Appendix F. Questionnaires

■■■ MICS

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HOUSEHOLD QUESTIONNAIRE
SIERRA LEONE

</div>

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___
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:
	  East..1
	  North 2
	  South...3
	  West..4

	HH7A. District: _____ ____ ____

WE ARE FROM **Statistics Sierra Leone**. 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 **60** 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.*

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

HH8. Name of head of household: _____	

HH9. Result of household interview:
 	
Completed 01
No household member or no competent
    respondent at home at time of visit 02
Entire household absent for extended
    period of time.. 03
Refused 04
Dwelling vacant / Address not a dwelling....... 05
Dwelling destroyed 06
Dwelling not found 07
 	
Other (*specify*)_____ 96
	HH10. Respondent to household questionnaire:
	
	Name:_____
	
	Line Number: ___ ___
	
	HH11. Total number of household
	    members: ___ ___

HH12. Number of women age 15-49 years: ___ ___	HH13. Number of 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 **HL**

<table>
<tr><td colspan="2">HH18.
Record the time:

Hour.......... __ __

Minutes...... __ __</td><td colspan="13">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 household listing form have been used.</td></tr>
</table>

| | | | | | | | *For women age 15-49* | *For children age 5-14* | *For children under age 5* | *For all household members* | | *For children age 0-17 years* | | |

HL1. *Line number*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF HOUSE-HOLD? 1 Male 2 Female	HL4. IS (*name*) MALE OR FEMALE?	HL5. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line number if woman is age* **15-49**	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL10. DID (*name*) STAY HERE LAST NIGHT? 1 Yes 2 No	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? *Record line number of mother or 00 for "No"*	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No⮫ Next Line 8 DK⮫ Next Line	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record line number of father or 00 for "No"*
Line	Name	Relation*	M F	Month Year	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	__ __ __ __ __ __	__ __	01	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2	__ __ __ __ __ __	__ __	02	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2	__ __ __ __ __ __	__ __	03	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2	__ __ __ __ __ __	__ __	04	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2	__ __ __ __ __ __	__ __	05	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2	__ __ __ __ __ __	__ __	06	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2	__ __ __ __ __ __	__ __	07	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2	__ __ __ __ __ __	__ __	08	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2	__ __ __ __ __ __	__ __	09	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
10		__ __	1 2	__ __ __ __ __ __	__ __	10	__ __	__ __	1 2	1 2 8	__ __	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? 1 Male 2 Female	HL5. WHAT IS (*name*)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (*name*)? *Record in completed years. If age is 95 or above, record '95'*	HL7. *Circle line number if woman is age* **15-49**	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record line number of mother/ caretaker*	HL10. DID (*name*) STAY HERE LAST NIGHT? 1 Yes 2 No	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? *Record line number of mother or 00 for "No"*	HL13. IS (*name*)'S NATURAL FATHER ALIVE? 1 Yes 2 No↰ Next Line 8 DK↰ Next Line	HL14. DOES (*name*)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record line number of father or 00 for "No"*
Line	Name	Relation*	M F	Month	Year	Age	15-49	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
11		__ __	1 2	__ __	__ __ __ __	__ __	11	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	__ __ __ __	__ __	12	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	__ __ __ __	__ __	13	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	__ __ __ __	__ __	14	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	__ __ __ __	__ __	15	__ __	__ __	1 2	1 2 8	__ __	1 2 8	__ __

Tick here if additional questionnaire used   ☐

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

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

EDUCATION								ED

*For household members age **5 and above***				*For household members age **5-24** years*				
ED1. *Line number*	ED2. *Name and age* *Copy from Household Listing Form, HL2 and HL6*	ED3. HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⤸ Next Line	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 PRESCHOOL AT ANY TIME? 1 Yes 2 No ⤸ ED7	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? 1 Yes 2 No ⤸ Next Line 8 DK ⤸ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND?
			Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED5*	Grade: 98 DK *If less than 1 grade, enter 00.*		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED7*	Grade: 98 DK		Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, go to next person*	Grade: 98 DK

Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
02		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
03		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
04		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
05		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
06		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
07		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
08		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
09		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
10		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
11		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
12		__ __	1	2	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __

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
	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 (*specify*) _____ 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
	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 (*specify*) _____ 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	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* 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? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	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 (*specify*) _____ X DK..Z	

WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / Pour flush
	   Flush to piped sewer system.................11
	   Flush to septic tank 12
	   Flush to pit (latrine)...............................13
	   Flush to somewhere else 14
	   Flush to unknown place / Not sure /
	     DK where...15
	Pit latrine
	   Ventilated Improved Pit latrine (VIP) 21
	   Pit latrine with slab 22
	   Pit latrine without slab / Open pit..........23
	
	Composting toilet.....................................31
	Bucket..41
	Hanging toilet, Hanging latrine 51
	
	No facility, Bush, Field..............................95
	
	Other (*specify*) _____ 96
		95⇨Next Module

WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes ....1 No 2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public) ....1 Public facility..2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households ....10 DK..98	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christian .... 1 Muslim .... 2 Traditional .... 3 Other religion (*specify*) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Mende .... 1 Temne .... 2 Limba .... 3 Creole .... 4 Madingo .... 5 Loko .... 6 Sherbro .... 7 Kono .... 8 Other language (*specify*) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Mende .... 1 Temne .... 2 Limba .... 3 Creole .... 4 Madingo .... 5 Loko .... 6 Sherbro .... 7 Kono .... 8 Other ethnic group (*specify*) _____ 96	
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
	    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
	
	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..................................... 22
	  Wood planks 23
	  Cardboard 24
	Finished roofing
	  Metal.. 31
	  Wood.. 32
	  Calamine / Cement fibre 33
	  Ceramic tiles 34
	  Cement... 35
	  Roofing shingles................................... 36
	
	Other (*specify*)_____ 96	

HC5. Main material of the exterior walls.
 	
Record observation.
	Natural walls
	  No walls.. 11
	  Cane / Palm / Trunks 12
	  Dirt... 13
	Rudimentary walls
	  Bamboo with mud 21
	  Stone with mud 22
	  Uncovered adobe.................................. 23
	  Plywood.. 24
	  Cardboard 25
	  Reused wood 26
	Finished walls
	  Cement... 31
	  Stone with lime / cement...................... 32
	  Bricks... 33
	  Cement blocks 34
	  Covered adobe...................................... 35
	  Wood planks / shingles 36
	
	Other (*specify*)_____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD **MAINLY** USE FOR COOKING?	Electricity.. 01 Liquefied Petroleum Gas (LPG)............... 02 Natural gas... 03 Biogas .... 04 Kerosene... 05 Coal / Lignite .... 06 Charcoal.. 07 Wood... 08 Straw / Shrubs / Grass............................. 09 Animal dung .... 10 Agricultural crop residue .... 11 No food cooked in household .... 95 Other (*specify*)_____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8

HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?
 	
If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?
	In the house
	   In a separate room used as kitchen........1
	   Elsewhere in the house...........................2
	In a separate building................................3
	Outdoors 4
	
	Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:
 	
   [A] ELECTRICITY?
 	
   [B] A RADIO?
 	
   [C] A TELEVISION?
 	
   [D] A NON-MOBILE TELEPHONE?
 	
   [E] A REFRIGERATOR?
	Yes No
	
	Electricity...1 2
	
	Radio 1 2
	
	Television 1 2
	
	Non-mobile telephone 1 2
	
	Refrigerator 1 2	

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:
 	
   [A] A WATCH?
 	
   [B] A MOBILE TELEPHONE?
 	
   [C] A BICYCLE?
 	
   [D] A MOTORCYCLE OR SCOOTER?
 	
   [E] AN ANIMAL-DRAWN CART?
 	
   [F] A CAR OR TRUCK?
 	
   [G] A BOAT WITH A MOTOR?
	Yes No
	
	Watch 1 2
	
	Mobile telephone..............................1 2
	
	Bicycle 1 2
	
	Motorcycle / Scooter 1 2
	
	Animal drawn-cart 1 2
	
	Car / Truck 1 2
	
	Boat with motor 1 2	

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD? *If "Rented from someone else", circle "2". For other responses, circle "6".*	Own...1 Rent..2 Other (Not owned or rented) 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ....1 No..2	2⇨HC13
HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Hectares.. ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes ....1 No..2	2⇨HC15

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? *If none, record '00'.* *If 95 or more, record '95'.* *If unknown, record '98'.*	Cattle, milk cows, or bulls .... ___ ___ Horses, donkeys, or mules .... ___ ___ Goats.. ___ ___ Sheep... ___ ___ Chickens .... ___ ___ Pigs .... ___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes .... 1 No... 2	

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).*

	1ˢᵗ Net	2ⁿᵈ Net	3ʳᵈ 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* *If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent*	Long-lasting treated nets Olyset .... 11 Permanet................. 12 Brand C .... 13 Other (*specify*) _____ 16 DK brand .... 18 Pre-treated nets Olyset .... 21 Permanet................. 22 Brand F.................... 23 Other (*specify*) _____ 26 DK brand .... 28 Other net (*specify*) _____31 DK brand / type............. 98	Long-lasting treated nets Olyset........................11 Permanet .... 12 Brand C..................... 13 Other (*specify*) _____ 16 DK brand.................. 18 Pre-treated nets Olyset........................21 Permanet .... 22 Brand F .... 23 Other (*specify*) _____ 26 DK brand.................. 28 Other net (*specify*) _____31 DK brand / type 98	Long-lasting treated nets Olyset....................11 Permanet.................12 Brand C....................13 Other (*specify*) _____ 16 DK brand...................18 Pre-treated nets Olyset....................21 Permanet.................22 Brand F ....23 Other (*specify*) _____ 26 DK brand...................28 Other net (*specify*) _____31 DK brand / type.............98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? *If less than one month, record "00"*	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*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else ⇨ Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else ⇨ Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else ⇨ Continue*
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.................................. 1 No .... 2 DK / Not sure 8	Yes.................................. 1 No .... 2 DK / Not sure................... 8	Yes ....1 No....................................2 DK / Not sure...................8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes.................................. 1 No .... 2 ⇨ 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? *If less than one month, record "00"*	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

TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes................................. 1
	No 2
	     ⇨ TN13
	DK / Not sure 8
	     ⇨ TN13
		Yes................................. 1
		No 2
		     ⇨ TN13
		DK / Not sure.................. 8
		     ⇨ TN13
			Yes 1
			No....................................2
			     ⇨ TN13
			DK / Not sure...................8
			     ⇨ TN13

TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? *Record the person's line number from the household listing form* *If someone not in the household list slept under the mosquito net, record "00"*	Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___ Name _____ Line number......... ___ ___	Name _____ Line number .... ___ ___ Name _____ Line number .... ___ ___ Name _____ Line number .... ___ ___ Name _____ Line number .... ___ ___	Name_____ Line number ....___ ___ Name_____ Line number ....___ ___ Name_____ Line number ....___ ___ Name_____ Line number ....___ ___
TN13.	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module*
			Tick here if additional questionnaire used ☐

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes .... 1 No... 2 DK 8	2⇨Next Module 8⇨Next Module
IR2. WHO SPRAYED THE DWELLING? *Circle all that apply.*	Government worker / program ....A Private company ....B Non-governmental organization ....C Other (*specify*) _____X DK ....Z	

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. 1 Yes 2 No ⇨ CL9	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?
Line	Name　　　Age	Yes (Paid Unpaid)　No	Number of hours	Yes　No	Number of hours	Yes　No	Number of hours	Yes　No	Number of hours
01	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
02	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
03	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
04	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
05	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
06	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
07	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
08	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
09	__ __	1　2　3	___ ___	1　2	___ ___	1　2	___ ___	1　2	___ ___
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	___ ___

CHILD DISCIPLINE   CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

o *List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.*
o *Record the line number, name, sex, and age for each child.*
o *Then record the total number of children aged 2-14 in the box provided (CD6).*

CD1. *Rank number*	CD2. *Line number from HL1*	CD3. *Name from HL2*	CD4. *Sex from HL4*		CD5. *Age from HL6*
Rank	Line	Name	M	F	Age
1	__ __		1	2	___ ___
2	__ __		1	2	___ ___
3	__ __		1	2	___ ___
4	__ __		1	2	___ ___
5	__ __		1	2	___ ___
6	__ __		1	2	___ ___
7	__ __		1	2	___ ___
8	__ __		1	2	___ ___
CD6.	Total children age 2-14 years				___ ___

o *If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9*

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

o *Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.*
o *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.*
o *Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.*
o *Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.*

CD7. **Last digit of household number (HH2)**	**Total Number Of Eligible Children In The Household (CD6)**							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. *Record the rank number of the selected child...___*

CD9. *Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.*	Name _____ Line number .... __ __	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH *(name)* **IN THE PAST MONTH**. CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes.. 1 No 2	
CD12. EXPLAINED WHY *(name)*'S BEHAVIOR WAS WRONG.	Yes.. 1 No 2	
CD13. SHOOK HIM/HER.	Yes.. 1 No 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.. 1 No 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.. 1 No 2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.. 1 No 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.. 1 No 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.. 1 No 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.. 1 No 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.. 1 No 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes.. 1 No 2	
CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.. 1 No .... 2 Don't know / No opinion.............................. 8	

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. *Observe presence of water at the specific place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ....1 Water is not available 2	
HW3. *Record if soap or detergent is present at the specific place for handwashing.* *Circle all that apply.* *Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Liquid soap .... C Ash / Mud / Sand.. D None .... Y	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT (*or other locally used cleansing agent*) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes ....1 No...2	 2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? *Record observation. Circle all that apply*	Bar soap .... A Detergent (Powder / Liquid / Paste) .... B Liquid soap .... C Ash / Mud / Sand.. D Not able / Does not want to show .... Y	

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? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM ....1 More than 0 PPM & less than 15 PPM........2 15 PPM or more ....3 No salt in the house.....................................6 Salt not tested 7	

HH20. *Does any eligible woman age 15-49 reside in the household?*

Check household listing, column HL7 for any eligible woman.
You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN*
        to administer the questionnaire to the first eligible woman.

☐ *No.* ⇨ *Continue.*

HH21. *Does any child under the age of 5 reside in the household?*

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.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
        to administer the questionnaire to mother or caretaker of the first eligible child.

☐ *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.