

Appendix F. Questionnaires

NEPAL MULTIPLE INDICATOR CLUSTER SURVEY, 2010 HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household serial number: _____	
HH3. Interviewer name and code number: Name _____ Code No _____	HH4. Supervisor name and code number: Name _____ Code No _____	
HH5. Day / Month / Year of interview in BS: _____ / _____ / _____		
HH6. AREA: Municipality..... 1 Village Development Committee 2	HH7. REGION: Mid-Western Mountain..... 41 Mid-Western Hill 42 Mid-Western Terai 43 Far-Western Mountain 51 Far-Western Hill 52 Far-Western Terai 53	

WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION IN MID AND FAR WESTERN REGION OF THE COUNTRY (NMICS). 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 ACCORDING TO THE **STATISTICS ACT 2015 BS** AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

SHALL WE 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.

After all questionnaires for the household (household, women and children) have been completed, fill in the following information:

HH8. Name of head of household: _____	
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 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 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of individual woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and code number): Name _____ Code No _____	HH17. Data entry clerk (Name and code number): Name _____ Code No _____
---	--

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?
If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5-HL14 for each person in the household at a time.
Use an additional questionnaire if all rows in the household listing form have been used.

	For women age 15-49	For children age 5-14	For children under age 5	For children age 0-17 years
--	------------------------	--------------------------	-----------------------------	-----------------------------

HL1. Line number	HL2. Name, lastname	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD? <i>Write appropriate code</i>	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL7. <i>Circle line number if woman is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? <i>Record linenumber of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? <i>Record linenumber of mother/ caretaker</i>	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					1 Yes	2 No	8 DK	Record line number of mother or '00' for "No"	1 Yes	2 No	8 DK	Record linenumber of father or '00' for "No"				
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	8	___	1	2	8	___				
02		___	1	2	___	_____	___	02	___	___	1	2	8	___	1	2	8	___				
03		___	1	2	___	_____	___	03	___	___	1	2	8	___	1	2	8	___				
04		___	1	2	___	_____	___	04	___	___	1	2	8	___	1	2	8	___				
05		___	1	2	___	_____	___	05	___	___	1	2	8	___	1	2	8	___				
06		___	1	2	___	_____	___	06	___	___	1	2	8	___	1	2	8	___				
07		___	1	2	___	_____	___	07	___	___	1	2	8	___	1	2	8	___				
08		___	1	2	___	_____	___	08	___	___	1	2	8	___	1	2	8	___				

HL1. Line number	HL2. Name, lastname	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? Write appropriate code	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL7. Circle line number if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record line number of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line number of mother or '00' for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line number of father or '00' for "No"	
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
09		___	1	2	___	_____	___	09	___	___	1 2 8	___	1 2 8	___
10		___	1	2	___	_____	___	10	___	___	1 2 8	___	1 2 8	___
11		___	1	2	___	_____	___	11	___	___	1 2 8	___	1 2 8	___
12		___	1	2	___	_____	___	12	___	___	1 2 8	___	1 2 8	___
13		___	1	2	___	_____	___	13	___	___	1 2 8	___	1 2 8	___
14		___	1	2	___	_____	___	14	___	___	1 2 8	___	1 2 8	___
15		___	1	2	___	_____	___	15	___	___	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 caretaker in the information panel of a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman age 15-49 and each child under five in the household.

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

01 Head	06 Parent	11 Niece / Nephew	16 Household servants
02 Wife / Husband	07 Parent-In-Law	12 Other relative	98 Don't know
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild	
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related (except household servants)	
05 Grandchild	10 Uncle / Aunt	15 Co-wife	

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 according to line number.	ED2A. DOES (name) KNOW TO READ AND WRITE?	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?	ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?	ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?	ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?	
		1 Both read and write 2 Read only 3 Can't read and write	1 Yes 2 No Next Line	Grade: 98 DK If less than 1 grade, write '00'.	1 Yes 2 No ED7	Grade: 98 DK If less than 1 grade, write '00'.	1 Yes 2 No 8 DK Next Line	Grade: 98 DK If less than 1 grade, write '00'.	
Line	Name	age	Yes No	Grade	Yes No	Grade	Y N DK	Grade	
01		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
02		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
03		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
04		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
05		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
06		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
07		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
08		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	
09		__ __	1 2 3	1 2	__ __	1 2	1 2 8	__ __	

EDUCATION

ED

For household members age 5 and above						For household members age 5-24 years									
ED1. Line number	ED2. Name and age		ED2A. DOES (name) KNOW TO READ AND WRITE?			ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED?	ED5. DURING THE CURRENT SCHOOL YEAR 2067, DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED6B. DURING SCHOOL YEAR 2067, WHICH GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2066 DID (name) ATTEND ANY PRESCHOOL, SCHOOL OR COLLEGE AT ANY TIME?		ED8B. DURING THE PREVIOUS SCHOOL YEAR 2066, WHICH GRADE DID (name) ATTEND?
			1 Both read and write			1 Yes 2 No ↘ Next Line	Grade: 98 DK <i>If less than 1 grade, write '00'.</i>	1 Yes 2 No ↘ ED7	Grade: 98 DK <i>If less than 1 grade, write '00'.</i>	1 Yes 2 No ↘ ED7	Grade: 98 DK <i>If less than 1 grade, write '00'.</i>	1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	Grade: 98 DK <i>If less than 1 grade, write '00'.</i>		
			2 Read only												
			3 Can't read and write												
Line	Name	age	1	2	3	Yes	No	Grade	Yes	No	Grade	Y	N	DK	Grade
10		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
11		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
12		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
13		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
14		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __
15		__ __	1	2	3	1	2	__ __	1	2	__ __	1	2	8	__ __

<p>WS3. WHERE IS THE WATER SOURCE FOR COOKING AND HAND-WASHING LOCATED?</p>	<p>In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3</p>	<p>1⇒WS6 2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, STAY IN A QUEUE, GET WATER FOR COOKING AND HAND-WASHING, AND COME BACK?</p>	<p>Number of minutes _____ Not necessary to go to fetch water.....997 DK.....998</p>	
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR COOKING AND HAND-WASHING IN 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 Not necessary to go to fetch water 7 DK.....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE DRINKING WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK.....8</p>	<p>2⇒WS7A 8⇒WS7A</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>Circle all the ways mentioned by the respondent.</i></p>	<p>Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter D Solar disinfection E Let it stand and settle..... F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS7A. DO YOU STORE YOUR DRINKING WATER?</p>	<p>Yes..... 1 No 2</p>	<p>2⇒WS8</p>
<p>WS7B. MAY I SEE THE MAIN CONTAINER WHERE YOU STORE DRINKING WATER?</p>	<p>Allowed to observe..... 1 Not Allowed to observe 2</p>	<p>2⇒WS7D</p>
<p>WS7C. <i>Based on the observations of container's mouth, spigot and lid circle the appropriate response code.</i></p> <p><i>Interviewer should observe by him/herself and circle the appropriate response codes.</i></p>	<p><u>Container's mouth</u> Wide mouth (=>10 cm) 1 Narrow mouth (<10 cm) 2</p> <p><u>Spigot</u> Yes 1 No 2</p> <p><u>Lid</u> Yes 1 No 2</p>	

<p>WS7D. IS THIS CONTAINER USED ONLY FOR STORING DRINKING WATER?</p>	<p>Yes 1 No 2</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>Ask permission to observe the facility.</i></p>	<p><u>Flush / Pour flush (water seal)</u> 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</p> <p><u>Pit latrine</u> Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23</p> <p>Composting toilet 31 Tin/Bucket toilet 41 No facility, Bush, Field..... 95</p> <p>Other (<i>specify</i>) _____ 96</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⇒WS 11A</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households ____</p> <p>DK 98</p>	<p>⇒NEXT MODULE 98⇒NEXT MODULE</p>
<p>WS11A. CAN YOU USE THIS FACILITY AT ALL HOURS OF THE DAY AND NIGHT?</p>	<p>Yes 1 No 2</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu 01 Buddhist..... 02 Muslim 03 Kirat..... 04 Christian..... 05 Sikh 06 Jain..... 07 Other religion (<i>specify</i>) _____ 96 No religion..... 97	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mother Tongue ____ Other language (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Ethnic group..... ____ 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>	Earth / Sand 11 Wood planks 21 Palm / Bamboo 22 Ceramic tiles/marbles 33 Cement 34 Carpet 35 Linoleum 36 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	<u>Natural roofing</u> Thatch / Palm leaf 12 Sod 13 <u>Rudimentary Roofing</u> Rustic mat 21 Wood planks 23 Finished roofing Metal/ CGI sheets 31 Wood 32 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p><u>Natural walls</u></p> <p>No walls 11</p> <p><u>Rudimentary walls</u></p> <p>Bamboo materials 21</p> <p>Stone/bricks with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood 24</p> <p>Straw and mud 27</p> <p>Plastic covered 28</p> <p>Mud 29</p> <p><u>Finished walls</u></p> <p>Cement plastered bricks or stones 31</p> <p>Cemented bricks or stones 32</p> <p>Cement blocks 34</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Fire Wood 08</p> <p>Straw/ Shrubs / Grass 09</p> <p>Animal dung/briquette 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE SAME 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><u>In the house</u></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>	

HC8. DOES YOUR HOUSEHOLD HAVE (things/facilities) :	Yes	No
[A] ELECTRICITY	Electricity 1	2
[B] A RADIO	Radio 1	2
[C] A TELEVISION	Television..... 1	2
[D] A NON-MOBILE TELEPHONE	Non-mobile telephone 1	2
[E] A REFRIGERATOR	Refrigerator 1	2
[F] AN IMPROVED COOKING STOVE (ICS)	Improved Cooking Stove..... 1	2
[G] TABLE	Table 1	2
[H] CHAIR	Chair 1	2
[I] BED/COT	Bed/Cot 1	2
[J] SOFA	Sofa..... 1	2
[K] WARDROBE	Wardrobe 1	2
[L] COMPUTER	Computer 1	2
[M] WALL CLOCK	Wall Clock 1	2
[N] ELECTRIC FAN	Electric Fan 1	2
[O] DHIKI/JATO	Dhiki/Jato 1	2
[P] MICROWAVE OVEN	Microwave Oven..... 1	2
[Q] WASHING MACHINE	Washing Machine 1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN (things)?	Yes	No
[A] A WATCH	Watch 1	2
[B] A MOBILE TELEPHONE	Mobile telephone 1	2
[C] A BICYCLE/RICKSHAW	Bicycle/Rickshaw..... 1	2
[D] A MOTORCYCLE OR SCOOTER	Motorcycle / Scooter 1	2
[E] AN ANIMAL-DRAWN CART	Animal drawn-cart 1	2
[F] A CAR/ TRUCK/ BUS/JEEP	Car / Truck/ Bus/Jeep 1	2
[H] A TRACTOR	Tractor..... 1	2
[I] A BOAT	Boat 1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING OR IS IT RENTED OR HAVE ANY OTHER ARRANGEMENT?</p> <p><i>If own the household circle "1" if not owned, probe for whether it is rented or under what terms and conditions is the household using this dwelling? if "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own.....1 Rent.....2</p> <p>Other (Not owned or rented)6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1 No2</p>	2⇒HC13
<p>HC12. HOW MUCH AREA OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p>	<p>Ropani (ropani/aana/paisa)A _ _ / _ _ / _ _ Bigha (Bigha/katha/dhur).....B _ _ / _ _ / _ _</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1 No2</p>	2⇒HC15
<p>HC14. HOW MANY (<i>livestock</i>) DOES THIS HOUSEHOLD HAVE?</p> <p>[A] COW/OX [H] YAK /NAK/ CHAURI [G] MALE/FEMALE BUFFALO [C] GOATS/TIBETAN GOAT [D] SHEEP [F] PIGS/SWINES [B] HORSE, ASS, MULES [E] CHICKEN/DUCKS/PIGEONS [X] OTHERS ANIMALS [Y] OTHERS POULTRY</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cow/Ox..... Yak/Nak/Chauri Buffalo Goats, Sheep Pigs/swines Horse, ass or mules Chicken/ducks/pigeons Other animals (<i>specify</i>) Other Poultry (<i>specify</i>)</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN ANY BANK OR FINANCIAL INSTITUTION?</p>	<p>Yes.....1 No2</p> <p>Don't Know.....8</p>	

CHILD LABOUR

CL

to be administered for children in the household age 5-14 years. See household listing form and copy the name and age of the person aged 5-14 years according to the line numbers in the Household Listing Form. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-14 YEARS IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST 7 DAYS, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7		CL6. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET FOR HIS/HER FAMILY OR HIMSELF/HERSELF? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No ⇒ CL9		CL8. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?		CL9. DURING THE PAST 7 DAYS, 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. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?	
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	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	__	__	

CHILD LABOUR

CL

to be administered for children in the household age 5-14 years. See household listing form and copy the name and age of the person aged 5-14 years according to the line numbers in the Household Listing Form. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN AGED 5-14 YEARS IN THIS HOUSEHOLD MAY DO.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST 7 DAYS, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST 7 DAYS, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY BUSINESS OR SELLING GOODS IN THE STREET FOR HIS/HER FAMILY OR HIMSELF/HERSELF? Include work for a business run by the child, alone or with one or more partners.		CL8. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST 7 DAYS, 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. DURING THE PAST 7 DAYS ABOUT HOW MANY HOURS DID (name) SPEND DOING THESE CHORES?				
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours			
10		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
11		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
12		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
13		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
14		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__
15		__ __	1	2	3	__	__	1	2	__	__	1	2	__	__	1	2	__	__	1	2	__	__

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
01		-- --	1	2	8	A	B	C	D	E	F	z	X
02		-- --	1	2	8	A	B	C	D	E	F	z	X
03		-- --	1	2	8	A	B	C	D	E	F	z	X
04		-- --	1	2	8	A	B	C	D	E	F	z	X
05		-- --	1	2	8	A	B	C	D	E	F	z	X
06		-- --	1	2	8	A	B	C	D	E	F	z	X
07		-- --	1	2	8	A	B	C	D	E	F	z	X
08		-- --	1	2	8	A	B	C	D	E	F	z	X
09		-- --	1	2	8	A	B	C	D	E	F	z	X
10		-- --	1	2	8	A	B	C	D	E	F	z	X

DE-WORMING

DW

To be administered only for children in the household age 6-11 years. For household members below age 6 or above age 11, leave rows blank.

Now I would like to ask about the de-worming tablets your children of age 6-11 years have received in the last one year.

DW1. Line Number	DW 2. Name and Age Copy from Household Listing Form, HL2 and HL6		DW 3. HAS (name) RECEIVED DE- WORMING TABLET AT LEAST ONCE AT ANY TIME DURING THE LAST ONE YEAR? 1 Yes 2 No ⇒ Next line/Module 8 DK ⇒ Next line/ Module			DW 4. FROM WHERE HAS (name) RECEIVED DE-WORMING TABLET DURING THE LAST ONE YEAR?							
LINE	NAME	Age	Yes	No	DK	Govt scho ol	Private School	Health post Sub health post Primary Healthcare centres	Govt Hospital	FCHV	Private Pharma	DK	Others (specify)
11		-- --	1	2	8	A	B	C	D	E	F	z	X
12		-- --	1	2	8	A	B	C	D	E	F	z	X
13		-- --	1	2	8	A	B	C	D	E	F	z	X
14		-- --	1	2	8	A	B	C	D	E	F	z	X
15		-- --	1	2	8	A	B	C	D	E	F	z	X

CHILD DISCIPLINE

CD

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. Male/Female 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.....

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.	Name _____ Line number	
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 ONE MONTH</u> .		
CD11. IN THE PAST ONE MONTH, I TOOK AWAY PRIVILEGES, FORBADE SOMETHING (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE?	Yes 1 No 2	
CD12. IN THE PAST ONE MONTH, EXPLAINED WHY (<i>name</i>)'S BEHAVIOUR WAS WRONG?	Yes 1 No 2	
CD13. IN THE PAST ONE MONTH, SHOOK (<i>name</i>)?	Yes 1 No 2	
CD14. IN THE PAST ONE MONTH, SHOUTED, YELLED AT OR SCREAMED AT (<i>name</i>)?	Yes 1 No 2	
CD15. IN THE PAST ONE MONTH, GAVE (<i>name</i>) SOMETHING ELSE TO DO? <i>Probe:</i> THIS MEANS DISTRACTING THE CHILD OR HELPING THE CHILD PAY ATTENTION TO SOMETHING ELSE.	Yes 1 No 2	
CD16. IN THE PAST ONE MONTH, SPANKED, HIT OR SLAPPED (<i>name</i>) ON THE BOTTOM WITH BARE HAND?	Yes 1 No 2	
CD17. IN THE PAST ONE MONTH, HIT (<i>name</i>) ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT?	Yes 1 No 2	
CD18. IN THE PAST ONE MONTH, CALLED (<i>name</i>) DUMB, LAZY, OR ANOTHER NAME LIKE THAT?	Yes 1 No 2	
CD19. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD20. IN THE PAST ONE MONTH, HIT OR SLAPPED (<i>name</i>) ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD21. IN THE PAST ONE MONTH, BEAT (<i>name</i>) UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD?	Yes 1 No 2	
CD22. 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 Don't know/ No opinion 8	

HAND-WASHING		HW
<p>HW 1A. PLEASE MENTION ALL THE OCCASIONS WHEN IS IT IMPORTANT TO WASH YOUR HANDS.</p> <p><i>Circle all mentioned.</i></p>	<p>Before eating.....A After eating.....B Before praying.....C Before breast feeding or feeding a child....D Before cooking or preparing food.....E After defecation/urination.....F After cleaning a child that has defecated/ changing child's nappy.....G When the hands are dirty.....H After cleaning toilet or potty.....I</p> <p>Others (<i>Specify</i>).....X Don't know.....Z</p>	
<p>HW 1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed.....1</p> <p>Not observed Not in dwelling / plot / yard.....2 No permission to see.....3 Other reason.....6</p>	<p>2 ⇒HW 4 3 ⇒HW 4 6 ⇒HW 4</p>
<p>HW 2. <i>Observe presence of water at the specific place for hand-washing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available.....1 Water is not available.....2</p>	
<p>HW 2A. <i>Check the distance of the hand-washing place from the toilet in paces and circle appropriate code.</i></p>	<p>The distance of toilet and hand washing place (in Paces)</p> <p>Less than 10 paces.....1 10 paces or more.....2</p>	
<p>HW 3. <i>Record if soap or detergent is present at the specific place for hand-washing.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D None.....Y</p>	<p>A⇒HH19 B⇒HH19 C⇒HH19 D⇒HH19</p>
<p>HW 4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER LOCALLY USED CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒HH19</p>
<p>HW 5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Bar soap.....A Detergent (Powder / Liquid / Paste).....B Liquid soap.....C Ash / Mud / Sand.....D Not able / Does not want to show.....Y</p>	

HH19. <i>Record the time.</i>	Hour and minutes ____ : ____	
-------------------------------	------------------------------------	--

SALT IODIZATION		SI
<p>SI1A. WHAT TYPE OF SALT DO YOU USUALLY USE AT HOME? COULD YOU SHOW ME THE SALT YOU REGULARLY USE FOR COOKING?</p> <p><i>(Observe the salt in use in the household; if packed salt is used and if packet is available at home, check if it has the mark of a girl and a boychild or not and tick the appropriate answer.</i></p>	<p>LARGE CRYSTAL SALT1 LOOSE POWDER SALT 2</p> <p><u>PACKAGED POWDER SALT</u> PACKAGED POWDER SALT WITH LOGO3 PACKAGED POWDER SALT WITHOUT LOGO ...4</p> <p>TIBETAN SALT5</p> <p>OTHER TYPES (<i>SPECIFY</i>)..... 6</p>	
<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>Use the provided salt test kit to test the iodine content in the salt sample. Once you have tested the salt, circle number that corresponds to test outcome</i></p>	<p>Not iodized 0 PPM1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more3</p> <p>No salt in the house6</p> <p>Salt not tested7</p>	
<p>HH20. <i>Is there any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire?</i></p> <p><i>Check the presence of any woman in the age group of 15-49 years in the Household who need to be administered the questionnaire in column HL7 of the HH Listing form.</i></p> <p><i>There must be a separate questionnaire with the Woman's Information Panel (WM) for Personal Questionnaire for Women for every woman in the age group of 15-49 years in the Household.</i></p> <p><input type="checkbox"/> Yes ⇒ <i>Fill up the Personal Questionnaire for Women by interviewing the first woman amongst 15-49 years' old women in the household.</i></p> <p><input type="checkbox"/> No ⇒ <i>Move (to the next question, HH21).</i></p>		

HH21. *Is there any child in the Household below 4 years?*

Check the presence of any boy/girl child below 5 years in the Household that is to be administered the questionnaire in column HL9 of the HH Listing form.

There must be a separate questionnaire filled up with introductory information section UF for every girl/boy child below 5 years in the Household.

Yes ⇒ Administer the questionnaire to the mother/caretaker of the first child among below 5 years old children in the Household and then fill up the personal questionnaire for below 5 years old child.

No ⇒ Conclude the interview by thanking the respondent for cooperation. Compile all the questionnaires filled up in this HH and fill in HH8 to HH15 on the cover page. After filling up all information in the covering envelope, keep the filled HH questionnaire in this envelope.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations