at work or at school? Babies? If yes, write the name of the household member (adult or child) and fill out the form. Then fill out the totals below.</p>													
							Women 15–49	Children 5-14	Children under 5				
Totals							___	___	___				

Codes for HL3: Relation to the head of the household:

01 = Head
02 = Husband/wife
03 = Son/daughter
04 = Son-in-law/daughter-in-law
05 = Grandson/granddaughter
06 = Father or mother

07 = Father or mother-in-law
08 = Brother/sister
09 = Co-spouses
10 = Adopted son or daughter
11 = Aunt/uncle
12 = Brother-in-law/sister-in-law

Codes for HL5A: Marital status

13 = Nephew/niece
14 = Grandfather/grandmother
15 = No relation
98 = Don't know

01 = Single
02 = Married
03 = In union
04 = Divorced
05 = Separated
06 = Widowed

Sheet for listing household members

HL

Survival of parents and residence of people under 25 years old. Ask HL9–HL12a

HL 1. line no.	HL9. Is the biological mother of (name) alive? 1 yes 2 no ⇨ HL11 8 dk ⇨ HL11			HL10. If she is alive: does the biological mother of (name) live in this house? IF YES: what is her name? MOTHER'S LINE NUMBER Write "00" if the biological mother is not on the list			HL10a. If there is no answer to HL8A or HL10 was marked "00", ask: Was she very ill during at least 3 of the last 12 months?			HL11. is the biological father of (name) alive? 1 yes 2 no⇨next line 8 dk⇨next line			HL12. If he is alive: does the biological father of (name) live in this house? IF YES: what is his name? FATHER'S LINE NUMBER Write "00" if the biological father is not on the list			HL12a. If there is no answer to HL8A or HL12 was marked "00", ask: Was he very ill during at least 3 of the last 12 months?		
LINE	Y	N	DK	MOTHER	Y	N	DK	Y	N	DK	FATHER	Y	N	DK				
01	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
02	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
03	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
04	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
05	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
06	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
07	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
08	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
09	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
10	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
11	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
12	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
13	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
14	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
15	1	2	8	___	1	2	8	1	2	8	___	1	2	8				
	1	2	8		1	2	8	1	2	8		1	2	8				

*see instructions: to be used only for elderly members of the household (code meaning "don't know/over 60 years" – "98").

Now, for each woman aged 15–49 years, write the name and line number of the woman and other identification information in the information panel (cover) of the Women's Questionnaire

For each child under five, write the name and line number of the child AND the line number of the mother or person who cares for the child in the information panel (cover) of the questionnaire for children under five

you should have a separate questionnaire for each eligible woman and each child under five in the household

Education module.							ED			
For persons aged 5 and above							For persons aged 5–24 years			
ED1. line no.	ED1a. Name	ED2. (Name) have you ever attended school? 1 yes 2 no ⇔ ED8b		ED2a. (Name) how old were you when you started attending school? 98= Don't know	ED3. what was the highest level of education that (name) attended? If it was General Education what was the highest class that (Name) completed? If it was Technical Education what is the highest year that (Name) completed at this level? Se a pessoa tem mais de 24 anos de idade passe a ED8A	ED3a. (Name) have you ever repeated a grade/year? 1 yes 2 No ⇔ ED4 8 DK ⇔ ED4			ED3b. how many times did (Name) repeat? 7=7 or more 8= Don't know	
LINE		YES	NO	AGE	LEVEL	GRADE	Y	N	DK	TIMES
01		1	2	— —	— —	— —	1	2	8	—
02		1	2	— —	— —	— —	1	2	8	—
03		1	2	— —	— —	— —	1	2	8	—
04		1	2	— —	— —	— —	1	2	8	—
05		1	2	— —	— —	— —	1	2	8	—
06		1	2	— —	— —	— —	1	2	8	—
07		1	2	— —	— —	— —	1	2	8	—
08		1	2	— —	— —	— —	1	2	8	—
09		1	2	— —	— —	— —	1	2	8	—
10		1	2	— —	— —	— —	1	2	8	—
11		1	2	— —	— —	— —	1	2	8	—
12		1	2	— —	— —	— —	1	2	8	—
13		1	2	— —	— —	— —	1	2	8	—
14		1	2	— —	— —	— —	1	2	8	—
15		1	2	— —	— —	— —	1	2	8	—

LEVEL OF EDUCATION (ED3, ED6, ED8):	GRADE OR YEAR (ED3, ED6, ED8):
00= literacy classes 01= primary ep1 02= primary ep2 03= secondary esg1 04= Secondary esg2 05= elementary technical 06= basic technical 07= mid-level technical 08= teacher training 09= higher 98= don't know	1st,2nd,3rd grade 1st, 2nd, 3rd, 4th & 5th grade 6th,7th grade 8th,9th, 10th grade 11th, 12th grade 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st, 2nd, 3rd year 1st–7th years 98= don't know 00= less than 1 year/grade

Education module

ED

For people aged 5–24 years											People aged 5 and above					
ED1. line no.	ED4. During the present academic year (2008), did (name) ever attend school? 1 yes 2 No ⇒ ED7		ED5. since last (day of the week), on how many days did (name) go to school?	ED6. in this academic year, what level and what grade was (name) attending?		ED7. during the past academic year (2007), did (Name) ever attend school? 1 yes 2 No ⇒ ED8a 8 DK ⇒ ED8A			ED8. During the past academic year (2007), what level and grade/year did (name) ATTEND?		ED8a. Check, ED3. Has (name) completed primary education? 1 yes ⇒ next Line 2 No ⇒ ED8b		ED8b. does (name) know how to read or write? 1 knows how to read and write Only knows how to read e can neither read nor write 8 don't know			
LINE	Y	N	DAYS	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	Y	N	RW	R	NLE	DK
01	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
02	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
03	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
04	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
05	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
06	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
07	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
08	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
09	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
10	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
11	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
12	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
13	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
14	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8
15	1	2	—	—	—	1	2	8	—	—	1	2	1	2	3	8

Water and sanitation module	WS
WS1. What is the main source of drinking water?	<p>Piped water</p> Inside the house 11 11⇒WS5 Outside the house/yard 12 12⇒WS5 Public tap/standpipe 13 13⇒WS3 In a neighbour's house 14 14⇒WS2 <p>Water from a well</p> From a protected well or borehole With hand pump 31 Without hand pump 32 Unprotected well 33 } WS3 Rain water 51 Water from rivers, lakes 81 <p>Bottled/mineral water 91 91⇒WS2 Other 96 96⇒WS3 (specify)</p>
WS2. what is the main source of water used for other purposes, such as cooking and washing your hands?	<p>Piped water</p> Inside the house 11 11⇒WS5 Outside the house/yard 12 12⇒WS5 Public tap/standpipe 13 In a neighbour's house 14 <p>Water from a well</p> From a protected well or borehole With hand pump 31 Without hand pump 32 Unprotected well 33 Rain water 51 Water from rivers, lakes 81 <p>Bottled/mineral water 91 Other 96 (specify)</p>
WS3. how much time does it take to go to the source, draw water and return?	Minutes Water on site 995 995⇒WS5 Don't know 998
WS4. Who normally goes to the source to fetch water for the residents of this house? <i>Try to find out:</i> is this person under 15 years old? what sex is he/she? <i>Draw a circle round the code which best describes this person</i>	Adult woman 1 Adult man 2 Girl (under 15 years old) 3 Boy (under 15 years old) 4 Don't know 8
WS5. Do you treat water in any way so that it is safe to drink?	Yes 1 No 2 Bottles/mineral water 3 Don't know 8 } WS6A
WS6. What do you normally do to make the water safe to drink? Do you do anything else? <i>Register all the items mentioned.</i>	Boil A Add bleach/chlorine B Filter with a cloth C Use water from the filter (ceramic, sand, compound, etc.) D Solar disinfection E Let it stand and settle F Other X (specify) Don't know Z
WS6A. Do you have a bathroom in your house?	Yes 1 1⇒ WS7 No 2
WS6B. Do you use a nearby bathroom?	Yes 1 No 2 2⇒ WS9A

Continue



<p>WS7. The bathroom you use has: <i>If necessary, ask to see the facility.</i></p>	<p>Toilet with flush 11 Toilet without flush 12 Improved latrine 21 Improved traditional latrine 22 Unimproved latrine 23</p> <p>Other..... 96 <i>(specify)</i></p>	<p>WS8</p>
<p>WS7A. where does the discharge go when you flush the toilet or use water from a bucket?</p>	<p>General sewer system 1 Septic tank..... 2</p> <p>Elsewhere..... 6 <i>(specify)</i></p> <p>Don't know..... 8</p>	
<p>WS8. Do only members of your household use the bathroom or also members of other households?</p>	<p>By the members 1 Other households 2</p>	<p>1⇒NEXT MODULE</p>
<p>WS9. How many households, in all, use this bathroom?</p>	<p>No. of households (if less than 10)..... 0 10 or more households..... 10 Don't know 98</p>	<p>NEXT MODULE</p>
<p>WS9A. Where do you excrete?</p>	<p>On the beach 1 In the bush..... 2</p> <p>Other..... 6 <i>(specify)</i></p>	

Household characteristics module		HC
HC1a. What is the religion of the head of the household?	Catholic..... 1 Anglican..... 2 Moslem..... 3 Zion church..... 4 Evangelical/Pentecostal..... 5 Other religion..... 6 <i>(specify)</i> No religion (atheist, agnostic, animist)..... 7	
HC1b. what is the mother tongue of the head of the household?	Language <hr style="width: 100%; border: 0.5px solid black;"/> <i>(specify)</i>	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> internal use
HC2a. How many rooms does the house have (without counting the kitchen and bathroom)?	Rooms _ _	
HC2. of these rooms, how many do you use for sleeping?	Rooms/bedrooms _ _	
Verify and note the characteristics of the building materials used in the house of the household. If in doubt, ask the household members.		
HC3. Main floor material <i>(Note the category)</i>	Earth..... 11 Adobe..... 12 Rudimentary wood..... 21 Parquet or sawn wood..... 31 Tiles/marble/ceramics..... 33 Cement..... 34 Other..... 96 <i>(specify)</i>	
HC4. Main roof material. <i>(Note the category)</i>	Grass/thatch/palm leaves..... 12 Zinc sheets..... 31 Fibre cement sheets..... 33 Tiles..... 34 Concrete slabs..... 35 Other..... 96 <i>(specify)</i>	
HC5. Main material of the walls. <i>(Note the category)</i>	Bamboo/reed/palm leaves..... 12 Daub and wattle..... 21 Adobe/adobe bricks..... 23 Wood/zinc..... 27 Cement blocks/tiles..... 34 Other..... 96 <i>(specify)</i>	
HC6. what is the main source of energy or fuel which the household uses for cooking?	Electricity..... 01 Natural gas..... 02 Diesel/paraffin/kerosene..... 05 Coal..... 06 Charcoal..... 07 Firewood..... 08 Animal dung..... 10 Other..... 96 <i>(specify)</i>	01⇒HC8 02⇒HC8 05⇒HC8
HC7. In this house do you cook on a fire, a traditional stove, or an improved stove? <i>Try to find out the type</i>	Fire..... 1 Traditional stove..... 2 Improved stove..... 3 Other..... 6 <i>(specify)</i>	
HC8. Do you normally cook inside the house, in a separate building or outside the house?	Inside the house..... 1 In a separate building..... 2 Outside the house..... 3 Other..... 6 <i>(specify)</i>	

Continue



HC9. does the household possess:		YES	NO	
electricity?	Electricity	1	2	
radio?	Radio	1	2	
television set?	Television set	1	2	
mobile phone?	Mobile phone	1	2	
fixed phone?	Fixed phone	1	2	
refrigerator/freezer?	Refrigerator	1	2	
HC10. does any household member have his/her own:		YES	NO	
wrist watch?	Wrist watch	1	2	
bicycle?	Bicycle	1	2	
motorcycle?	Motorcycle/scooter	1	2	
animal traction cart?	Animal traction cart	1	2	
car or truck?	Car/truck	1	2	
motor boat?	Motor boat	1	2	
HC10a. when was the last time you had a newspaper in the house?	Less than 1 week ago.....1 Less than 1 month ago.....2 Less than 1 year ago.....3 More than 1 year ago.....4 Never.....5 Don't know.....8			
HC11. does any member of this household possess land that can be used for agriculture?	Yes.....1 No.....2			2⇒HC13
HC12. How many hectares of arable land do members of this household possess? <i>If more than 97, write "97"</i> <i>If don't know, write "98"</i>	Hectares _ _			
HC13. does this household own cattle, sheep or other domestic animals?	Yes.....1 No.....2			2⇒HC15a
HC14. How many of these animals does the household breed				
cows/oxen	Cows/oxen..... _ _			
goats	Goats..... _ _			
sheep/rams	Sheep/rams..... _ _			
Pigs	Pigs..... _ _			
chickens	Chickens..... _ _			
Ducks	Ducks..... _ _			
<i>If they own none, write "00"</i> <i>If own more than 97, write "97"</i> <i>If don't know, write "98"</i>				

Security of tenure of housing		HC
HC15a. Is the house ?	Your own..... 1	} Next Module
	Rented..... 2	
Loaned temporarily..... 3		
Other..... 6 <i>(specify)</i>		
HC15b. I'm not interested in seeing the document, but does anyone in the household have the title deeds for this house ?	Yes..... 1	
	No..... 2	
	Don't know 8	

Mosquito nets and spraying module		TN
TN1. Does your household have any mosquito nets that can be used for sleeping under?	Yes..... 1 No..... 2	2⇒TN2a
TN2. How many mosquito nets does your household have? <i>If they have seven or more, write '7'.</i>	Number of nets _	
TN2A. Were the inside walls of your house sprayed against mosquitoes at any time in the last 12 months?	Yes..... 1 No..... 2 Don't know..... 8	} Next Module
TN2B. How many months ago was it sprayed?	Months..... _	
TN2C. Who sprayed?	Government worker 1 Private company..... 2 NGO 3 Household member 4 Other..... 6 <i>(specify)</i> Don't know..... 8	

Child labour module

CL

This should be asked of the mother/father of person looking after each of the children in the household aged 5–14 years. For those younger than 5 or older than 14 years, strike out the lines. now i would like to ask about any kind of work that the children in this household do.

Line	CL1. line no.	CL2. name	CL3. during the last 7 days, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work⇒ CL5			CL4. If yes, since last (day of the week), how many hours, more or less, did he/she work for this person who is not a member of this household? If he/she has more than one job, include the hours for all the work. Write the answer and move to CL6			CL5. at any time in the last 12 months, did (name) do any kind of work for somebody who is not a member of this household? If yes: was he/she paid in cash or in kind? 1 yes paid (in cash or in kind) 2 was not paid 3 did not work			CL6. during the last 7 days, did (name) help in household chores, such as cooking, shopping, fetching firewood, cleaning, washing clothes, fetching water or looking after the children? 1 Yes (in money or in kind) 2 Was not paid 3 Did not work ⇒ CL8			CL7. If yes, since last (day of the week), how many hours, more or less, did he/she spend on these tasks?			CL8. before the last 7 days, did (name) do any other family work (in the field, or business or selling things on the street?) 1 yes paid (in cash or in kind) 2 was not paid 3 did not work ⇒ Other child			CL9. If yes, since last (day of the week), how many hours, more or less, did he/she spend on this work?		
			PAID	UNPAID	NO	NO. HOURS			PAID	UNPAID	NO	PAID	UNPAID	NO	NO. HOURS			PAID	UNPAID	NO	NO. HOURS		
01			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
02			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
03			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
04			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
05			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
06			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
07			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
08			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
09			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
10			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
11			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
12			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
13			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
14			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—
15			1	2	3	—	—	—	1	2	3	1	2	3	—	—	—	1	2	3	—	—	—



Disability module															DA						
<p>To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household. For those under 2 or over 17 years old, strike through with a horizontal line. Now i would like to ask if any child in this household aged 2–17 years has any of the health condition that i will mention.</p>																					
DA1. N.º Line no.	DA2. Name	DA3. Compared with other children, does (name) have a serious delay in sitting, standing or walking?			DA4. Compared with other children, does (name) have difficulties in seeing, including by day and at night? D ⇨ Difficulties C ⇨ blind N ⇨ None			DA5. does (Name) seem to have difficulties in hearing, or is he/she completely deaf? D ⇨ Difficulties S ⇨ deaf N ⇨ None			DA6. when you tell (name) to do something, does he/she seem to understand what you are saying?			DA7. does (Name) have difficulty in walking or in moving his/her arms or stiffness in arms or legs? C ⇨ Walking R ⇨ stiffness N ⇨ None			DA7A. (Name) does he/she suffer from the following disabilities? 1 amputated/withered arm 2 amputated/withered leg 3 No disability			DA8. does (Name) sometimes suffer fits, go rigid, or lose consciousness? If more than 9 years old ⇨ DA13	
Line	Name	Y	N	D	C	N	D	S	N	Y	N	C	R	N	A	L	N	Y	N		
01		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
02		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
03		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
04		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
05		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
06		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
07		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
08		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
09		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
10		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
11		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
12		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
13		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
14		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		
15		1	2	1	2	3	1	2	3	1	2	1	2	3	1	2	3	1	2		



Disability module

DA

To be asked of the mother/father or other person looking after all the children aged 2–17 years who live in the household. For those under 2 or over 17 years old, strike through with a horizontal line. Now i would like to ask if any child in this household aged 2–17 years has any of the health conditions that i will mention.

DA1. Line no.	Children aged 2– 9 years								Children aged 2–17 years	
	DA9. (name) is he/she able to do things like other, healthy children?		DA10. (Name) does he/she speak (make him/herself understood in words; say recognizable words)?		DA11. (for 3–9 year olds): (Name) does he/she speak in a way different from normal (is he/she not clear enough to be understood by those outside the immediate family)?		DA12. (for 2 year olds): (Name) can he/she name at least one object (for example, an animal, a toy, a glass, a spoon)?		DA13. compared with other children of the same age does (name) seem to have some form of mental impairment, or is he/she somewhat slow in thinking?	
LINE	Y	N	Y	N	Y	N	Y	N	Y	N
01	1	2	1	2	1	2	1	2	1	2
02	1	2	1	2	1	2	1	2	1	2
03	1	2	1	2	1	2	1	2	1	2
04	1	2	1	2	1	2	1	2	1	2
05	1	2	1	2	1	2	1	2	1	2
06	1	2	1	2	1	2	1	2	1	2
07	1	2	1	2	1	2	1	2	1	2
08	1	2	1	2	1	2	1	2	1	2
09	1	2	1	2	1	2	1	2	1	2
10	1	2	1	2	1	2	1	2	1	2
11	1	2	1	2	1	2	1	2	1	2
12	1	2	1	2	1	2	1	2	1	2
13	1	2	1	2	1	2	1	2	1	2
14	1	2	1	2	1	2	1	2	1	2
15	1	2	1	2	1	2	1	2	1	2

Orphaned and vulnerable children		OV																
<p>OV2. has anyone who is usually a member of your household died since the opening of the last academic year (2007)?</p> <p><i>if the answer is no, ask :</i> did any baby who cried or showed any sign of life survive only a few hours or days?</p>	Yes..... 1 No..... 2	2⇒OV4a																
<p>OV3. Give the name, age and sex of all the people who have died in this period.</p> <p><i>Try to be sure that they have not forgotten anybody</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">AGE</th> <th colspan="2" style="width: 50%;">SEX (1=M and 2=F)</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1^a _____</td> <td style="padding: 2px;">1 __ __ days 2 __ __ months 3 __ __ year</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">1 2</td> </tr> <tr> <td style="padding: 2px;">2^a _____</td> <td style="padding: 2px;">1 __ __ days 2 __ __ months 3 __ __ year</td> <td></td> <td style="text-align: center;">1 2</td> </tr> <tr> <td style="padding: 2px;">3^a _____</td> <td style="padding: 2px;">1 __ __ days 2 __ __ months 3 __ __ year</td> <td></td> <td style="text-align: center;">1 2</td> </tr> </tbody> </table>	NAME	AGE	SEX (1=M and 2=F)		1 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2	2 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2	3 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2	
NAME	AGE	SEX (1=M and 2=F)																
1 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2															
2 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2															
3 ^a _____	1 __ __ days 2 __ __ months 3 __ __ year		1 2															
<p>OV4. Of those who died in this period, was anyone between 18 and 59 years old seriously ill in 3 of the last 12 months before he/she died?</p>	Yes..... 1 No..... 2																	
<p>OV4A. Verify HL5 and OV4</p> <p><input type="checkbox"/> If there is a child aged 0–17 years and the reply to OV4 was “Yes” ⇒ Continue with OV8A</p> <p><input type="checkbox"/> If there is any child aged 0–17 years and the reply to OV4 was “No” or no answer ⇒ Continue with OV5</p> <p><input type="checkbox"/> No children aged 0–17 years in the household ⇒ next module</p>																		
<p>OV5. Go back to the list of the household and check the following:</p> <p>1. Verify HL8A. <input type="checkbox"/> At least one adult aged 18–59 years was very ill during 3 of the last 12 months⇒ go to OV8A <input type="checkbox"/> No adult aged 18–59 years was very ill during 3 of the last 12 months</p> <p>2. Verify HL9 and HL11. <input type="checkbox"/> At least one of the parents of a child aged 0–17 years has died ⇒ Go to OV8B. <input type="checkbox"/> Neither parent of a child aged 0–17 years has died.</p> <p>3. Check HL10A and HL12A. <input type="checkbox"/> At least one of the parents of a child aged 0–17 years was ill during 3 of the last 12 months ⇒ Go to OV8B. <input type="checkbox"/> Neither parent of a child aged 0–17 years was ill during 3 of the last 12 months.</p> <p>4. Check DA4 (blind), DA5 (deaf), DA7, DA7A (arm or leg amputated) and DA13 (mental disability). <input type="checkbox"/> There is at least one child aged 0–17 years with these conditions ⇒ Go to OV8B. <input type="checkbox"/> No child aged 0–17 years has these conditions</p> <p>5. Check <input type="checkbox"/> Is any child listed in OV8C Continue with OV9 <input type="checkbox"/> there is no child listed in OV8C Next module</p>																		
<p>OV8A. List below all children aged 0–17 years. Register the names, line numbers and ages of all the children, starting with the first child and continuing in the order in which they appear in the household listing module. use a continuation questionnaire if there are more than four children aged 0–17 years in the household. After listing all the children, continue with OV9. ask all the questions for one child before passing to the next child.</p>	<p>OV8B. List below the child aged 0–17 years who has responded positively to verification. Thus, list the names of the children who have each condition. Use a continuation questionnaire if there are more than 4 children aged 0–17 years in the household. Check each of the conditions for all the children. After listing the children, go back to the following verification:</p>																	
<p>OV8C.</p> <p style="text-align: center;">Name (of HL2)</p> <p style="text-align: center;">Line number (of HL1)</p> <p style="text-align: center;">age (of HL5)</p>	1st child	2nd child	3rd child	4th child														
	_____	_____	_____	_____														
	__ __	__ __	__ __	__ __														
	__ __	__ __	__ __	__ __														

Continue



<p>OV9. I would like to ask questions about any formal, organized aid or support that your household has received for (<i>name</i>) and which you did not have to pay for. By formal, organized aid/support I mean aid provided by someone working for a programme of the government, of an organization, of a church/mosque or of the community. Remember, this must be support for which the household did not have to pay.</p>				
<p>OV10. now i would like to ask questions about the support your household received to assist (<i>name</i>).</p> <p>in the last 12 months, did your household receive any medical support for (<i>name</i>), such as a visit by a doctor/nurse, or did you receive medicines without having to pay?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV11. In the last 12 months, did your household receive any emotional or psychological support for (<i>Name</i>), such as company, conversation, counselling from a trained counsellor, or spiritual support at home?</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV13 DK.....8</p>
<p>OV12. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV13. In the last 12 months, did (<i>Name</i>) receive any material support (objects for the house/kitchen, Mat, tools for the field and/or cleaning the house, seeds), food or support in cash?</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV15 DK.....8</p>
<p>OV14. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>
<p>OV15. In the last 12 months, did (<i>Name</i>) have any help from the government or from an association to deal with the child's documents or receive help in domestic tasks or in the field?</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>	<p>Yes.....1 No.....2 ⇒ OV17 DK.....8</p>
<p>OV16. Did your household receive any of this support in the last 3 months?</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>	<p>Yes.....1 No.....2 NS.....8</p>
<p>OV17. Check OV8C for the age of the child</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>	<p><input type="checkbox"/> 0-4 years ⇒ next child <input type="checkbox"/> 5-17 years ⇒ OV18</p>
<p>OV18. In the last 12 months, did (<i>Name</i>) receive any support for going to school (school materials, uniform, exercise/text books, subsidy for enrolment or free enrolment)?</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>	<p>Yes.....1 No.....2 DK.....8</p>

Income module		OV
<i>Now i would like to ask if your household has received any support from the national social welfare institute (INAS), which i shall mention.</i>		
OV19. Did your household receive any support from the Food Subsidy Programme (PSA) in the last 12 months?	Yes..... 1 No 2 Don't know..... 8	
OV20. Did your household receive any material support from the Direct Social Support Programme (PASD) in the last 12 months?	Yes..... 1 No 2 Don't know..... 8	

Iodized salt module		SI
SI1. what kind of salt do you use for cooking? <i>(Ask for the salt and make the test)</i>	Non-iodized salt 0 ppm/local salt.....1 Iodized salt with less than 15 ppm.....2 15 ppm or more3 No salt/don't want to give salt.....6 Test not done7	
<p>SI2. Does any eligible woman, aged 15–49, live in the household? Check the list of the household, column HL6. There should be a questionnaire with the information panel completed for each eligible woman. <input type="checkbox"/> Yes. ⇒ go to the WOMEN'S QUESTIONNAIRE to ask the questions of the first eligible woman. <input type="checkbox"/> No. ⇒ Continue.</p>		
<p>SI3. Does any child under 5 years of age live in the household? Check the list of the household, column HL8 There should be a questionnaire with the information panel completed for each eligible child. <input type="checkbox"/> Yes. ⇒ Go to the CHILDREN UNDER FIVE QUESTIONNAIRE to ask the questions of the mother or care giver of the first eligible child <input type="checkbox"/> No. ⇒ End the interview by thanking the interviewee for his/her collaboration. Put together all the questionnaires concerning this household, count the number of interviews held, and record it on the covering page.</p>		

Table of year of birth and respective age in 2008

Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age	Year	Age
2008	0	1999	9	1990	18	1981	27	1972	36	1963	45	1954	54	1945	63	1936	72	1927	81
2007	1	1998	10	1989	19	1980	28	1971	37	1962	46	1953	55	1944	64	1935	73	1926	82
2006	2	1997	11	1988	20	1979	29	1970	38	1961	47	1952	56	1943	65	1934	74	1925	83
2005	3	1996	12	1987	21	1978	30	1969	39	1960	48	1951	57	1942	66	1933	75	1924	84
2004	4	1995	13	1986	22	1977	31	1968	40	1959	49	1950	58	1941	67	1932	76	1923	85
2003	5	1994	14	1985	23	1976	32	1967	41	1958	50	1949	59	1940	68	1931	77	1922	86
2002	6	1993	15	1984	24	1975	33	1966	42	1957	51	1948	60	1939	69	1930	78	1921	87
2001	7	1992	16	1983	25	1974	34	1965	43	1956	52	1947	61	1938	70	1929	79	1920	88
2000	8	1991	17	1982	26	1973	35	1964	44	1955	53	1946	62	1937	71	1928	80	1919	89



OBSERVATIONS OF THE INTERVIEWER

(TO BE COMPLETED IMMEDIATELY AFTER THE END OF THE INTERVIEW)

COMMENTS ABOUT THE INTERVIEWS:

COMMENTS ABOUT SPECIFIC QUESTIONS:

ANY OTHER COMMENT:

OBSERVATIONS OF THE CONTROLLER

NAME OF THE CONTROLLER: _____ DATE: _____

OBSERVATIONS OF THE SUPERVISOR

NAME OF THE SUPERVISOR: _____ DATE: _____