

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: <input type="text"/>	HH2. Household number: <input type="text"/>	
HH3. Interviewer name and number: Name <input type="text"/>	HH4. Supervisor name and number: Name <input type="text"/>	
HH5. Day / Month / Year of interview: <input type="text"/> / <input type="text"/> / <input type="text"/>		
HH6. Area: <input type="text"/> Sector <input type="text"/>	HH7. State Name: <input type="text"/> Code <input type="text"/>	
Urban..... 1		
Rural..... 2		

WE ARE FROM (NATIONAL BUREAU OF STATISTICS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: <input type="text"/>	
HH9. Result of household interview:	HH10. Respondent to household questionnaire:
Completed 01	Name: <input type="text"/>
No household member or no competent respondent at home at time of visit 02	Line Number: <input type="text"/>
Entire household absent for extended period of time 03	
Refused 04	
Dwelling vacant / Address not a dwelling 05	
Dwelling destroyed 06	
Dwelling not found 07	
Partially completed 08	HH11. Total number of household members: <input type="text"/>
Other (specify) 96	
HH12. Number of women age 15-49 years: <input type="text"/>	HH13. Number of woman's questionnaires completed: <input type="text"/>
HH14. Number of children under age 5: <input type="text"/>	HH15. Number of under-5 questionnaires completed: <input type="text"/>
HH16. Field edited by (Name and number): Name <input type="text"/>	HH17. Data entry clerk (Name and number): Name <input type="text"/>

HH18.
Record the time.

Hour..... ___

Minutes..... ___

HOUSEHOLD LISTING FORM **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

	<i>For women age 15-49</i>	<i>For children age 5-17</i>	<i>For children under age 5</i>	<i>For all household members</i>	<i>For children age 0-17 years</i>
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HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.				
			1 Male 2 Female	98 DK	9998 DK	<i>Record in completed years. If age is 95 or above, record '95'</i>	<i>Circle line number if woman is age 15-49</i>	<i>Record line number of mother/caregiver</i>	<i>Record line number of mother/caregiver</i>	1 Yes 2 No	1 Yes 2 No 8 DK HL13	<i>Record line number of mother or 00 for "No"</i>	1 Yes 2 No 8 DK Next Line	<i>Record line number of father or 00 for "No"</i>				
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	___	_____	___	01	___	___	1	2	1 2 8	___	1	2	8	___
02		___	1	2	___	_____	___	02	___	___	1	2	1 2 8	___	1	2	8	___
03		___	1	2	___	_____	___	03	___	___	1	2	1 2 8	___	1	2	8	___
04		___	1	2	___	_____	___	04	___	___	1	2	1 2 8	___	1	2	8	___
05		___	1	2	___	_____	___	05	___	___	1	2	1 2 8	___	1	2	8	___
06		___	1	2	___	_____	___	06	___	___	1	2	1 2 8	___	1	2	8	___
07		___	1	2	___	_____	___	07	___	___	1	2	1 2 8	___	1	2	8	___
08		___	1	2	___	_____	___	08	___	___	1	2	1 2 8	___	1	2	8	___
09		___	1	2	___	_____	___	09	___	___	1	2	1 2 8	___	1	2	8	___

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CAREGIVER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CAREGIVER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?						
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Record line number of mother/caregiver	Record line number of mother/caregiver	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
10		___	1	2	___	___	___	10	___	___	1	2	1	2	8	___	1	2	8	___
11		___	1	2	___	___	___	11	___	___	1	2	1	2	8	___	1	2	8	___
12		___	1	2	___	___	___	12	___	___	1	2	1	2	8	___	1	2	8	___
13		___	1	2	___	___	___	13	___	___	1	2	1	2	8	___	1	2	8	___
14		___	1	2	___	___	___	14	___	___	1	2	1	2	8	___	1	2	8	___
15		___	1	2	___	___	___	15	___	___	1	2	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caregiver in the information panel of a separate Under-5 Questionnaire.

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:

Codes for ED4, ED6 & ED8: Educational Grade...

01 Head	06 Parent	11 Niece / Nephew	Never complete Nursery 1.....00	Primary 3.....13	JSS 3.....23	NCE - 31,
02 Wife / Husband	07 Parent-In-Law	12 Other relative	Nursery 1.....01	Primary 4.....14	SS 1.....24	AL / OND- 32
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster /	Nursery 2.....02	Primary 5.....15	SS 2.....25	Technical-33
04 Son-In-Law /	09 Brother-In-Law /	Stepchild	Nursery 3.....03	Primary 6.....16	SS 3.....26	Never Complete HND1/BSc.1/Pg - 40
Daughter-In-Law	Sister-In-Law	14 Not related	Never complete Primary 1.....10	Never Complete JSS1 - 20	Never Complete	HND - 41 BSc- 42

05 Grandchild	10 Uncle / Aunt	98 Don't know	Primary 1.....11	JSS 1.....21	NCE 1 AL/OND1/ Technical 30	Post Graduate..... - 43
			Primary 2.....12	JSS 2..... 22		

EDUCATION **ED**

For household members age 5 and above

For household members age 5-24 years

ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Level: Grade: 0 Preschool 00-03 1 Primary 10-16 2 Secondary 20-26 3 Higher 30-33,40-43 4 Non-Formal Education 8 DK 98 <i>If Level is 4 go to ED5</i>	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? Level: Grade: 0 Preschool 01-03 1 Primary 11-16 2 Secondary 21-26 3 Higher 31-33,41-43 4 Non-Formal Education 8 DK DK 98 <i>If Level is 4 go to ED7</i>	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: Grade: 0 Preschool 01-03 1 Primary 11-16 2 Secondary 21-26 3 Higher 31-33,41-43 4 Non-Formal Education 8 DK DK 98 <i>If Level is 4 go to Next line</i>
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Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Y N DK	Level	Grade
01		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
02		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
03		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
04		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
05		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
06		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
07		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
08		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
09		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
10		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___
11		___	1 2	0 1 2 3 4 8	___	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___

							8			8	
12		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __
13		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __
14		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __
15		__ __	1 2	0 1 2 3 4 8	__ __	1 2	0 1 2 3 4 8	__ __	1 2 8	0 1 2 3 4 8	__ __

<p>WS4A. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK ?</p> <p>(A) DURING RAINY SEASON</p> <p>(B) DURING DRY SEASON</p>	<p>(A) Number of minutes..... _ _ _</p> <p>DK 998</p> <p>(B) Number of minutes..... _ _ _</p> <p>DK 998</p>	
<p>WS4B. WHAT IS THE DISTANCE TO THE NEAREST WATER SOURCE IN METRES?</p>	<p>Metres..... _ _ _</p> <p>DK 9998</p>	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK..... 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil.....A Add bleach / chlorineB Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.)D Solar disinfectionE Let it stand and settle.....F Add alum.....G Add water tablet/liquid.....H <p style="text-align: right;">Other (<i>specify</i>) X</p> DK.....Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<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 Pit latrine 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 facility, Bush, Field 95 <p style="text-align: right;">Other (<i>specify</i>) 96</p> </p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public)..... 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ___ Ten or more households..... 10 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christianity</i>1 <i>Islam</i>2 Other religion (<i>specify</i>) 6 No religion7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Language</i>__ __	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic group</i>__ __	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....__ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand.....11 Dung12 Rudimentary floor Wood planks.....21 Palm / Bamboo22 Finished floor Parquet or polished wood31 Vinyl or asphalt strips32 Ceramic tiles.....33 Cement34 Carpet.....35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof11 Thatch / Palm leaf.....12 Sod13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo22 Wood planks.....23 Cardboard/Plastic Sheeting.....24 Finished roofing Metal/ Iron sheet/Zinc.....31 Wood32 Calamine / Cement fibre33 Ceramic tiles.....34 Cement35 Roofing shingles36 Other (<i>specify</i>) 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks.....12</p> <p>Dirt.....13</p> <p>Rudimentary walls</p> <p>Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks.....33</p> <p>Cement blocks.....34</p> <p>Covered adobe.....35</p> <p>Wood planks / shingles.....36</p> <p style="text-align: right;">Other (<i>specify</i>) 96</p>																															
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household 95</p> <p style="text-align: right;">Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																														
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors.....4</p> <p style="text-align: right;">Other (<i>specify</i>) 6</p>																															
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A VCR/VCD/DVD</p> <p>[G] SEWING MACHINE</p> <p>[H] CLOCK</p> <p>[I] GENERATOR</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VCR/VCD/DVD.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sewing machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clock</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Generator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	VCR/VCD/DVD.....	1	2	Sewing machine	1	2	Clock	1	2	Generator	1	2	
	Yes	No																														
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VCR/VCD/DVD.....	1	2																														
Sewing machine	1	2																														
Clock	1	2																														
Generator	1	2																														

[J] COMPUTER	Computer.....	1	2	
[K] INTERNET FACILITY	Internet facility	1	2	
[L] FAN	Fan	1	2	
[M] AIR CONDITIONER	Air conditioner	1	2	
[N] BLENDER/MIXER/FOOD PROCESSOR	Blender/Mixer/Food processor	1	2	
[O] WATER HEATER	Water heater.....	1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:				
		Yes	No	
[A] A WATCH?	Watch	1	2	
[B] A MOBILE TELEPHONE?	Mobile telephone	1	2	
[C] A BICYCLE?	Bicycle	1	2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter	1	2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart	1	2	
[F] A CAR OR TRUCK?	Car / Truck.....	1	2	
[G] A BOAT WITH A MOTOR?	Boat with motor	1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS HOUSE?				
<i>If "No", then ask: DO YOU RENT THIS HOUSE FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Own	1		
	Rent.....	2		
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Other (Not owned or rented)	6		
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes	1		
	No.....	2		2⇒HC13
HC12. HOW MANY UNIT OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?	Hectares	__	__	
<i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>				
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes	1		
	No.....	2		2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?				
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls.....	__	__	
[B] HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules.....	__	__	
[C] GOATS?	Goats	__	__	
[D] SHEEP?	Sheep	__	__	
[E] CHICKENS?	Chickens.....	__	__	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes1 No2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets__ __	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed..... 1 Not observed.....2	Observed..... 1 Not observed.....2	Observed..... 1 Not observed.....2
TN5. Observe or ask the type of mosquito net. <i>If type is unknown and you cannot observe the net, show pictures of typical net types to the respondent.</i>	Long-lasting treated nets18 Pre-treated nets.....28 Other nets.....31 DK type 98	Long-lasting treated nets18 Pre-treated nets.....28 Other nets.....31 DK type 98	Long-lasting treated nets18 Pre-treated nets.....28 Other nets.....31 DK type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago __ __ More than 36 mo. ago ... 95 DK / Not sure..... 98	Months ago __ __ More than 36 mo. ago ... 95 DK / Not sure..... 98	Months ago __ __ More than 36 mo. ago ... 95 DK / Not sure..... 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Re-treatable nets ⇒ TN9 <input type="checkbox"/> Other net ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Re-treatable nets ⇒ TN9 <input type="checkbox"/> Other net ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Re-treatable nets ⇒ TN9 <input type="checkbox"/> Other net ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No.....2 DK / Not sure..... 8	Yes 1 No.....2 DK / Not sure..... 8	Yes 1 No.....2 DK / Not sure..... 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No.....2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes 1 No.....2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes 1 No.....2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure..... 98</p>	<p>Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure..... 98</p>	<p>Months ago ____ ____ More than 24 mo. ago ... 95 DK / Not sure..... 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13</p>	<p>Yes 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13</p>	<p>Yes 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>
<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>			

CHILD LABOUR

CL

To be administered for children in the household age 5-17 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 number	CL2. Name and Age <i>Copy from Household Listing Form, HL2 and HL6</i>		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. 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? <i>If more than one job, include all hours at all jobs.</i>			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>Include work for a business run by the child, alone or with one or more partners.</i> 1 Yes 2 No ⇒ CL9		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
Line	Name	Age	Yes Paid	No Unpaid	No	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		Yes	No	Number of hours		
01		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
02		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
03		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
04		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
05		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
06		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
07		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
08		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
09		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	

CHILD DISCIPLINE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	___
CD6.	Total children age 2-14 years				___

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u>.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOR WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know / No opinion 8</p>	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed 1 Not observed Not in dwelling / plot / yard 2 No permission to see 3 Other reason 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Ash / Mud / Sand D None Y	} HH 19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes..... 1 No 2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Ash / Mud / Sand D Not able / Does not want to show Y	

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM 2 15 PPM or more 3 No salt in the house 6 Salt not tested 7	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No</i> ⇒ <i>End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.</i></p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations