

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE
Multiple Indicator Cluster Survey, Nigeria 2016

HOUSEHOLD INFORMATION PANEL		HH
HOUSE HOLD GPS LOCATION:	Degrees	Decimal degrees
HGP1. LATITUDE:	_____ . _____	
HGP2. LONGITUDE:	_____ . _____	
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Supervisor's name and number: Name _____	
HH5. Day / Month / Year of interview: ____ / ____ / 2016	HH6. Area: Urban1 Rural2	
HH7. State name: _____ Code _____	HH8. Is the household selected for Questionnaire for Men? Yes1 No2	
HH8A. Name of Head of Household _____ Tel.: _____	HH8B. Is the household selected for Water quality test? Yes1 No2	
<p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview. <input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
<p>HH9. Result of household interview:</p> <p>Completed01 No household member or no competent respondent at home at time of visit02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed06 Dwelling not found07 Partially Completed08 Other (specify)96</p>		

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

HH10. Respondent to Household Questionnaire: Name _____ Line No. _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
If the household is selected for Questionnaire for Men: HH13A. Number of men age 15-49 years: _____
HH14. Number of children under age 5: _____

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

HH13. Number of women's questionnaires completed: _____
If the household is selected for Questionnaire for Men: HH13B. Number of men's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____

HH18. Record the start time

Hour..... — —

Minutes..... — —

LIST OF HOUSEHOLD MEMBERS

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. For women age 15-49	HL7A. For men age 15-49	HL7B. For children age 0-4	For children age 0-17 years					HL15. Record line no. of mother from HL12 if indicated.								
			M	F	Month	Year						Age	Y	N	DK	HL11. IS (name)'S NATURAL MOTHER ALIVE?		HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?			
			1 Male 2 Female		98 DK 9998 DK		1 Yes 2 No	Circle line no. if woman age 15-49.		Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men.	Circle line no. if age 0-4.	HL11. 1 Yes 2 No 8 DK	HL12. If "Yes", record line no. of mother and go to HL13. If "No", record 00.	HL12A. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. 1 Yes 2 No 8 DK	HL14. If "Yes", record line no. of father and go to HL15. If "No", record 00.	HL14A. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. WHO IS THE PRIMARY CAREGIVER OF (name)?							
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	DK	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother
01		01	1	2	___	___	___	1	2		01	01	01	1	2	8	___	1	2	8	___	1	2	8	___
02		___	1	2	___	___	___	1	2		02	02	02	1	2	8	___	1	2	8	___	1	2	8	___
03		___	1	2	___	___	___	1	2		03	03	03	1	2	8	___	1	2	8	___	1	2	8	___
04		___	1	2	___	___	___	1	2		04	04	04	1	2	8	___	1	2	8	___	1	2	8	___
05		___	1	2	___	___	___	1	2		05	05	05	1	2	8	___	1	2	8	___	1	2	8	___
06		___	1	2	___	___	___	1	2		06	06	06	1	2	8	___	1	2	8	___	1	2	8	___
07		___	1	2	___	___	___	1	2		07	07	07	1	2	8	___	1	2	8	___	1	2	8	___
08		___	1	2	___	___	___	1	2		08	08	08	1	2	8	___	1	2	8	___	1	2	8	___
09		___	1	2	___	___	___	1	2		09	09	09	1	2	8	___	1	2	8	___	1	2	8	___
10		___	1	2	___	___	___	1	2		10	10	10	1	2	8	___	1	2	8	___	1	2	8	___

							For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years							For Children age 0-14							
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7.	HL7A.	HL7B.	HL11.	HL12.	HL12A.	HL13.	HL14.	HL14A.	HL15.							
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'.	1 Yes 2 No	Circle line no. if man age 15-49 and the household is selected for Question -naire for Men.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	1 Yes 2 No 8 DK HL13 HL13	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of mother and go to HL13. If "No", record 00.	WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK HL15 HL15	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes", record line no. of father and go to HL15. If "No", record 00.	WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CAREGIVER OF (name)?							
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother
11		___	1	2	___	___	___	1	2	11	11	11	1	2	8	___	1	2	8	___	1	2	8	___
12		___	1	2	___	___	___	1	2	12	12	12	1	2	8	___	1	2	8	___	1	2	8	___
13		___	1	2	___	___	___	1	2	13	13	13	1	2	8	___	1	2	8	___	1	2	8	___
14		___	1	2	___	___	___	1	2	14	14	14	1	2	8	___	1	2	8	___	1	2	8	___
15		___	1	2	___	___	___	1	2	15	15	15	1	2	8	___	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used

Probe for additional household members.

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

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

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

For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

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

You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse / Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION **ED**

			For household members age 5 and above				For household members age 5-24 years												
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.		ED3.		ED4A.				ED4B.		ED5.		ED6.		ED7.			ED8.	
			Has (name) EVER ATTENDED SCHOOL, PRE-SCHOOL, OR NON-FORMAL EDUCATION? 1 Yes 2 No ↘ Next Line		WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8, Skip to ED5.	WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: See footnote for Grade codes 98 DK	DURING THE CURRENT SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No ↘ ED7	DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8 skip to ED7.	Grade: See footnote for Grade codes 98 DK	DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK If level=4 or 8, go to next line.	Grade: See footnote for Grade codes 98 DK							
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Yes	No	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	___				
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	___				

Codes for Grades in ED4B, ED6 and ED8			
Preschool Never completed Nursery 1 (only if ED4B).....00 Nursery 101 Nursery 2.....02 Nursery 3.....03	Primary Never completed Primary 1 (only if ED4B)..... 11 Primary 1 11 Primary 2 12 Primary 3 13	Secondary (or Secondary Technical) Never Completed JSS 1 (only if ED4B)20 JSS 121 JSS 222 JSS 323	Higher Never completed NCE, AL, OND, Higher Technical , HND, BSc. (only if ED4B)..... 30 NCE.....31 AL/OND32 Higher Technical/TTC.....33 HND.....34 BSc.....35 Post Graduate.....36

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

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

Total number —

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

Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.

One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.

Two or more ⇒ Continue with SL2A.

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

SL3.	SL4.	SL5.	SL6.		SL7.
Rank number	Line Number from HL1	Name from HL2	Sex from HL4		Age from HL6
Rank	Line	Name	M	F	Age
1	— — —		1	2	— — —
2	— — —		1	2	— — —
3	— — —		1	2	— — —
4	— — —		1	2	— — —
5	— — —		1	2	— — —
6	— — —		1	2	— — —
7	— — —		1	2	— — —
8	— — —		1	2	— — —

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

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

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

Rank number —

Line number — —

Name _____

Age — —

CHILD LABOUR

CL

CL1. Check selected child's age from SL9:

1-4 years ⇒ Go to Next Module.

5-17 years ⇒ Continue with CL2.

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

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

[A] DID (*name*) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?

Yes No

Worked on plot / farm / food garden / looked after animals
1 2

[B] DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?

Helped in family / relative's business/ran own business
1 2

[C] DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?

Produce / sell articles / handicrafts / clothes / food

[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?

or agricultural products
1 2

If "No", Probe:

PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.

Any other activity
1 2

CL3. Check CL2, A to D

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

All answers are 'No' ⇒ Go to CL8

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

Number of hours

— —

If less than one hour, record "00"

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

Yes 1

No 2

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

Yes 1

No..... 2

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

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ___ __ Name _____																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.	<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>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No 2 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity.....	1
	Islam	2
	Traditional	3
	Other religion (<i>specify</i>)	6
	No religion	7
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Language _ _ _ _	
	Other language (<i>specify</i>) 996	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Hausa	1
	Igbo.....	2
	Yoruba	3
	Other ethnic group (<i>specify</i>)	996
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor	
	Earth / Sand.....	11
	Dung	12
	Rudimentary floor	
	Wood planks.....	21
	Palm / Bamboo.....	22
	Finished floor	
	Parquet or polished wood	31
	Vinyl tiles	36
	Vinyl carpet	32
	Ceramic tiles.....	33
	Cement	34
	Rug (wall to wall)	35
Other (<i>specify</i>)	96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing	
	No Roof.....	11
	Thatch / Palm leaf.....	12
	Rudimentary roofing	
	Rustic mat.....	21
	Palm / Bamboo.....	22
	Wood planks.....	23
	Cardboard / Plastic sheeting.....	24
	Finished roofing	
	Metal / Tin / Zinc / Iron sheets.....	31
	Wood	32
	Calamine / Cement fibre	33
	Ceramic tiles.....	34
	Cement.....	35
	Roofing shingles	36
Other (<i>specify</i>).....	96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane / Palm / Trunks / Thatch 12</p> <p>Dirt / Earth..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud..... 22</p> <p>Uncovered adobe/Mud brick..... 23</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime / cement 32</p> <p>Bricks..... 33</p> <p>Cement blocks..... 34</p> <p>Covered adobe..... 35</p> <p>Wood planks / shingles..... 36</p> <p>Other (<i>specify</i>)..... 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) cylinder.. 02</p> <p>Biogas..... 04</p> <p>Kerosene 05</p> <p>Coal / Lignite..... 06</p> <p>Charcoal 07</p> <p>Wood..... 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue..... 11</p> <p>No food cooked in household..... 95</p> <p>Other (<i>specify</i>)..... 96</p>	<p>01⇒HC8</p> <p>02⇒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 kitchen..... 1</p> <p> Elsewhere in the house..... 2</p> <p>In a separate building..... 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>)..... 6</p>	

<p>C8. 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] A SEWING MACHINE</p> <p>[H] A CLOCK</p> <p>[I] A GENERATOR</p> <p>[J] A COMPUTER</p> <p>[K] A WATER HEATER</p> <p>[L] A FAN</p> <p>[M] AN AIR CONDITIONER</p> <p>[N] A BLENDER/MIXER/FOOD PROCESSOR</p> <p>[O] A MANUFACTURED BED</p> <p>[P] A CUSHIONED CHAIR</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; 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> <tr> <td>Computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Water heater</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fan</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air conditioner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blender/Mixer/Food processo.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Manufactured bed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cushioned chair</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	Computer	1	2	Water heater	1	2	Fan	1	2	Air conditioner	1	2	Blender/Mixer/Food processo.....	1	2	Manufactured bed	1	2	Cushioned chair	1	2	
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<p>C9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] A TRICYCLE (KEKE NAPEP)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal-drawn cart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tricycle (Keke Napep).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile telephone.....	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal-drawn cart	1	2	Car / Truck	1	2	Boat with motor	1	2	Tricycle (Keke Napep).....	1	2																									
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<p>C10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Own</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;"></td> </tr> <tr> <td>Rent</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Other (<i>specify</i>) _____</td> <td></td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	Own	1		Rent	2		Other (<i>specify</i>) _____		6																																											
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<p>C11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;"></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes	1		No	2		2⇒HC13																																													
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<p>C12. HOW MANY PLOTS, ACRES OR HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Plots</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;">_____</td> </tr> <tr> <td>Acres</td> <td style="text-align: center;">2</td> <td>_____</td> </tr> <tr> <td>Hectares</td> <td style="text-align: center;">3</td> <td>_____</td> </tr> </tbody> </table>	Plots	1	_____	Acres	2	_____	Hectares	3	_____																																											
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C13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No 2	2⇒HC15
C14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OXEN OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKEN? [F] PIGS? [G] CAMELS [H] DUCKS [I] GEESE [J] QUAIL [K] CULTURED FISH <i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i>	Cattle, milk cows, or bulls ___ ___ Horses, donkeys, or mules ___ ___ Goats ___ ___ Sheep ___ ___ Chicken ___ ___ Pigs ___ ___ Camels ___ ___ Ducks..... ___ ___ Geese ___ ___ Quail ___ ___ Cultured Fish ___ ___	
C15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes 1 No 2	

INSECTICIDE TREATED NETS		TN
N1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1	2⇒Next Module
	No 2	
N2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ____	
N3. 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
N4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
N5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / 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"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than one month, record "00".</i></p>	<p>Months ago ____</p> <p>More than 24 mo. ago95</p> <p>DK / Not sure98</p>	<p>Months ago..... ____</p> <p>More than 24 mo. ago..... 95</p> <p>DK / Not sure..... 98</p>	<p>Months ago ____</p> <p>More than 24 mo. ago 95</p> <p>DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1</p> <p>No2</p> <p>DK / Not sure.....8</p> <p>⇒ TN13</p>	<p>Yes..... 1</p> <p>No2</p> <p>DK / Not sure..... 8</p> <p>⇒ TN13</p>	<p>Yes 1</p> <p>No2</p> <p>DK / Not sure 8</p> <p>⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members.</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00".</i></p>	<p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p>	<p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p>	<p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p> <p>Name _____</p> <p>Line number ____</p>
<p>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>

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling.....	11
	Piped into compound, yard or plot.....	12
	Piped to neighbour.....	13
	Public tap / standpipe.....	14
	Tube Well, 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	
Bottled water.....	91	
Sachet (pure) water	92	
Other (<i>specify</i>).....	96	
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water	
	Piped into dwelling.....	11
	Piped into compound, yard or plot.....	12
	Piped to neighbour.....	13
	Public tap / standpipe.....	14
	Tube Well, 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	
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling.....	1
	In own yard / plot.....	2
	Elsewhere.....	3
WS4A. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..	_____
	DK.....	998
WS4B. WHAT IS THE DISTANCE TO THE WATER SOURCE?	Less than 100 meters.....	1
	From 100 m to less than 1 km	2
	From 1 km to less than 2 km.....	3
	From 2 km to less than 4 km.....	4
	4 km or more	5
	DK.....	8
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)	1
	Adult man (age 15+ years).....	2
	Female child (under 15).....	3
	Male child (under 15).....	4
	DK.....	8

WS5A. IN THE PAST TWO WEEKS, WAS THE WATER FROM THIS SOURCE NOT AVAILABLE FOR AT LEAST ONE FULL DAY?	Yes..... 1 No 2 DK..... 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes..... 1 No 2 DK..... 8	2⇒WS7A 8⇒WS7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil..... A Add bleach / chlorine/ Water Guard..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle..... F Add alum..... G Add water tablet..... H Other (<i>specify</i>)..... X DK..... Z	
WS7A. DO YOU USE A DIFFERENT SOURCE OF DRINKING WATER DURING THE DRY AND RAINY SEASONS?	Yes..... 1 No 2 DK..... 8	2⇒WS8 8⇒WS8
WS7B. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK: [A] DURING THE RAINY SEASON? [B] DURING THE DRY SEASON?	Number of minutes: rainy season DK..... 998 Number of minutes: dry season DK..... 998	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i>	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 Other (<i>specify</i>)..... 96	95⇒Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes..... 1 No 2	2⇒Next Module
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?	Other households only (not public)..... 1 Public facility..... 2	2⇒Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10)..... 0 __ Ten or more households..... 10 DK..... 98	

HANDWASHING		HW	
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed	1	
	Not observed		
	Not in dwelling / plot / yard	2	2 ⇒HW4
	No permission to see.....	3	3 ⇒HW4
	Moving object (kettle, basin, etc).....	4	4 ⇒HW4
Other reason (specify).....	6	6 ⇒HW4	
HW2. Observe presence of water at the specific place for hand washing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	Water is available.....	1	
	Water is not available.....	2	
HW3A. Is soap, detergent or ash/mud/sand present at the specific place for hand washing?	Yes, present.....	1	
	No, not present.....	2	2⇒HW4
HW3B. Record your observation. Circle all that apply.	Bar soap.....	A	A⇒HH19
	Detergent (Powder)	B	B⇒HH19
	Liquid soap	C	C⇒HH19
	Ash / Mud / Sand.....	D	D⇒HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes.....	1	
	No	2	2⇒HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown.....	1	
	No, not shown.....	2	2⇒HH19
HW5B. Record your observation. Circle all that apply.	Bar soap	A	
	Detergent (Powder)	B	
	Liquid soap.....	C	
	Ash / Mud / Sand.....	D	

HH19. Record the end time.	Hour and minutes ___ : ___	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	Not iodized - 0 PPM	1
	More than 0 PPM & less than 15 PPM.....	2
	15 PPM or more	3
	No salt in the house	4
	Salt not tested (specify reason) _____	5

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

A separate Questionnaire for Individual Men has been issued for each man age 15-49 years in the List of Household Members (HL7A).

A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B).

Check HH8B. If the household is selected for WATER QUALITY TEST:

A separate Water Quality Questionnaire has been issued.

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household, and of the Water Quality Questionnaire if the household is selected for Water Quality Test.

Interviewer's Observations

Supervisor's Observations