

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 (<i>specify</i>) _____	96

<i>After the household questionnaire has been completed, fill in the following information:</i>
HH10. Respondent to Household Questionnaire: Name _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
HH14. Number of children under age 5: _____

<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH13. Number of women's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____

HH16. Field editor's name and number: Name _____
Respondent mobile _____

HH17. Main data entry clerk's name and number: Name _____
Researcher mobile _____

HH18. Record the time.
 Morning 1
 Afternoon 2
 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)?	For women age 15-49 HL7	For children age 0-4 HL7B	For children age 0-17 years						For Children age 0-14 HL15
			1 Male	2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '00'.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	HL11 IS (name)'S NATURAL MOTHER ALIVE?	HL12 DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A WHERE DOES (ame)'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?	HL14 DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A 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 CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Y N DK	Father		Mother
01		01	1	2	—	—	—	01	01	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
02		—	1	2	—	—	—	02	02	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
03		—	1	2	—	—	—	03	03	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
04		—	1	2	—	—	—	04	04	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
05		—	1	2	—	—	—	05	05	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—

						For women 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? 1 Male 2 Female		HL5 WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6 HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '00'.</i>	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 ^{HL13} 8 DK ^{HL13}	HL12 DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes", record line no. of mother and go to HL13. If "No", record 00.</i>	HL12A WHERE DOES (ame)'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 ^{HL15} 8 DK ^{HL15}	HL14 DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes", record line no. of father and go to HL15. If "No", record 00.</i>	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. <i>If HL12 is blank or '00' ask:</i> WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Y N DK	Father		Mother
06		—	1	2	—	—	—	06	06	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
07		—	1	2	—	—	—	07	07	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
08		—	1	2	—	—	—	08	08	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
09		—	1	2	—	—	—	09	09	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
10		—	1	2	—	—	—	10	10	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
11		—	1	2	—	—	—	11	11	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
12		—	1	2	—	—	—	12	12	1 2 8	—	1 2 3 8	1 2 8	—	1 2 3 8	—
13		—	1	2	—	—	—	13	13	1 2 8	—	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, each eligible man, and each child under five in the household.

* Codes for **HL3**:

Relationship to head of household:

01 Head

02 Spouse /

Partner

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 Other (Not related)

98 DK

Line	Name	Age	Ye	No	Level	Grade	Yes			No			Level	Grade	Yes			No			DK	Level	Grade	
							1	2		1	2				1	2		1	2					1
01		—	1	2		—	—	1	2			—	—	1	2	8								—
02		—	1	2		—	—	1	2			—	—	1	2	8								—
03		—	1	2		—	—	1	2			—	—	1	2	8								—
04		—	1	2		—	—	1	2			—	—	1	2	8								—
05		—	1	2		—	—	1	2			—	—	1	2	8								—
06		—	1	2		—	—	1	2			—	—	1	2	8								—
07		—	1	2		—	—	1	2			—	—	1	2	8								—
					<i>For household members age 4 and above</i>					<i>For household members age 4-24 years</i>														

If level=00,01 or 12, skip to ED5.

ED1. <i>Line number</i>	ED2. <i>Name and age</i>		ED3. HAS (<i>name</i>) EVER ATTENDED SCHOOL OR PRE- SCHOOL OR KHALWA ?	ED3.A WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL? 0 NOT OF SCHOOL AGE 1 FINANCIAL BURDEN OF SCHOOL EXPENSES 2 UNAVAILABILITY OF EDUCATION SERVICES 3 DISABILITY/ ILLNESS 4 WORK TO SUPPORT FAMILY 5 SCHOOL TOO FAR AWAY 6 MIXED EDUCATION 7 OTHER 9 DK ↘ Next Line	ED4A. WHAT IS THE HIGHEST EDUCATIONAL LEVEL (<i>name</i>) HAS ATTENDED? LEVEL: 00 KHALWA 01 PRESCHOOL 02 PRELIMINARY 03 PRIMARY 04 BASIC 05 VOCATIONAL TRAINING 06 INTERMEDIATE 07 SECONDARY 08 HIGH SCHOOL (3 YEARS) 09 HIGH SCHOOL (4 YEARS) 10 INTERMEDIATE DIPLOMA 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12, skip to ED5</i>	ED4B. WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL? Grade: 98 DK <i>If the first grade at this level is not completed , enter "00".</i>	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2014- 2015, DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL OR KHALWA AT ANY TIME? 1 Yes:ED6 2 No ↘ ED5A	WHAT WAS THE MAIN REASON FOR NOT ATTENDING SCHOOL? 1 FINANCIAL BURDEN OF SCHOOL EXPENSES 2 UNAVAILABILITY OF EDUCATION SERVICES 3 DISABILITY/ ILLNESS 4 WORK TO SUPPORT FAMILY 5 SCHOOL TOO FAR AWAY 6 MIXED EDUCATION 7 UNAVAILABILITY OF DRINKING WATER AND TOILET. 8 EARLY MARRIAGE 9 OTHERS	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (<i>name</i>) ATTENDING? : LEVEL: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 High SCHOOL 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12 go to ED7 If level=00 or 01, skip to ED7.</i>	Grade: 98 DK	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012- 2013, DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL OR KHALWA AT ANY TIME? 1 Yes 2 No ↘ Next Line 8 DK ↘ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND? LEVEL: 00 KHALWA 01 PRESCHOOL 04 BASIC 05 VOCATIONAL TRAINING 08 High SCHOOL. 11 UNIVERSITY 12 POST GRADUATE 98 DON'T KNOW <i>If level=00,01 or 12 go to ED7</i>	Grade: : 98 DK
Line	Name	Age	Yes No		Level	Grade	Yes No		Level	Grade	Yes No DK	Level	Grade

08		—	1 2		—	—	1	2		—	—	1 2 8		—
09		—	1 2		—	—	1	2		—	—	1 2 8		—
10		—	1 2		—	—	1	2		—	—	1 2 8		—
11		—	1 2		—	—	1	2		—	—	1 2 8		—
12		—	1 2		—	—	1	2		—	—	1 2 8		—
13		—	1 2		—	—	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	__ __

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: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module (Child discipline) <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.																	
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [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? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [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.	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Worked on plot / farm / food garden / looked after animals	1	2	Helped in family / relative's business/ran own business	1	2	Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2	Any other activity	1	2	
	Yes	No															
Worked on plot / farm / food garden / looked after animals	1	2															
Helped in family / relative's business/ran own business	1	2															
Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2															
Any other activity	1	2															
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
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? <i>If less than one hour, record "00"</i>	Number of hours..... ____																
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1 ⇒ CL8															
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	1 ⇒ CL8															

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF <i>(name)</i>?</p> <p>[A] IS <i>(name)</i> EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS <i>(name)</i> EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS <i>(name)</i> EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS <i>(name)</i> REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS <i>(name)</i> REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS <i>(name)</i> EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR <i>(name)</i>'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>CL8. SINCE LAST <i>(day of the week)</i>, DID <i>(name)</i> FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	2⇒ CL10																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID <i>(name)</i> SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST <i>(day of the week)</i>?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									
<p>CL10. SINCE LAST <i>(day of the week)</i>, DID <i>(name)</i> 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 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>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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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 <i>(day of the week)</i>, ABOUT HOW MANY HOURS DID <i>(name)</i> ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p>	<p>Number of hours _ _</p>																									

<i>If less than one hour, record "00"</i>		
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CHILD DISCIPLINE

CD

CD1. Check selected child's age from SL9:

1-14 years ⇨ Continue with CD2

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.

Yes No

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Took away privileges..... 1 2

[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.

Explained wrong behaviour..... 1 2

[C] SHOOK HIM/HER.

