
Appendix *F*

MICS Questionnaires



HOUSEHOLD QUESTIONNAIRE

Nepal Multiple Indicator Cluster Survey 2014

HOUSEHOLD INFORMATION PANEL		HH	
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 in Bikram Sambat (Nepali Calendar): _____ / _____ / 2 0 7 _____		HH7. SUB-REGION: EASTERN MOUNTAIN....01 WESTERN TERAI.....09 EASTERN HILL.....02 MID-WESTERN MOUNTAIN.10 EASTERN TERAI.....03 MID-WESTERN HILL.....11 CENTRAL MOUNTAIN....04 MID-WESTERN TERAI.....12 CENTRAL HILL.....05 FAR-WESTERN MOUNTAIN..13 CENTRAL TERAI.....06 FAR-WESTERN HILL.....14 WESTERN MOUNTAIN...07 FAR-WESTERN TERAI.....15 WESTERN HILL.....08	
HH6. AREA: Urban 1 Rural 2			
HH8A. Is the household selected for water quality? Yes.....1 No.....2		HH8B. Is the household selected for source water testing? Yes.....1 No.....2	
<p>WE ARE FROM CENTRAL BUREAU OF STATISTICS (A BUREAU OF NEPAL GOVERNMENT UNDER THE NATIONAL PLANNING COMMISSION), IN KATHMANDU. 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 25 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.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>			
HH9. Result of household interview:			
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	
Other (specify)		96	

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

HH10. Respondent to Household Questionnaire: Name _____	
HH11. Total number of household members: _____	<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH12. Number of women age 15-49 years: _____	HH13. Number of women's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____
HH15A. <i>If the household was selected for water quality testing (HH8A=1),</i> Is the water quality questionnaire complete?	Yes 1 No 2
HH16. Field editor's name and number: Name _____	HH17. Main data entry clerk's name and number: Name _____

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	For women age 15-49		For children age 0-4	For children age 0-17 years						For children age 0-14	
				HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4		HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 If "No" Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 If "No" Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK		HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
				Month	Year	Age	15-49	0-4	Mother		Y N DK	Father		Mother
07			M F	—	—	Age	07	07	—	1 2 3 8	1 2 8	—	1 2 3 8	—
08			M F	—	—	—	08	08	—	1 2 3 8	1 2 8	—	1 2 3 8	—
09			M F	—	—	—	09	09	—	1 2 3 8	1 2 8	—	1 2 3 8	—
10			M F	—	—	—	10	10	—	1 2 3 8	1 2 8	—	1 2 3 8	—
11			M F	—	—	—	11	11	—	1 2 3 8	1 2 8	—	1 2 3 8	—
12			M F	—	—	—	12	12	—	1 2 3 8	1 2 8	—	1 2 3 8	—
13			M F	—	—	—	13	13	—	1 2 3 8	1 2 8	—	1 2 3 8	—
14			M F	—	—	—	14	14	—	1 2 3 8	1 2 8	—	1 2 3 8	—
15			M F	—	—	—	15	15	—	1 2 3 8	1 2 8	—	1 2 3 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, 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
	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative	96 Other (Not related)
					98 DK

EDUCATION		ED											
		For household members age 5 and above					For household members age 5-24 years						
ED1. Line Num-ber	ED2. Name and age Copy from HL2 and HL6	ED2A. DOES (name) KNOW TO READ AND WRITE?	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED3A. HAS (name) EVER PARTICIPATED IN LITERACY PROGRAM OR ANY OTHER PROGRAM THAT INVOLVES LEARNING TO READ AND WRITE?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED? Grade Codes: 00=Less than 1 grade completed. 01-10=Grades 1 – 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK	ED5. DURING THE 2013- 2014/2014- 2015 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH GRADE IS/WAS (name) ATTENDING? Grade Codes: 01-10=Grades 1– 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013/2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH GRADE DID (name) ATTEND? Grade Codes: 01-10=Grades 1– 10. 11= SLC 12= +2 (11 and 12 grade) 13=Bachelor 14= Masters and above. 94=Preschool 98=DK				
Line	Name	Age	Yes	No	Grade	Yes	No	DK	Grade	Yes	No	DK	Grade
01		—	1	2	3	1	2			1	2	8	
02		—	1	2	3	1	2			1	2	8	
03		—	1	2	3	1	2			1	2	8	
04		—	1	2	3	1	2			1	2	8	
05		—	1	2	3	1	2			1	2	8	
06		—	1	2	3	1	2			1	2	8	
07		—	1	2	3	1	2			1	2	8	
08		—	1	2	3	1	2			1	2	8	
09		—	1	2	3	1	2			1	2	8	
10		—	1	2	3	1	2			1	2	8	
11		—	1	2	3	1	2			1	2	8	
12		—	1	2	3	1	2			1	2	8	
13		—	1	2	3	1	2			1	2	8	
14		—	1	2	3	1	2			1	2	8	
15		—	1	2	3	1	2			1	2	8	

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. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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
<p>CL1. Check selected child's age from SL9:</p> <p><input type="checkbox"/> 1-4 years ⇒ Go to Next Module</p> <p><input type="checkbox"/> 5-17 years ⇒ Continue with CL2</p>		
<p>CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p> <p>SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?</p> <p>[A] DID [<i>name</i>] 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?</p> <p>[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?</p> <p>[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?</p> <p>[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.</p>	<p>..... Yes No</p> <p>Worked on plot / farm / food garden / looked after animals 1 2</p> <p>Helped in family / relative's business/ ran own business..... 1 2</p> <p>Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2</p> <p>Any other activity 1 2</p>	
<p>CL3. Check "CL2,A to D"</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to CL8</p>		
<p>CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) 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>	
<p>CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?</p>	<p>Yes 1</p> <p>No 2</p>	1 ⇒ CL8
<p>CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?</p>	<p>Yes 1</p> <p>No 2</p>	1 ⇒ CL8

<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 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 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)? <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>	<p>..... Yes No</p> <p>Shopping for household . 1 2</p> <p>Repair household equipment..... 1 2</p> <p>Cooking / cleaning utensils /house 1 2</p> <p>Washing clothes 1 2</p> <p>Caring for children 1 2</p> <p>Caring for old / sick 1 2</p> <p>Other household tasks .. 1 2</p>	
<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>		
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES IN TOTAL? <i>If less than one hour, record "00"</i></p>	<p>Number of hours..... __ __</p>	

CHILD DISCIPLINE		CD
<p>CD1. Check selected child's age from SL9:</p> <p><input type="checkbox"/> 1-14 years ⇒ Continue with CD2</p> <p><input type="checkbox"/> 15-17 years ⇒ Go to Next Module</p>		
<p>CD2. Write the line number and name of the child from SL9.</p>	<p>Line number ____</p> <p>Name</p>	
<p>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.</p> <p>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</p> <p>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</p> <p>[C] SHOOK HIM/HER.</p> <p>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p> <p>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</p> <p>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p> <p>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p> <p>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p> <p>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p> <p>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p> <p>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p style="text-align: right;">..... Yes No</p> <p>Took away privileges 1 2</p> <p>Explained wrong behaviour 1 2</p> <p>Shook him/her 1 2</p> <p>Shouted, yelled, screamed 1 2</p> <p>Gave something else to do 1 2</p> <p>Spanked, hit, slapped on bottom with bare hand 1 2</p> <p>Hit with belt, hairbrush, stick, or other hard object ... 1 2</p> <p>Called dumb, lazy, or another name 1 2</p> <p>Hit / slapped on the face, head or ears 1 2</p> <p>Hit / slapped on hand, arm or leg 1 2</p> <p>Beat up, hit over and over as hard as one could .. 1 2</p>	
<p>CD4. 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>DK/ No opinion 8</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Hindu 01 Buddhism 02 Islam 03 Kirat 04 Christianity 05 Prakriti 06 Bon 07 Jainism 08 Bahai 09 Sikhism 10 No religion 11 Other religion (<i>specify</i>) 96	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD? <i>Write both name and code</i>	Mother Tongue _____ _____ Other language (<i>specify</i>) 996	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? <i>Write both name and code</i>	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>	Natural floor Earth / Sand 11 Dung 12 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Linoleum 36 Other (<i>specify</i>) 96	

<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural roofing</p> <p>Thatch / Palm leaf..... 12</p> <p>Sod 13</p> <p>Rudimentary roofing</p> <p>Rustic mat..... 21</p> <p>Wood planks 23</p> <p>Finished roofing</p> <p>Metal / Tin..... 31</p> <p>Wood 32</p> <p>Calamine / Cement fibre 33</p> <p>Ceramic tiles 34</p> <p>Cement 35</p> <p>Roofing shingles 36</p> <p>Other (<i>specify</i>) 96</p>	
<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 12</p> <p>Dirt 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</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>Wood planks / shingles 36</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>Natural gas 03</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>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 In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 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] AN IMPROVED COOKING STOVE (ICS)</p> <p>[G] TABLE</p> <p>[H] CHAIR</p> <p>[I] BED/COT</p> <p>[J] SOFA</p> <p>[K] WARDROBE</p> <p>[L] COMPUTER-DESKTOP</p> <p>[M] WALL CLOCK</p> <p>[N] ELECTRIC FAN</p> <p>[O] DHIKI/JATO</p> <p>[P] MICROWAVE OVEN</p> <p>[Q] WASHING MACHINE</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Improved cooking stove</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table</td> <td>1</td> <td>2</td> </tr> <tr> <td>Chair.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed/Cot</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wardrobe</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer-Desktop</td> <td>1</td> <td>2</td> </tr> <tr> <td>Wall clock</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electric fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Dhiki/Jato.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave oven</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Improved cooking stove	1	2	Table	1	2	Chair.....	1	2	Bed/Cot	1	2	Sofa	1	2	Wardrobe	1	2	Computer-Desktop	1	2	Wall clock	1	2	Electric fan.....	1	2	Dhiki/Jato.....	1	2	Microwave oven	1	2	Washing machine	1	2	
	Yes	No																																																						
Electricity	1	2																																																						
Radio	1	2																																																						
Television	1	2																																																						
Non-mobile telephone	1	2																																																						
Refrigerator	1	2																																																						
Improved cooking stove	1	2																																																						
Table	1	2																																																						
Chair.....	1	2																																																						
Bed/Cot	1	2																																																						
Sofa	1	2																																																						
Wardrobe	1	2																																																						
Computer-Desktop	1	2																																																						
Wall clock	1	2																																																						
Electric fan.....	1	2																																																						
Dhiki/Jato.....	1	2																																																						
Microwave oven	1	2																																																						
Washing machine	1	2																																																						
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE/RIKSHAW?</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?</p> <p>[H] A LAPTOP COMPUTER</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td></td> <td></td> </tr> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal-drawn cart</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car / Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Laptop</td> <td>1</td> <td>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.....	1	2	Laptop	1	2																									
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<p>HC10. 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>	<p>Own 1</p> <p>Rent 2</p> <p>Other (<i>specify</i>) 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC13
<p>HC12. HOW MANY ROPANIS OR BIGHAS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If respondent answer in Ropani, circle "1" and enter the value and if answer in Bigha, circle "2" and enter the value. If unknown, circle '998'.</i></p>	<p>Ropani (ropani, ana, paisa) ... 1 _ / _ / _</p> <p>Bigha (bigha, kattha, dhur) 2 _ / _ / _</p> <p>DK.....998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC15
<p>[A] MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKEN/DUCKS /PIGEON?</p> <p>[F] PIGS/SWINE?</p> <p>[G] YAK NAK OR CHAURI</p> <p>[H] BUFFALO</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Milk cows, or bulls _ _</p> <p>Horses, donkeys, or mules _ _</p> <p>Goats _ _</p> <p>Sheep _ _</p> <p>Chicken/ducks/pigeon _ _</p> <p>Pigs _ _</p> <p>Yak Nak or Chauri _ _</p> <p>Buffaloes _ _</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT INCLUDING COOPERATIVES?</p>	<p>Yes 1</p> <p>No 2</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	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	14⇒WS3
	Tube Well, Borehole 21	21⇒WS3
	Dug well	
	Protected well 31	31⇒WS3
	Unprotected well..... 32	32⇒WS3
	Water from spring	
	Protected spring 41	41⇒WS3
	Unprotected spring 42	42⇒WS3
	Rainwater collection 51	51⇒WS3
	Tanker-truck 61	61⇒WS3
	Cart with small tank / drum 71	71⇒WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81	81⇒WS3
Bottled water 91		
Other (<i>specify</i>) 96	96⇒WS3	
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling..... 11	11⇒WS6
	Piped into compound, yard or plot..... 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	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	1⇒WS6
	In own yard / plot 2	2⇒WS6
	Elsewhere..... 3	
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _ _ _ _	
	DK..... 998	

<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⇒WS7A 8⇒WS 7A</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 / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK..... Z</p>	
<p>WS7A. Check WS 1 or WS2: Main source of water <input type="checkbox"/> Piped water; 11-14⇒ Continue with WS7B <input type="checkbox"/> Other ⇒ Go to WS8</p>		
<p>WS7B. SINCE LAST (<i>day of week</i>) DID YOU HAVE WATER COMING FROM THE PIPE OR TAP FOR AT LEAST ONE HOUR A DAY?</p>	<p>Yes 1 No 2 DK..... 8</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>If not possible to determine, 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 No facility, Bush, Field 95 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>

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
HW0. WE WOULD LIKE TO COLLECT INFORMATION ON HANDWASHING KNOWLEDGE. PLEASE MENTION ALL THE OCCASIONS WHEN YOU THINK IT IS IMPORTANT TO WASH YOUR HANDS. <i>Circle all mentioned. Keep probing.</i>	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 After completing the work J Other (<i>Specify</i>) X Don't know Z	
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 No permission to see 3 Other reason (<i>specify</i>) 6	2 ⇒HW4 3 ⇒HW4 6 ⇒HW4
HW2. <i>Observe presence of water at the 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	
HW2A. <i>Check the distance of the handwashing place from the toilet in paces and circle appropriate code.</i>	Less than 10 paces 1 10 paces or more 2 Toilet not in dwelling / plot / yard 3	
HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i>	Yes, present 1 No, not present 2	2⇒HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	A⇒HH19 B⇒HH19 C⇒HH19 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. <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D	
HH19. Record the time.	Hour and minutes :	

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 4 Salt not tested (specify reason) 5	4⇒HH20
SI2. CAN I PLEASE OBSERVE THE ACTUAL PACKAGE OR CONTAINER FROM WHERE YOU JUST COLLECTED THIS SALT?	OBSERVED 1 NOT OBSERVED 2	2⇒HH20
SI3. Observe packet or container and record the type of salt. <i>If packed salt is shown by respondent check if it has the logo of a girl and a boy child and tick the appropriate answer.</i>	LARGE CRYSTAL SALT 1 LOOSE POWDER SALT 2 <u>PACKAGED POWDER SALT</u> PACKAGED POWDER SALT WITHOUT LOGO.... 3 PACKAGED POWDER SALT WITH LOGO 4 TIBETAN SALT 5 OTHER TYPES (SPECIFY) 6	

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 the Household Members(HL7)

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 HH8A. If the household is selected for Water Quality Testing:

A separate QUESTIONNAIRE FOR WATER QUALITY TESTING has been issued for the household (HH8A)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and water quality testing (HH8A)

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations**Field Editor's Observations****Supervisor's Observations**