

APPENDIX E. SIERRA LEONE QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE

Sierra Leone 2017



HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____		HH2. Household number: _____
HH3. Interviewer's name and number: Name _____		HH4. Supervisor's name and number: Name _____
HH5. Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		HH7. Region: EAST.....1 NORTH.....2 SOUTH.....3 WEST.....4
HH6. Area: RURAL1 URBAN.....2	HH8. Is the household selected for Questionnaire for Men? Yes1 No2	HH7A. District name and number: Name _____
HH9. Is the household selected for Water Quality Testing? Yes1 No2	HH10. Is the household selected for blank testing? Yes1 No2	

Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.

HH11. Record the time.
HOURS : MINUTES
_____ : _____

HH12. Hello, my name is (your name). We are from **Statistics Sierra Leone**. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 30 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

Yes, permission is given.....1
No, permission is not given.....2

1 → LIST OF HOUSEHOLD MEMBERS
2 → HH46

HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED.....	01
	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT.....	02
	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME.....	03
	REFUSED.....	04
	DWELLING VACANT OR ADDRESS NOT A DWELLING.....	05
	DWELLING DESTROYED.....	06
	DWELLING NOT FOUND.....	07
	OTHER (SPECIFY).....	96

HH47. Name and line number of the respondent to Household Questionnaire interview: Name _____	To be filled after the Household Questionnaire is completed		To be filled after all the questionnaires are completed	
	Total Number		completed Number	
Household members	HH48	_____		
Women age 15-49	HH49	_____	HH53	_____
If household is selected for Questionnaire for Men: Men age 15-49	HH50	_____	HH54	_____
Children under age 5	HH51	_____	HH55	_____
Children age 5-17	HH52	_____	HH56	ZERO.....0 ONE.....1
Deceased household Members	HH52A	_____	HH57	_____

HL

LIST OF HOUSEHOLD MEMBERS

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members. Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name) to (name) of the head of household?	HL4. Is (name) male or female? 1 Male 2 Female	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL7. Did (name) stay here last night? 1 Yes 2 No	HL8. Record line number if woman and age 15-49. 15-49.	HL9. Record line number if man, age 15-49 and HH8 is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 Yes 2 No Next Line	HL12. Is (name)'s natural mother alive? 1 Yes 2 No HL16 8 DK HL16	HL13. Does (name)'s natural mother live in this household? 1 Yes 2 No HL15 HL16	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 abroad 2 In another household in the same region 3 in another household in another region 4 Institution in this country 8 DK	HL16. Is (name)'s natural father alive? 1 Yes 2 No HL20 8 DK HL20	HL17. Does (name)'s natural father live in this household? 1 Yes 2 No HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 abroad 2 In another household in the same region 3 in another household in another region 4 Institution in this country 8 DK	HL20. Copy the line number of mother from HL14, if blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.																
LINE	NAME	RELATION*	M	F	MONTH	YEAR	AGE	Y	N	W	M	15-49	0-4	Y	N	DK	Y	N	FATHER	Y	N	DK	Y	N	DK	MOTHER	Y	N	DK	Y	N	DK			
01		0 1	1	2				1	2	01	01	01	01	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
02			1	2				1	2	02	02	02	02	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
03			1	2				1	2	03	03	03	03	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
04			1	2				1	2	04	04	04	04	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
05			1	2				1	2	05	05	05	05	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
06			1	2				1	2	06	06	06	06	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
07			1	2				1	2	07	07	07	07	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
08			1	2				1	2	08	08	08	08	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
09			1	2				1	2	09	09	09	09	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
10			1	2				1	2	10	10	10	10	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
11			1	2				1	2	11	11	11	11	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
12			1	2				1	2	12	12	12	12	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
13			1	2				1	2	13	13	13	13	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
14			1	2				1	2	14	14	14	14	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8
15			1	2				1	2	15	15	15	15	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 8	1	2	1 2 8	1	2	1 2 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8

* Codes for HL3:
 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 SERVANT (LIVE-IN)
 96 OTHER (NOT RELATED)
 98 DK

EDUCATION 1

ED

ED1. Line number	ED2. Name and age. Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	ED3. Age 3 or above? 1 Yes 2 No Next Line	ED4. Has (name) ever attended school or any Early Childhood Education programme? 1 Yes 2 No Next Line	ED5. What is the highest level and grade or year of school (name) has ever attended? LEVEL: 0 ECE 1 Primary 2 JUNIOR Secondary 3 SENIOR Secondary 4 Higher 5 VOC/TECH/NUR/TEACHING 8 DK	ED6. Did (name) ever complete that (grade/year)? 1 Yes 2 No 8 DK	ED7. Age 3-24? 1 Yes 2 No Next Line	ED8. Check ED4: Ever attended school or ECE? 1 Yes 2 No Next Line						
LINE	NAME	AGE	YES	NO	LEVEL	GRADE/YEAR	Y	N	DK	YES	NO	YES	NO
01		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
02		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
03		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
04		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
05		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
06		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
07		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
08		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
09		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
10		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
11		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
12		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
13		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
14		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2
15		---	1	2	0 1 2 3 4 5 8	---	1	2	8	1	2	1	2

EDUCATION 2 ED

ED1. Line number	ED2. Name and age.	ED9. At any time during the 2016/17 school year did (name) attend school or any Early Childhood Education programme?	ED10. During 2016/17 school year, which level and grade or year is (name) attending?	ED11. Is (he/she) attending a public school? <i>If yes, record '1'. If no, probe to code who controls and manages the school.</i> 1 Govt./Public 2 Religious/ Faith Org. 3 Private 6 Other 8 DK	ED12. In the 2016/17 school year, has (name) received any school tuition support? <i>If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 Yes 2 No 8 DK	ED13. Who provided the tuition support? <i>Record all mentioned.</i> A Govt. /Public B Religious/ Faith Org. C Private. X Other Z DK	ED14. For the 2016/17 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If yes, probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 Yes 2 No 8 DK	ED15. At any time during the 2015/16 school year did (name) attend school or any Early Childhood Education programme? 1 Yes 2 No Next Line 8 DK	ED16. During 2015/16 school year, which level and grade or year did (name) attend?	GRADE/YEAR:		
LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
02			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
03			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
04			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
05			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
06			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
07			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
08			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
09			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
10			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
11			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
12			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
13			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
14			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---
15			1 2	0 1 2 3 4 5 8	98 DK	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	---

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (name of the head of the household from HL2)?	CHRISTIAN 1	
	ISLAM..... 2	
	TRADITIONAL 3	
	OTHER RELIGION (SPECIFY)..... 6	
	NO RELIGION 7	
HC1B. What is the mother tongue/native language of (name of the head of the household from HL2)?	KRIO 01	
	MENDE..... 02	
	TEMNE 03	
	MANDINGO 04	
	LOKO 05	
	SHERBRO..... 06	
	LIMBA..... 07	
	KISSI 08	
	KONO 09	
	SUSU 10	
	FULLAH 11	
	KRIM 12	
	YALUNKA..... 13	
	KORANKO 14	
	VAI..... 15	
OTHER LANGUAGE (SPECIFY)..... 96		
HC2. To what ethnic group does (name of the head of the household from HL2) belong?	KRIO 01	
	MENDE..... 02	
	TEMNE 03	
	MANDINGO 04	
	LOKO 05	
	SHERBRO..... 06	
	LIMBA..... 07	
	KISSI 08	
	KONO 09	
	SUSU 10	
	FULLAH 11	
	KRIM 12	
	YALUNKA..... 13	
	KORANKO 14	
	VAI..... 15	
OTHER (SPECIFY) 96		
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS _ _	