Shook him/her 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Shouted, yelled, screamed 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO.

Gave something else to do 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Spanked, hit, slapped on 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, SLIPPER OR OTHER HARD OBJECT.

Hit with belt, hairbrush, stick, slipper or other hard object 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

Called dumb, lazy, or another name 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Hit / slapped on the face, head or ears 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

Hit / slapped on hand, arm or leg 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.

Beat up, hit over and over as hard as one could 1 2

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
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 Ganaa (Palm / Bamboo) 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement/ Dafra (bricks+cement) 34 Carpet 35 Concrete 36 Marble.....37 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 Sod 13 Rudimentary roofing Rustic mat 21 Ganaa (Palm / Bamboo) 22 Wood planks 23 Cardboard 24 Traditional roof (mat+wood planks) 25 Finished roofing Metal / Tin (Zinc) 31 Wood 32 Ceramic tiles 34 Cement / concrete 35 Other (<i>specify</i>) _____ 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Natural walls No walls 11 Cane / Palm / Trunks 12 Dirt (jaloos) 13 Rudimentary walls Bamboo (Ganaa) with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Finished walls	

	Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe (Bayad) 35 Wood planks / shingles 36 Other (<i>specify</i>) _____ 96																																		
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG) 02 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Animal dung 10 Agricultural crop residue 11 Solar energy.....1212 Wood dust.....13 No food cooked in household.....95 Other (<i>specify</i>) _____ 96	01⇒HC8 02⇒HC8 05⇒HC8 95⇒HC8																																	
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen/tukul 1 Elsewhere in the house 2 In a separate building 3 Outdoors 4 Other (<i>specify</i>) _____ 6																																		
HC8. DOES YOUR HOUSEHOLD HAVE:	<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>[A] ELECTRICITY?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] A RADIO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] A TELEVISION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] A NON-MOBILE TELEPHONE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] A REFRIGERATOR?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] A DIGITAL RECEIVER?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] A FLAT SCREEN TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] AN INTERNET CONNECTION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[I] DESKTOP COMPUTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] Washing machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] ELECTRICITY?	1	2	[B] A RADIO?	1	2	[C] A TELEVISION?	1	2	[D] A NON-MOBILE TELEPHONE?	1	2	[E] A REFRIGERATOR?	1	2	[F] A DIGITAL RECEIVER?	1	2	[G] A FLAT SCREEN TV	1	2	[H] AN INTERNET CONNECTION?	1	2	[I] DESKTOP COMPUTER	1	2	[J] Washing machine	1	2	
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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
	Elevated tank, handpump (Kharjaka)	15
	Dug well	
	Protected well	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring	42
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) filtered	52
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) unfiltered	53
	Tanker-truck/ Cart with tank	
	Transported from sources (11, 12,13, 14, 15,31, 41,52) 61	61
	Transported from sources (32, 42, 53)	62
Unknown source	63	
Bottled water	91	
Other (<i>specify</i>)	96	
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
	Elevated tank, handpump (Kharjaka)	15
	Dug well	
	Protected well	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring	42
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) filtered	52
	Surface water (river, stream, dam, hafeer, lake, pond, canal, irrigation channel) unfiltered	53

	Tanker-truck/ Cart with tank Transported from sources (11, 12,13, 14, 15,31, 41,52).....61 Transported from sources (32, 42, 53) 62 Unknown source..... 63 Other (<i>specify</i>)_____ 96	
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	
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	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
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 B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle (e.g. zeer) F Other (<i>specify</i>)_____ X DK Z	
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 Bucket No facility, Bush, Field Other (<i>specify</i>) _____	31 41 95 96	95⇒WS11A
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes No	1 2	2⇒WS11 A
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) Public facility	1 2	2⇒WS11 A
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 DK	 10 98	
WS11A. WHAT IS THE MAIN METHOD USED FOR DISPOSING GARBAGE?	Removed by garbage vehicles Thrown away from living areas Thrown out of the house Burned Buried Others (<i>specify</i>) _____	1 2 3 4 5 6	

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

FOOD CONSUMPTION & SOURCES		FC
FC1: NOW I WOULD LIKE TO TALK ABOUT YOUR FOOD ITEMS & CONSUMPTION; DID YOUR FAMILY CONSUME (FOOD ITEM) IN THE LAST 7 DAYS?		
[A] SORGHUM?	Yes.....1 No.....2	2⇒FC1[B]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[B] MILLET?	Yes.....1 No.....2	2⇒ FC1[C]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[C] WHEAT/ BREAD?	Yes.....1 No.....2	2⇒ FC1[D]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[D] GROUNDNUTS, PULSES (BEANS, LENTILS)?	Yes.....1 No.....2	2⇒ FC1[E]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[E] MEAT/CHICKEN, BUSH MEAT, ETC.	Yes.....1 No.....2	2⇒ FC1[F]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[F] COOKING OIL/FATS	Yes.....1 No.....2	2⇒ FC1[G]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	

Food source codes	
1 Own production (crops, animals)	5 Borrowed
2 Purchased on market, shop etc.	6 Gift from family/ friends / relatives
3 Hunting, fishing, gathering	7 Food aid (NGOs, WFP)
4 Received in-kind against labour or other items	

[G] FRUITS?	Yes.....1 No.....2	2⇒ FC1[H]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[H] MILK, YOGHURT, CHEESE, ETC ?	Yes.....1 No.....2	2⇒ FC1[I]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[I] SUGAR?	Yes.....1 No.....2	2⇒ FC1[J]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[J] EGG?	Yes.....1 No.....2	2⇒ FC1[K]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[K] FRESH VEGETABLES?	Yes.....1 No.....2	2⇒ FC1[L]
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	
[L] DRY VEGETABLES (OKRA, TOMATOES, ONION , ETC?)	Yes.....1 No.....2	2⇒next module
HOW MANY DAYS DID YOUR FAMILY EAT THIS FOOD ITEM? WHAT WAS THE MAIN SOURCE? <i>Use codes below for the food sources - If there are several sources for a same food, indicate the main source</i>	Number of days..... Main source.....	

Food source codes	5 Borrowed
1 Own production (crops, animals)	6 Gift from family/ friends / relatives
2 Purchased on market, shop etc.	7 Food aid (NGOs, WFP)
3 Hunting, fishing, gathering	
4 Received in-kind against labour or other items	

COPING STRATEGIES		CS
..CS1: IN THE PAST 7 DAYS, WERE THERE TIMES WHEN YOU DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD FOR YOUR FAMILY?	Yes.....1 No.....2	2⇒HH19

CS2: WHAT WAS THE COPING STRATEGY THAT YOU ADOPTED DURING THAT TIMES?

Probe (Don't read answers)

	<p>Rely on less preferred and less expensive food [A]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days... ...___</p>
	<p>Eat borrowed food or borrow money to purchase food [B]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days.....__ _</p>
	<p>Rely on help from friends or relatives (musaada) [C]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days..... ___</p>
	<p>Limit portion size at mealtimes [D]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days.....__ _</p>
	<p>Restrict consumption for adults in order for small children to eat [E]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAYS DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days..... ___</p>
	<p>Reduce number of meals eaten in a day [F]</p> <p><i>If the respondent mentioned this option ask;</i> HOW MANY DAY DID YOU ADOPT THAT STRATEGY?</p>	<p>Number of days.....__ _</p>

HH19. Record the time.	Morning	1
	Afternoon	2
	Hour and minutes	__ : __

SALT IODIZATION		SI
SI1. THERE ARE TYPES OF SALT THAT CONTAIN IODINE WHICH IS AN IMPORTANT NUTRIENT. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD? <i>If salt not tested, please mention the reasons.</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

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).

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

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), and under-5s (HH14) are entered.

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

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations