

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___	
HH1A. Name of District _____ District Code ___ ___		
HH3. Interviewer name and number: Name _____ ___ ___	HH4. Supervisor name and number: Name _____ ___ ___	
HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / ___ ___		
HH6. Area: Urban 1 Rural 2	HH7. Region/Divisions: <i>Quetta 01</i> 01 <i>Kalat 02</i> 02 <i>Sibi 03</i> 03 <i>Zhob 04</i> 04 Nasirabad 05 05 Makran 10 10	

We are from Planning & Development Department, Government of Balochistan. We are working on a project concerned with family health and education. I would like to talk to you about these subjects. The interview will take about minutes. All the information we obtain will remain strictly confidential and your answers will never be shared with anyone other than our project team.

MAY I START NOW?

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

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 1 Not at home..... 2 Refused 3 Household not found / destroyed / vacant..... 4 Other (<i>specify</i>) _____ 6	HH10. Respondent to household questionnaire: Name: _____ Line Number: ___ ___
HH11. Total number of household members: ___ ___	
HH12. Number of women age 15-49 years(ever married): ___ ___	HH13. Number of woman's questionnaires completed: ___ ___
HH14. Number of children under age 5: ___ ___	HH15. Number of under-5 questionnaires completed: ___ ___
HH16. Field edited by (Name and number): Name _____ ___ ___	HH17. Data entry clerk (Name and number): Name _____ ___ ___

HOUSEHOLD LISTING FORM

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. Ask questions HL6A and HL6B only from/for household members who are over 10 years of age

USE AN ADDITIONAL QUESTIONNAIRE IF ALL ROWS IN THE HOUSEHOLD LISTING FORM HAVE BEEN USED.

HH18. Record the time: Hour Minutes						For all household members	For children age 0-17 years							
HL2. Name	HL3. Relationship 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. Can (name) read with understanding in any one of the languages?	HL6B. Can (name) write with understanding in any one of the languages?	HL7. Circle line number if woman is age 15-49	HL8. Who is the mother or primary caretaker of this child?	HL9. Who is the mother or primary caretaker of this child?	HL10. Did (name) stay here last night?	HL11. Is (name)'s natural mother alive?	HL12. Does (name)'s natural mother live in this household?	HL13. Is (name)'s natural father alive?	HL14. Does (name)'s natural father live in this household?

Line	Name	Relation*	M	F	Month	Year	Age	Write code	Write code	HL7.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.		
01		0	1	2	---	---	---			15-49	Mother	Mother	Y	N	DK	Y	N	DK	
02		---	1	2	---	---	---			01	---	---	1	2	---	1	2	8	---
03		---	1	2	---	---	---			02	---	---	1	2	---	1	2	8	---
04		---	1	2	---	---	---			03	---	---	1	2	---	1	2	8	---
05		---	1	2	---	---	---			04	---	---	1	2	---	1	2	8	---
		---	1	2	---	---	---			05	---	---	1	2	---	1	2	8	---

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4 Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL6A CAN (NAME) READ WITH UNDERSTANDING IN LANGUAGES?	HL6B CAN (NAME) WRITE WITH UNDERSTANDING IN LANGUAGES?	HL7. Circle line number if woman is age 1 5- 49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (NAME)'S NATURAL MOTHER ALIVE?	HL12 DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13 IS (NAME)'S NATURAL FATHER ALIVE?	HL14 DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?				
Line	Name	Relation*	M	F	Month	Year	Age	Write code	Mother	Mother	Y	N	DK	Y	N	DK	Y	N	DK
06		---	1	2	---	---	---	Write code	Mother	Mother	1	2	8	---	---	---	1	2	8
07		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
08		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
09		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
10		---	1	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
11		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
12		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
13		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
14		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
15		---	1	2	---	---	---	Write code	---	---	1	2	8	---	---	---	1	2	8
Tick here if additional questionnaire used <input type="checkbox"/>																			

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 02 Wife / Husband	03 Son / Daughter 04 Son-In-Law / Daughter-In-Law	05 Grandchild 06 Parent	07 Parent-In-Law 08 Brother / Sister	09 Brother-In-Law / Sister-In-Law 10 Uncle / Aunt	11 Niece / Nephew 12 Other relative	13 Adopted / Foster / Stepchild 14 Not related 98 Don't know
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EDUCATION

ED

For household members age 5 and above

For household members age 5-24 years(Ask ED8A to ED8D only for level 0-3 and if answers to ED6 or ED8 for level 0-3 is YES)

ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2009- 2010) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOO L AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008- 2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		ED8A WHAT TYPE OF SCHOOL DID/DOES (NAME) ATTEND DURING 2009- 10, GOVERNMENT OR PRIVATE? 1 GOVERNMENT 2 PRIVATE 8 DK	ED8B WAS/IS IT A GIRLS, BOYS OR CO- EDUCATION SCHOOL?.	ED8C Did/Does (name) go to school on foot or by any other means?	ED8D How long did/does it take (name) to reach school? Number of Minutes --- --														
			Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, skip to ED5	Grade: 98 DK If less than 1 grade, enter 00	Yes	No	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, skip to ED7	Grade: 98 DK If less than 1 grade, enter 00.	Y	N	DK	Level: 0 Preschool 1 Primary 2 Middle 3 Matric 4 Higher 5, Madrassa 8 DK If level=0, go to next person					Grade: 98 DK If less than 1 GRADE, ENTER 00.	1	2	8	1	2	3	8	1	2				
01		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
02		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
03		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
04		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
05		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
06		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
07		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
08		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
09		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
10		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
11		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
12		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
13		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
14		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		
15		1	2	0	1	2	3	4	5	8	1	2	0	1	2	3	4	5	8	1	2	8	1	2	3	8	1	2		

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN 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 Filter Plant 15 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 Other (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 } WS3 96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Filter Plant 15 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	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6
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?</p> <p>WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) 2 Female child (under 15)..... 3 Male child (under 15) 4 DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No..... 2 DK..... 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil..... A Add bleach / 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>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system..... 11 Flush to septic tank..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit..... 23 Composting toilet 31 Bucket 41 Public/communal latrine..... 52 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>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public)..... 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __ Ten or more households 10 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS

HC

HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?

Number of rooms _ _

HC3. Main material of the dwelling floor.

Record observation.

Natural floor
 Earth / Sand 11
 Dung 12
 Rudimentary floor (katcha) 21

Finished floor (Pacca)
 Bricked 36
 Cemented with marble chips 37
 Ceramic tiles 33
 Cement 34
 Carpet 35

Other (*specify*) 96

HC4. Main material of the roof.

Record observation.

Natural roofing
 No Roof 11
 Thatch / Palm leaf 12
 Sod 13

Rudimentary Roofing
 Rustic mat 21
 Palm / Bamboo beams 22
 Wood planks 23
 Cardboard 24

Finished roofing
 Tin with iron girders 31
 Wood 32

Ceramic tiles 34
 Cement concrete 35
 Roofing shingles 36

Other (*specify*) 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..... 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls (Katcha)</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe 23</p> <p>Plywood..... 24</p> <p>Cardboard 25</p> <p>Reused wood..... 26</p> <p>Finished walls (Pacca)</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)..... 02</p> <p>Natural gas 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal..... 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>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>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[I] GAS</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p>	<table border="0"> <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>Gas.....</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> </tbody> </table>		Yes	No	Electricity.....	1	2	Gas.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	
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<p>[G] A COMPUTER</p> <p>[H] A SEWING/EMBROIDERY MACHINE</p>	<p>Computer 1 2</p> <p>Sewing/embroidery machine 1 2</p>																									
<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?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[H] A TRACTOR</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>Tractor.....</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	Tractor.....	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:</i> DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "3".</i></p>	<p>Own 1</p> <p>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</p> <p>No 2</p>	2⇒HC13																								
<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00".</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Acres..... __ __</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⇒Next Module																								
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, CAMELS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p><i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls..... __ __</p> <p>Horses, donkeys, camel or mules __ __</p> <p>Goats..... __ __ __</p> <p>Sheep..... __ __ __</p> <p>Chickens..... __ __ __</p>																									

INSECTICIDE TREATED NETS

TN

TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the 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 YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8	Long-lasting treated nets YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8	Long-lasting treated nets YES 1 NO 2 Other (specify) 6 DK 8 Pre-treated nets YES 1 NO 2 Other (specify) 6 DK 8
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 (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	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 MOSQUITOS?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98	Months ago ____ More than 24 mo. ago 95 DK / Not sure 98

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

CHILD LABOUR

CL

To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.

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

CL1. Line number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6	CL3. During the past week, 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. Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household? If more than one job, include all hours at all jobs.		CL5. During the past week, did (name) fetch water or collect firewood for household use? 1 Yes 2 No ⇒ CL7		CL6. Since last (day of the week), about how many hours did he/she fetch water or collect firewood for household use?		CL7. During the past week, did (name) do any paid or unpaid work on a family farm or in a family business or selling goods in the street? Include work for a business run by the child, alone or with one or more partners.		CL8. Since last (day of the week), about how many hours did he/she do this work for his/her family or himself/herself?		CL9. During the past week, did (name) help with household chores such as shopping, cleaning, washing clothes, cooking; or caring for children, old or sick people? 1 Yes 2 No ⇒ Next Line		CL10. Since last (day of the week), about how many hours did he/she spend doing these chores?		
		Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Number of hours		
01		1	2	3			1	2			1	2			1	2		
02		1	2	3			1	2			1	2			1	2		
03		1	2	3			1	2			1	2			1	2		
04		1	2	3			1	2			1	2			1	2		
05		1	2	3			1	2			1	2			1	2		
06		1	2	3			1	2			1	2			1	2		
07		1	2	3			1	2			1	2			1	2		
08		1	2	3			1	2			1	2			1	2		
09		1	2	3			1	2			1	2			1	2		
10		1	2	3			1	2			1	2			1	2		
11		1	2	3			1	2			1	2			1	2		
12		1	2	3			1	2			1	2			1	2		
13		1	2	3			1	2			1	2			1	2		
14		1	2	3			1	2			1	2			1	2		
15		1	2	3			1	2			1	2			1	2		

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

HH19. <i>Record the time.</i>	Hour and minutes _ _ : _ _	
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SALT IODIZATION		SI
<p>SII. 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>	<p>Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house 6</p> <p>Salt not tested 7</p>	

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations