



**HOUSEHOLD QUESTIONNAIRE**

WE ARE FROM (*National Bureau of Statistics, NIGERIA*). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL **BE FOR A SHORT PERIOD**. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. **MAY I START NOW? If permission is given, begin the interview.**

**HOUSEHOLD INFORMATION PANEL HH**

HH1. EA Name _____ Cluster Number _____	HH2. Household number: _____
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HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____
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HH5. Day/Month/Year of interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HH6. Area ..... Sector Rural .....1 Urban .....2	HH7. State Name: _____ State Code: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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HH 8. Name of head of household: \_\_\_\_\_

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

HH9. Result of HH interview: Completed .....1 Not at home .....2 Refused .....3 HH not found/destroyed.....4 Partially Completed.....5 Other ( <i>specify</i> ) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____ HH11. Total number of household members: _____
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HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____
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HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____
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Interviewer/supervisor notes: **Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.**

HH16. Data entry clerk: \_\_\_\_\_

HH16A. Time interview start: \_\_\_\_\_ : \_\_\_\_\_ Time interview end: \_\_\_\_\_ : \_\_\_\_\_

HH16B. Editor's Name \_\_\_\_\_ Editor's Number \_\_\_\_\_

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

HOUSEHOLD LISTING FORM																															
<p><b>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.</b>  <i>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)</i>                      Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). <i>If yes, complete listing.</i>                      Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used</p>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"><i>Eligible for:</i></td> <td rowspan="2" style="text-align: center;"><i>If age 18-59 years</i></td> <td colspan="5" style="text-align: center;"><i>For children age 0-17 years ask HL9-HL12A</i></td> </tr> <tr> <td style="text-align: center;">WOMEN'S INTERVIEW</td> <td style="text-align: center;">CHILD LABOUR MODULE</td> <td style="text-align: center;">UNDER-5 INTERVIEW</td> <td colspan="5"></td> </tr> </table>															<i>Eligible for:</i>			<i>If age 18-59 years</i>	<i>For children age 0-17 years ask HL9-HL12A</i>					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW					
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WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW																													
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?  1 MALE 2 FEM.		HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years</i> 98=DK*	HL6. <i>Circle Line no. if woman is age 15-49</i>	HL7. <i>For each child age 5-17:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/caretaker</i>	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/caretaker</i>	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE?	HL10. <i>If alive:</i> DOES (NAME) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If yes record Line no. of mother or 00 for 'no'</i>	HL10A. <i>If mother does not live in household</i> HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO 8 DK NEXT LINE	HL12. <i>If alive:</i> DOES (NAME) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If YES record Line no. of father or 00 for 'no'</i>	HL12A. <i>If father does not live in household:</i> HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?																
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK																
01		0 1	1	2	___	01	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
02		___	1	2	___	02	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
03		___	1	2	___	03	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
04		___	1	2	___	04	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
05		___	1	2	___	05	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
06		___	1	2	___	06	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
07		___	1	2	___	07	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
08		___	1	2	___	08	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
09		___	1	2	___	09	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
10		___	1	2	___	10	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
11		___	1	2	___	11	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																
12		___	1	2	___	12	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8																

**NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007**

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?  <b>1 MALE 2 FEM.</b>	HL5. HOW OLD IS (name) ?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDA Y?  <b>Record in comple ted years</b>  98=DK*	HL6. <b>Circle Line no. if woma n is age 15-49</b>	HL7. <i>For each child age 5- 17:</i>  WHO IS THE MOTHER OR PRIMARY CARETA KER OF THIS CHILD?  <b>Record Line no. of mother/ caretak er</b>	HL8. <i>For each child under 5:</i>  WHO IS THE MOTHER OR PRIMARY CARETA KER OF THIS CHILD?  <b>Record Line no. of mother/ caretak er</b>	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS ?  Y N DK	HL9. IS (name' s) NATUR AL MOTHE R ALIVE?  1 YES 2 NO⇒ <b>HL1 8 DK⇒ HL1 1</b>	HL10. <i>If alive:</i> DOES (NAME) S NATUR AL MOTHE R LIVE IN THIS HOUSE - HOLD? <i>If yes ⇒11R ecord Line no. of mothe r or 00 for 'no'</i>	HL10A. <i>If mother does not live in house hold</i> HAS (name's ) MOTHE R BEEN VERY SICK FOR AT LEAST 3 MONTH S IN THE PAST 12 MONTH S?  Y N DK	HL11. IS (name' s) NATURA L FATHER ALIVE?  1 YES 2 NO⇒ <b>NEXT LINE 8 DK⇒ NEXT LINE</b>	HL12. <i>If alive:</i> DOES (NAME) S NATUR AL FATHER LIVE IN THIS HOUSE- HOLD? <i>If YES ⇒ next line Record Line no. of father or 00 for 'no'</i>	HL12A. <i>If father does not live in househ old:</i> HAS (name's ) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS ?  Y N DK	
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHE R	Y N DK	Y N DK	FATHER	Y N DK
13		___	1	2	___	13	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8
14		___	1	2	___	14	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8
15		___	1	2	___	15	___	___	1 2 8	1 2 8	___	1 2 8	1 2 8	___	1 2 8

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*

**Then, complete the totals below.**

	Women 15-49	Childre n 5-17	Under- 5s	Very Sick (=1)	Mothe rs Dead (=2)		Mothers Very Sick (=1)	Fath ers Dead (=2)		Fathers Very Sick (=1)
Totals	___	___	___	___	___		___	___		___

\* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women'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 the Questionnaire for Children Under Five.  
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

\* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

EDUCATION MODULE											
For household members age 5 and above				For household members age 5-24 years							
ED	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL ?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK  GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>	ED4. DURING THE (2006- 2007) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHO OL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL ?  <i>Insert number of days in space below.</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK  GRADE: 98 DK	ED7. DID (name) ATTEND SCHOOL OR PRESCHO OL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2005- 2006)?  1 YES  2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?  LEVEL: GRADE 0 PRE-SCHOOL 01-03 1 PRIMARY 04-09 2 SECONDARY 10-15 3 HIGHER 16-18 6 NON-FORMAL EDUCATION 19 8 DK  GRADE: 98 DK			
LINE		YES NO	LEVEL	GRADE/CL ASS	YES NO	DAYS	LEVEL	GRADE/ CL A	Y N DK	LEVEL	GRADE
01		1  2 ⇒NEXT LINE	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —
02		1  2 ⇒NEXT LINE	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —
03		1  2 ⇒NEXT LINE	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —
04		1  2 ⇒NEXT LINE	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —
05		1  2 ⇒NEXT LINE	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —
06		1  2	0 1 2 3  6 8	— —	1 2	—	0 1 2 3  6 8	— —	1 2 8	0 1 2 3  6 8	— —

NIGERIA MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2007

		⇒NEXT LINE								
07		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
08		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
09		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
10		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
11		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
12		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
13		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
14		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8
15		1 2 ⇒NEXT LINE	0 1 2 3 6 8	— —	1 2	—	0 1 2 3 6 8	— —	1 2 8	0 1 2 3 6 8

WATER AND SANITATION MODULE		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water  Piped into dwelling.....11  Piped into yard or plot.....12  Public tap/standpipe .....13  Tubewell/borehole .....21  Dug well  Protected well .....31  Unprotected well .....32  Water from spring  Protected spring .....41  Unprotected spring .....42  Rainwater collection .....51  Tanker-truck .....61  Cart with small tank/drum .....71  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81  <b>Bottled water .....91</b>  Other (<i>specify</i>).....96</p>	<p><b>11⇒WS5</b>  <b>12⇒WS5</b>  ⇒WS3  <b>96⇒WS3</b></p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water  Piped into dwelling.....11  Piped into yard or plot.....12  Public tap/standpipe .....13  Tubewell/borehole .....21  Dug well  Protected well .....31  Unprotected well .....32  Water from spring  Protected spring .....41  Unprotected spring .....42  Rainwater collection .....51  Tanker-truck .....61  Cart with small tank/drum .....71  Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81  Other (<i>specify</i>).....96</p>	<p><b>11⇒WS5</b>  <b>12⇒WS5</b></p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes .....  Water on premises .....995  DK.....998</p>	<p><b>995⇒WS5</b></p>

WATER AND SANITATION MODULE		WS
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><b>Probe:</b> IS THIS PERSON UNDER AGE 15? WHAT SEX? <b>Circle code that best describes this person.</b></p>	Adult woman.....1 Adult man .....2 Female child (under 15) .....3 Male child (under 15).....4 DK.....8	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	Yes.....1 No .....2 DK.....8	<b>2⇒WS7</b>  <b>8⇒WS7</b>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><b>Record all items mentioned.</b></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>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><b>If “flush” or “pour flush”, probe:</b> WHERE DOES IT FLUSH TO?</p> <p><b>If necessary, ask permission to observe the facility.</b></p>	Flush / pour flush Flush to piped sewer system .....11 Flush to septic tank.....12 Flush to pit (latrine).....13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK where .....15 Ventilated Improved Pit latrine (VIP) .....21 Pit latrine with slab.....22 Pit latrine without slab / open pit.....23 Composting toilet.....31 Bucket.....41 Hanging toilet/hanging latrine .....51 No facilities or bush or field .....95 Other ( <i>specify</i> )..... 96	<b>95⇒ NEXT MODULE</b>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	Yes.....1 No .....2	<b>2⇒ NEXT MODULE</b>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	No. of households (if less than 10)..... 0 ____ Ten or more households .....10 DK.....98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity.....1 Islam .....2 Traditional.....3  Other religion ( <i>specify</i> ) _____ 6 No religion .....7	
HC1B. MOTHER TONGUE OF HEAD	Language ..... _ _ _ _	
HC1C. ETHNIC GROUP OF HEAD	Ethnic Group ..... _ _ _ _	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... _ _	
HC3. Main material of the dwelling floor:  <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. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof.....11 Thatch/palm leaf .....12 Sod .....13 Rudimentary Roofing Rustic mat.....21 Palm/bamboo .....22 Wood planks .....23 Plastic sheeting.....24 Finished roofing Iron Sheets/Zinc .....31 Wood .....32 Calamine/cement fiber.....33 Ceramic tiles .....34 Cement .....35 Roofing shingles .....36  Other ( <i>specify</i> )_____ 96	



HOUSEHOLD CHARACTERISTICS MODULE		HC
HC5. Main material of the walls.  <i>Record observation.</i>	Natural walls No walls .....11 Cane/palm/trunks .....12 Dirt .....13 Rudimentary walls Bamboo with mud.....21 Stone with mud.....22 Uncovered adobe .....23 Plywood .....24 Carton .....25 Reused wood.....26 Finished walls Cement .....31 Stone with lime/cement .....32 Bricks .....33 Cement blocks .....34 Covered adobe .....35 Wood planks/shingles.....36  Other ( <i>specify</i> ) ..... 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity .....01 Liquid Propane Gas (LPG) .....02 Natural gas .....03 Biogas.....04 Kerosene .....05 Coal / Lignite.....06 Charcoal .....07 Wood .....08 Straw/shrubs/grass.....09 Animal dung.....10 Agricultural crop residue.....11 Other ( <i>specify</i> ) ..... 96	<b>01⇒HC8</b> <b>02⇒HC8</b> <b>03⇒HC8</b> <b>04⇒HC8</b>
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE, A CLOSED STOVE, GAS COOKER AND ELECTRIC COOKER?  <i>Probe for type.</i>	Open fire .....1 Open stove .....2  Closed stove .....3  Other ( <i>specify</i> ) ..... 6	<b>3⇒HC8</b>  <b>6⇒HC8</b>
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes.....1 No .....2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR	In the house .....1 In a separate building .....2	

HOUSEHOLD CHARACTERISTICS MODULE		HC																																																						
OUTDOORS?	Outdoors .....3 Other ( <i>specify</i> ) .....6																																																							
HC9. DOES YOUR HOUSEHOLD HAVE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>Electricity .....1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>Radio .....1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>Television .....1</td> <td>2</td> </tr> <tr> <td>VCR\VCD</td> <td>VCR\VCD .....1</td> <td>2</td> </tr> <tr> <td>DVD</td> <td>DVD .....1</td> <td>2</td> </tr> <tr> <td>Mobile Telephone</td> <td>Mobile Telephone .....1</td> <td>2</td> </tr> <tr> <td>Land Line Telephone</td> <td>Land line Telephone .....1</td> <td>2</td> </tr> <tr> <td>Sewing Machine</td> <td>Sewing Machine .....1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>Refrigerator.....1</td> <td>2</td> </tr> <tr> <td>Water Pump</td> <td>Water Pump.....1</td> <td>2</td> </tr> <tr> <td>Clock</td> <td>Clock.....1</td> <td>2</td> </tr> <tr> <td>Generator</td> <td>Generator .....1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>Computer.....1</td> <td>2</td> </tr> <tr> <td>Fan</td> <td>Fan.....1</td> <td>2</td> </tr> <tr> <td>Air Conditioner</td> <td>Air Conditioner.....1</td> <td>2</td> </tr> <tr> <td>Blender\Mixer\food processor</td> <td>Blender\ Mixer\ Food Processor.....1</td> <td>2</td> </tr> <tr> <td>water heater</td> <td>Water Heater .....1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	Electricity .....1	2	Radio	Radio .....1	2	Television	Television .....1	2	VCR\VCD	VCR\VCD .....1	2	DVD	DVD .....1	2	Mobile Telephone	Mobile Telephone .....1	2	Land Line Telephone	Land line Telephone .....1	2	Sewing Machine	Sewing Machine .....1	2	Refrigerator	Refrigerator.....1	2	Water Pump	Water Pump.....1	2	Clock	Clock.....1	2	Generator	Generator .....1	2	Computer	Computer.....1	2	Fan	Fan.....1	2	Air Conditioner	Air Conditioner.....1	2	Blender\Mixer\food processor	Blender\ Mixer\ Food Processor.....1	2	water heater	Water Heater .....1	2	
	Yes	No																																																						
Electricity	Electricity .....1	2																																																						
Radio	Radio .....1	2																																																						
Television	Television .....1	2																																																						
VCR\VCD	VCR\VCD .....1	2																																																						
DVD	DVD .....1	2																																																						
Mobile Telephone	Mobile Telephone .....1	2																																																						
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Sewing Machine	Sewing Machine .....1	2																																																						
Refrigerator	Refrigerator.....1	2																																																						
Water Pump	Water Pump.....1	2																																																						
Clock	Clock.....1	2																																																						
Generator	Generator .....1	2																																																						
Computer	Computer.....1	2																																																						
Fan	Fan.....1	2																																																						
Air Conditioner	Air Conditioner.....1	2																																																						
Blender\Mixer\food processor	Blender\ Mixer\ Food Processor.....1	2																																																						
water heater	Water Heater .....1	2																																																						
HC10. DOES ANY HOUSEHOLD MEMBER OWN:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td>Watch .....1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>Bicycle .....1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td>Motorcycle/Scooter .....1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart</td> <td>Animal drawn-cart.....1</td> <td>2</td> </tr> <tr> <td>Car/Truck</td> <td>Car/Truck.....1</td> <td>2</td> </tr> <tr> <td>Engine Boat with motor</td> <td>Engine Boat with motor .....1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch	Watch .....1	2	Bicycle	Bicycle .....1	2	Motorcycle/Scooter	Motorcycle/Scooter .....1	2	Animal drawn-cart	Animal drawn-cart.....1	2	Car/Truck	Car/Truck.....1	2	Engine Boat with motor	Engine Boat with motor .....1	2																																		
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Engine Boat with motor	Engine Boat with motor .....1	2																																																						

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY INSECTICIDE TREATED MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No .....2	2⇒NEXT MODULE
TN2. HOW MANY INSECTICIDE TREATED NETS DOES YOUR HOUSEHOLD HAVE? <b>If 7 or more nets, record '7'.</b>	Number of nets.....__	
TN3. IS THE INSECTICIDE TREATED NET, ANY OF THE FOLLOWING TYPE?  <b>Read each type, show picture card, and circle codes for Yes or No for each type. If possible, observe the net to verify type.</b>	Y N DK Long-lasting treated nets: ..... 1 2 8 Re-treatable nets: .....1 2 8 Other nets ..... 1 2 8:	
LONG-LASTING TREATED NETS:  RE-TREATABLE NETS:  OTHER NETS:		
<b>TN4. Check TN3 for type of net(s). Go through the above list in order until one box is checked and follow instructions:</b>		
1. <input type="checkbox"/> Long-lasting Treated Net mentioned?⇒ Go to Next Module		
2. <input type="checkbox"/> Re-treatable Treated Net mentioned?⇒ Go to TN6		
3. <input type="checkbox"/> Other Insecticide Treated Net mentioned?⇒ Continue with TN5		
TN5. WHEN YOU GOT THE (MOST RECENT) INSECTICIDE TREATED NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No .....2 DK/not sure.....8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) INSECTICIDE TREATED NET OBTAINED?  <b>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</b>	Months ago.....__ __ More than 24 months ago .....95 Not sure .....98	
TN7. SINCE YOU GOT THE INSECTICIDE TREATED NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes.....1 No .....2 DK.....8	2⇒NEXT MODULE  8⇒NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?  <b>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</b>	Months ago.....__ __ More than 24 months ago .....95 Not sure .....98	

<b>CHILDREN ORPHANED &amp; MADE VULNERABLE BY HIV/AIDS</b>	<b>OV</b>
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**OV1. Check HL5: any children 0-17?**

**Yes** ⇒ *Continue to OV2*

**No** ⇒ *Next Module*

<b>OV2.</b> I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	<b>2⇒OV5</b>
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<b>OV3.</b> (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes..... 1 No..... 2	<b>2⇒OV5</b>
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<b>OV4.</b> (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes..... 1 No..... 2	<b>1⇒OV8</b>
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**OV5. Return to the Household Listing and check the following:**

**1. Check totals for HL9 and HL11.**

*At least one mother or father dead.* ⇒ **Go to OV8**

*No mother or father dead*

**2. Check totals for HL8A.**

*At least one adult aged 18-59 very sick 3 of last 12 months* ⇒ **Go to OV8**

*No adult aged 18-59 very sick 3 of last 12 months*

**3. Check totals for HL10A and HL12A.**

*At least one mother or father ill 3 of last 12 months* ⇒ **Go to OV8**

*No mother or father ill 3 of last 12 months* ⇒ **Go to Next Module**

**OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.**

	1 <sup>ST</sup> CHILD	2 <sup>ND</sup> CHILD	3 <sup>RD</sup> CHILD	4 <sup>TH</sup> CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	___	___	___	___
Age (from HL5)	___	___	___	___

**OV9.** I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.

**YES.....1      NO.....2**

**IF NO GO TO THE NEXT MODULE**

<p>OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR <i>(name)</i>. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR <i>(name)</i>, SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?</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, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR <i>(name)</i>, SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?</p>	<p>Yes.....1 No .....2 ⇒ <b>OV13</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV13</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV13</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV13</b> DK.....8</p>
<p>OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 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, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR <i>(name)</i>, SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?</p>	<p>Yes.....1 No .....2 ⇒ <b>OV15</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV15</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV15</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV15</b> DK.....8</p>
<p>OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 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, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR <i>(name)</i>, SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?</p>	<p>Yes.....1 No .....2 ⇒ <b>OV17</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV17</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV17</b> DK.....8</p>	<p>Yes.....1 No .....2 ⇒ <b>OV17</b> DK.....8</p>
<p>OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 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><b>OV17. Check OV8 for age of child:</b></p>	<p><input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b></p>	<p><input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b></p>	<p><input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b></p>	<p><input type="checkbox"/> Age 0-4 ⇒ <b>next child</b> <input type="checkbox"/> Age 5-17 ⇒ <b>OV18</b></p>
<p>OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR <i>(name's)</i> SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?</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>

**CHILD LABOUR MODULE**

**To be administered to MOTHER/CARETAKER OF EACH CHILD IN THE HOUSEHOLD AGE 5 THROUGH 17 YEARS.**

**For household members below AGE 5 OR ABOVE AGE 17 LEAVE ROWS BLANK.**

**Now I would like to ask about any work children in this household may do.**

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <b>If yes:</b> FOR PAY IN CASH OR KIND?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <b>If yes:</b> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <b>If more than one job, include all hours at all jobs.</b>  <b>Record response then ⇒ CL.6</b>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <b>If yes:</b> FOR PAY IN CASH OR KIND?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN?  1 YES 2 NO ⇒ TO CL8	CL7. <b>If yes:</b> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?)  1 YES 2 NO ⇒ NEXT LINE	CL9. <b>If yes:</b> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	NO OF HOURS	YES PAID UNPAID NO	YES NO	NO. HOURS	YES NO	NO. HOURS
01		1 2 3	___	1 2 3	1 2	___	1 2	___
02		1 2 3	___	1 2 3	1 2	___	1 2	___
03		1 2 3	___	1 2 3	1 2	___	1 2	___
04		1 2 3	___	1 2 3	1 2	___	1 2	___
05		1 2 3	___	1 2 3	1 2	___	1 2	___
06		1 2 3	___	1 2 3	1 2	___	1 2	___
07		1 2 3	___	1 2 3	1 2	___	1 2	___
08		1 2 3	___	1 2 3	1 2	___	1 2	___
09		1 2 3	___	1 2 3	1 2	___	1 2	___
10		1 2 3	___	1 2 3	1 2	___	1 2	___
11		1 2 3	___	1 2 3	1 2	___	1 2	___
12		1 2 3	___	1 2 3	1 2	___	1 2	___
13		1 2 3	___	1 2 3	1 2	___	1 2	___
14		1 2 3	___	1 2 3	1 2	___	1 2	___
15		1 2 3	___	1 2 3	1 2	___	1 2	___

**MATERNAL MORTALITY MODULE**

Administer to each adult household member. Copy name and line number of each adult (**age 15 or over**) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT?  1 YES ⇒MM 4  2 NO ⇒MM 5	MM4. Line no. of proxy respondent ( <b>from household listing HL1</b> )	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?  98= DON'T KNOW  IF 00 GO TO THE NEXT LINE	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?  98= DON'T KNOW  IF 00 GO TO THE NEXT LINE	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?  98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?  98= DON'T KNOW  IF 00 GO TO THE NEXT LINE	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?  98= DON'T KNOW
LINE	NAME	Y N	LINE					
01		1 2	___	___	___	___	___	___
02		1 2	___	___	___	___	___	___
03		1 2	___	___	___	___	___	___
04		1 2	___	___	___	___	___	___
05		1 2	___	___	___	___	___	___
06		1 2	___	___	___	___	___	___
07		1 2	___	___	___	___	___	___
08		1 2	___	___	___	___	___	___
09		1 2	___	___	___	___	___	___
10		1 2	___	___	___	___	___	___
11		1 2	___	___	___	___	___	___
12		1 2	___	___	___	___	___	___
13		1 2	___	___	___	___	___	___
14		1 2	___	___	___	___	___	___
15		1 2	___	___	___	___	___	___

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><b>Once you have examined the salt, Circle number that corresponds to test outcome.</b></p>	<p>Not iodized 0 PPM .....1  Less than 15 PPM .....2  15 PPM or more .....3</p> <p>No salt in home.....6  Salt not tested.....7</p>	
<p><b>SI2. Does any eligible woman age 15-49 reside in the household?</b>  Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <b>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</b>, and administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>		
<p><b>SI3. Does any child under the age of 5 reside in the household?</b>  Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <b>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</b>, and administer the questionnaire to caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>		