<p>HC4. Main material of the dwelling floor.</p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21</p> <p>PALM / BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>VINYL OR ASPHALT STRIPS32</p> <p>CERAMIC TILES33</p> <p>CEMENT34</p> <p>CARPET35</p> <p>OTHER (SPECIFY)96</p>	
<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH / PALM LEAF 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT21</p> <p>PALM / BAMBOO22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>FINISHED ROOFING</p> <p>METAL / TIN / CORRUGATED IRON SHEETS (ZINC)31</p> <p>WOOD32</p> <p>CALAMINE / CEMENT FIBRE33</p> <p>CERAMIC TILES34</p> <p>CEMENT35</p> <p>ROOFING SHINGLES36</p> <p>OTHER (SPECIFY)96</p>	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE / PALM / TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD21</p> <p>STONE WITH MUD22</p> <p>UNCOVERED ADOBE23</p> <p>PLYWOOD24</p> <p>CARDBOARD25</p> <p>REUSED WOOD26</p> <p>CORRUGATED IRON SHEETS (ZINC)27</p> <p>FINISHED WALLS</p> <p>CEMENT31</p> <p>STONE WITH LIME / CEMENT32</p> <p>BRICKS33</p> <p>CEMENT BLOCKS34</p> <p>COVERED ADOBE35</p> <p>WOOD PLANKS / SHINGLES36</p> <p>OTHER (SPECIFY)96</p>	

		YES	NO	
HC7. Does your household have:				
[A] A fixed telephone line?	FIXED TELEPHONE LINE	1	2	
[B] A radio?	RADIO	1	2	
[C] A Charcoal iron?	CHARCOAL IRON	1	2	
[D] A Bed?	BED	1	2	
[E] A Sofa?	SOFA	1	2	
[F] A Generator?	GENERATOR	1	2	
[G] A Modern Stove?	MODERN STOVE	1	2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID	1		3 → HC10
	YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)	2		
	NO	3		
HC9. Does your household have:		YES	NO	
[A] A television?	TELEVISION	1	2	
[B] A refrigerator or Freezer?	REFRIGERATOR/FREEZER	1	2	
[C] Electrical Iron?	ELECTRICAL IRON	1	2	
[D] Fan?	FAN	1	2	
HC10. Does any member of your household own:		YES	NO	
[A] A watch?	WATCH	1	2	
[B] A bicycle?	BICYCLE	1	2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER	1	2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART	1	2	
[E] A car, truck or van?	CAR / TRUCK / VAN	1	2	
[F] A boat with a motor?	BOAT WITH MOTOR	1	2	
[G] A boat without a motor (Paddle)?	BOAT WITHOUT MOTOR	1	2	
HC11. Does any member of your household have a computer or a tablet?	YES	1		
	NO	2		
HC12. Does any member of your household have a mobile telephone?	YES	1		
	NO	2		
HC13. Does your household have access to internet at home?	YES	1		
	NO	2		

<p>HC14. Do you or someone living in this household own this dwelling?</p> <p><i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p>	<p>OWN 1</p> <p>RENT 2</p> <p>OTHER (SPECIFY) 6</p>	
<p>HC15. 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 → HC17
<p>HC16. How many acres of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p>	<p>ACRES ___</p> <p>95 OR MORE 95</p> <p>DK 98</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	2 → HC19
<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Ducks?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS ___</p> <p>OTHER CATTLE ___</p> <p>HORSES, DONKEYS OR MULES ___</p> <p>GOATS ___</p> <p>SHEEP ___</p> <p>CHICKENS ___</p> <p>PIGS ___</p> <p>DUCKS ___</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

ST

SOCIAL TRANSFERS

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] CASH FOR WORK	[B] SOCIAL SAFETY NET (SSN)	[C] RAPID EBOLA SOCIAL SAFETY NET (RE-SSN)	[D] PENSION BENEFITS	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (name of programme)?	YES 1 NO..... 2 → [B]	YES 1 NO..... 2 → [C]	YES 1 NO..... 2 → [D]	YES 1 NO..... 2 → [X]	YES(SPECIFY)..... 1 NO 2 → END
ST3. Has your household or anyone in your household received assistance through (name of programme)?	YES 1 → ST4 NO..... 2 → [B] DK 8 → [B]	YES 1 → ST4 NO..... 2 → [C] DK 8 → [C]	YES 1 → ST4 NO..... 2 → [D] DK 8 → [D]	YES 1 → ST4 NO..... 2 → [X] DK 8 → [X]	YES 1 → ST4 NO 2 → END DK 8 → END
ST4. When was the last time your household or anyone in your household received assistance through (name of programme)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO 1 ____ → [B] YEARS AGO..... 2 ____ → [B] DK 998 → [B]	MONTHS AGO 1 ____ → [C] YEARS AGO..... 2 ____ → [C] DK 998 → [C]	MONTHS AGO 1 ____ → [D] YEARS AGO..... 2 ____ → [D] DK 998 → [D]	MONTHS AGO 1 ____ → [X] YEARS AGO..... 2 ____ → [X] DK 998 → [X]	MONTHS AGO 1 ____ → YEARS AGO..... 2 ____ → DK 998 → END

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE.....01	01→EU5
	SOLAR COOKER.....02	02→EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE.....03	03→EU5
	PIPED NATURAL GAS STOVE.....04	04→EU5
	BIOGAS STOVE.....05	05→EU5
	LIQUID FUEL STOVE.....06	06→EU4
	MANUFACTURED SOLID FUEL STOVE.....07	
	TRADITIONAL SOLID FUEL STOVE.....08	
	THREE STONE STOVE / OPEN FIRE.....09	09→EU4
	OTHER (SPECIFY).....96	96→EU4
	NO FOOD COOKED IN HOUSEHOLD.....97	97→EU6
EU2. Does it have a chimney?	YES.....1	
	NO.....2	
	DK.....8	
EU3. Does it have a fan?	YES.....1	
	NO.....2	
	DK.....8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ALCOHOL / ETHANOL.....01	
	GASOLINE / DIESEL.....02	
	KEROSENE / PARAFFIN.....03	
	COAL / LIGNITE.....04	
	CHARCOAL.....05	
	WOOD.....06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST.....11	
OTHER (SPECIFY).....96		
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM.....1	
	IN A SEPARATE ROOM.....2	
	IN A SEPARATE BUILDING.....3	
	OUTDOORS OPEN AIR.....4	
	ON VERANDA OR COVERED PORCH.....5	
	OTHER (SPECIFY).....6	

<p>EU6. What does your household mainly use for space heating when needed?</p>	<p>CENTRAL HEATING.....01</p> <p>MANUFACTURED SPACE HEATER02</p> <p>TRADITIONAL SPACE HEATER.....03</p> <p>MANUFACTURED COOKSTOVE.....04</p> <p>TRADITIONAL COOKSTOVE05</p> <p>THREE STONE STOVE / OPEN FIRE06</p> <p>OTHER (<i>SPECIFY</i>)96</p> <p>NO SPACE HEATING IN HOUSEHOLD97</p>	<p>01→EU8</p> <p>06→EU8</p> <p>96→EU8</p> <p>97→EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES1</p> <p>NO.....2</p> <p>DK8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER01</p> <p>ELECTRICITY02</p> <p>PIPED NATURAL GAS.....03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS04</p> <p>BIOGAS05</p> <p>ALCOHOL / ETHANOL.....06</p> <p>GASOLINE / DIESEL07</p> <p>KEROSENE / PARAFFIN08</p> <p>COAL / LIGNITE09</p> <p>CHARCOAL10</p> <p>WOOD11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....12</p> <p>ANIMAL DUNG /WASTE13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....14</p> <p>GARBAGE / PLASTIC.....15</p> <p>SAWDUST16</p> <p>OTHER (<i>SPECIFY</i>)96</p>	
<p>EU9. At night, what does your household mainly use to light the household?</p>	<p>ELECTRICITY01</p> <p>SOLAR LANTERN02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....04</p> <p>BIOGAS LAMP05</p> <p>GASOLINE LAMP.....06</p> <p>KEROSENE OR PARAFFIN LAMP07</p> <p>CHARCOAL08</p> <p>WOOD09</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS.....10</p> <p>ANIMAL DUNG /WASTE11</p> <p>OIL LAMP12</p> <p>CANDLE13</p> <p>OTHER (<i>SPECIFY</i>)96</p> <p>NO LIGHTING IN HOUSEHOLD97</p>	

INSECTICIDE TREATED NETS		TN	
TN1. Does your household have any mosquito nets?	YES 1 NO 2	2 → End	
TN2. How many mosquito nets does your household have?	NUMBER OF NETS ____		
	1st Net	2nd Net	3rd Net
TN3. Ask the respondent to show you all the nets in the household.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
TN4. 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 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 36 MONTHS AGO 95 DK / NOT SURE 98
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 INSECTICIDE TREATED NETS (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER BRAND (SPECIFY) 16 DK BRAND 18 OTHER TYPE (SPECIFY) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER BRAND (SPECIFY) 16 DK BRAND 18 OTHER TYPE (SPECIFY) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER BRAND (SPECIFY) 16 DK BRAND 18 OTHER TYPE (SPECIFY) 36 DK BRAND/TYPE 98
TN6. Is net type LLIN (TN5=11-18)?	YES 1 ↘ TN10 NO 2	YES 1 ↘ TN10 NO 2	YES 1 ↘ TN10 NO 2
TN7. Since you got the net, was it ever soaked or dipped in a liquid 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
TN8. Was the net soaked or dipped (TN7=1)?	YES 1 NO 2 ↘ TN10	YES 1 NO 2 ↘ TN10	YES 1 NO 2 ↘ TN10
TN9. 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 MONTHS AGO ... 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 24 MONTHS AGO ... 95 DK / NOT SURE 98	MONTHS AGO ____ MORE THAN 24 MONTHS AGO ... 95 DK / NOT SURE 98
TN10. Did you get the net through a June-July 2014 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, JUNE-JULY 2014 CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8	YES, JUNE-JULY 2014 CAMPAIGN .. 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8	YES, JUNE-JULY 2014 CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8

TN11. Check TN10: <i>TN10=4?</i>	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN13</i></p>	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN13</i></p>	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN13</i></p>
TN12. Where did you get the net?	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER. 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER. 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET 04 COMMUNITY HEALTH WORKER. 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DK 98
TN13. Did anyone sleep under this mosquito net last night?	YES 1 NO..... 2 DK / NOT SURE 8	YES 1 NO..... 2 DK / NOT SURE 8	YES 1 NO..... 2 DK / NOT SURE 8
TN14. Did anyone sleep under the net (TN13=1)?	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN16</i></p>	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN16</i></p>	YES 1 NO..... 2 ↘ <p style="text-align: right;"><i>TN16</i></p>
TN15. Who slept under this mosquito net last night? <i>Record the person's line number from the List of Household Members.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 LINE NUMBER NAME #2 LINE NUMBER NAME #3 LINE NUMBER NAME #4 LINE NUMBER NAME #5 LINE NUMBER NAME #6 LINE NUMBER NAME #7 LINE NUMBER	NAME #1 LINE NUMBER NAME #2 LINE NUMBER NAME #3 LINE NUMBER NAME #4 LINE NUMBER NAME #5 LINE NUMBER NAME #6 LINE NUMBER NAME #7 LINE NUMBER	NAME #1 LINE NUMBER NAME #2 LINE NUMBER NAME #3 LINE NUMBER NAME #4 LINE NUMBER NAME #5 LINE NUMBER NAME #6 LINE NUMBER NAME #7 LINE NUMBER
TN16. Is there another net?	YES 1 ↘ <p style="text-align: right;"><i>NEXT NET</i></p> NO..... 2 ↘ <p style="text-align: right;"><i>END</i></p>	YES 1 ↘ <p style="text-align: right;"><i>NEXT NET</i></p> NO..... 2 ↘ <p style="text-align: right;"><i>END</i></p>	YES 1 ↘ <p style="text-align: right;"><i>NEXT NET</i></p> NO..... 2 ↘ <p style="text-align: right;"><i>END</i></p>
			Tick here if additional questionnaire used: <input type="checkbox"/>

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	2 → End
	DK 8	8 → End
IR2. Who sprayed the dwelling? <i>Record all that apply.</i>	GOVERNMENT WORKER / PROGRAM A	
	PRIVATE COMPANY B	
	NON-GOVERNMENTAL ORGANIZATION C	
	OTHER (SPECIFY) X	
	DK Z	

WATER AND SANITATION		WS	
<p>WS1. What is the main source of drinking water used by members of your household?</p> <p>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER (SPECIFY) 96</p>	<p>11 → WS7</p> <p>12 → WS7</p> <p>13 → WS3</p> <p>14 → WS3</p> <p>21 → WS3</p> <p>31 → WS3</p> <p>32 → WS3</p> <p>41 → WS3</p> <p>42 → WS3</p> <p>51 → WS3</p> <p>61 → WS4</p> <p>71 → WS4</p> <p>72 → WS4</p> <p>81 → WS3</p> <p>96 → WS3</p>	
	<p>WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD / PLOT 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER KIOSK 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>OTHER (SPECIFY) 96</p>	<p>11 → WS7</p> <p>12 → WS7</p> <p>61 → WS4</p> <p>71 → WS4</p> <p>72 → WS4</p>
	<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD / PLOT 2</p> <p>ELSEWHERE 3</p>	<p>1 → WS7</p> <p>2 → WS7</p>

<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT 000</p> <p>NUMBER OF MINUTES _ _</p> <p>DK998</p>	<p>000 → WS7</p>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p>Record the name of the person and copy the line number of this person from the List of Household Members Module.</p>	<p>NAME</p> <p>LINE NUMBER _ _</p>	
<p>WS6. Since last (day of the week), how many times has this person collected water?</p>	<p>NUMBER OF TIMES _ _</p> <p>DK98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE 1</p> <p>NO, ALWAYS SUFFICIENT2</p> <p>DK8</p>	<p>2 → WS9</p> <p>8 → WS9</p>
<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE.....1</p> <p>WATER TOO EXPENSIVE2</p> <p>SOURCE NOT ACCESSIBLE3</p> <p>OTHER (SPECIFY)6</p> <p>DK8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 → WS11</p> <p>8 → WS11</p>
<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOILA</p> <p>ADD BLEACH / CHLORINEB</p> <p>STRAIN IT THROUGH A CLOTHC</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D</p> <p>SOLAR DISINFECTION.....E</p> <p>LET IT STAND AND SETTLEF</p> <p>OTHER (SPECIFY)X</p> <p>DKZ</p>	
<p>WS11. 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 not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO OPEN DRAIN..... 14</p> <p>FLUSH TO DK WHERE 18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE21</p> <p>PIT LATRINE WITH SLAB22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT23</p> <p>COMPOSTING TOILET.....31</p> <p>BUCKET.....41</p> <p>HANGING TOILET / HANGING LATRINE.....51</p> <p>NO FACILITY / BUSH / FIELD.....95</p> <p>OTHER (SPECIFY)96</p>	<p>11 → WS14</p> <p>14 → WS14</p> <p>18 → WS14</p> <p>41 → WS14</p> <p>51 → WS14</p> <p>95 → End</p> <p>96 → WS14</p>

<p>WS12. Has your (answer from WS11) ever been emptied?</p>	<p>YES, EMPTIED WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN 3</p> <p>NO, NEVER EMPTIED 4</p> <p>DK 8</p>	<p>4 → WS14</p> <p>8 → WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p>Probe: Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (SPECIFY) 6</p> <p>DK 8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES 1 NO 2</p>	<p>2 → End</p>
<p>WS16. 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>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC) 1 SHARED WITH GENERAL PUBLIC 2</p>	<p>2 → End</p>
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) 0 _</p> <p>TEN OR MORE HOUSEHOLDS 10</p> <p>DK 98</p>	

HANDWASHING		HW	
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household most often wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK /TAP) IN DWELLING 1</p> <p>IN YARD /PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE) 3</p>		
	<p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING /YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>SPECIFY</i>)..... 6</p>	<p>4 → HW5</p> <p>5 → HW4</p> <p>6 → HW5</p>	
	<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
	<p>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 → HW7</p> <p>2 → HW5</p>
	<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK /TAP) IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING /YARD / PLOT 4</p> <p>OTHER (<i>SPECIFY</i>) 6</p>	
	<p>HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?</p>	<p>YES 1</p> <p>NO 2</p>	2 → End
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	2 → End	
<p>HW7. Record your observation.</p> <p>Record all that apply.</p>	<p>BAR OR LIQUID SOAP..... A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p> <p>ASH / MUD / SAND..... C</p>		

DEATHS OF HOUSEHOLD MEMBERS

DC

DC0. Have any of the usual members of this household died during the last 5 years, including children who died just after birth ?YES = 1 → continue with DC1 NO = 2 → End ____
If Yes, complete the list below for all questions DC1 to DC9. Use an additional questionnaire if there have been more than 5 deaths in the past 5 years. Record all deaths even those of infants who only lived only a few hours or days. Record only deaths of usual members of this Household not death of family members who did not live in this Household. If No deaths, continue with the next module. If additional questionnaire is used, indicate by ticking this box:

ALL DECEASED PERSONS										CHILDREN DECEASED BEFORE AGE 5							
DC1. Line number	DC2. Please, tell me the name of each member of this household who died in the past 5 years, starting with his/her first name.	DC3. Was (name) male or female? 1 Male 2 Female	DC4. What was (name)'s date of birth? Insist on recording both month and year	DC5. What was the date of death of (name)? Insist on recording both month and year	DC6. How old was (name) when (he/she) died? At what age (name) died? Record in days if age at death was less than 1 month ; record in months if less than 2 years of age at death; else record in years If he/she died before age 5, go to DC7. Otherwise, go to the next line	DC7. Is (name)'s biological mother alive? 1 Yes 2 No → DC9 8 DK → DC9	DC8. Does (name)'s biological mother live in this household? If "Yes" Note her line number from HL1 and go to the next line. If "No," write 00 and go to DC9	DC9. Apart from his/her mother, who was the person in this household who was (name) primary caretaker at the time of his/her death? Record his/her line number and go to the next line. If nobody or DK, write 00	YES	NO	DK	LINE	LINE	LINE			
LINE	NAME	M	F	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	UNIT	AGE	YES	NO	DK	LINE	LINE	LINE
01		1	2	---	---	---	---	---	---	DAYS.....1 MONTHS.....2 YEARS.....3	---	1	2	8	---	---	---
02		1	2	---	---	---	---	---	---	DAYS.....1 MONTHS.....2 YEARS.....3	---	1	2	8	---	---	---
03		1	2	---	---	---	---	---	---	DAYS.....1 MONTHS.....2 YEARS.....3	---	1	2	8	---	---	---
04		1	2	---	---	---	---	---	---	DAYS.....1 MONTHS.....2 YEARS.....3	---	1	2	8	---	---	---
05		1	2	---	---	---	---	---	---	DAYS.....1 MONTHS.....2 YEARS.....3	---	1	2	8	---	---	---

SALT IODIZATION SA		
<p>SA1. 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>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED</p> <p>0 PPM (NO REACTION).....1</p> <p>BELOW 15 PPM (BETWEEN 0 AND 15 PPM).....2</p> <p>ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED</p> <p>NO SALT IN THE HOUSE.....4</p> <p>OTHER REASON (SPECIFY).....6</p>	<p>2→ HH13</p> <p>3→ HH13</p> <p>4→ HH13</p> <p>6→ HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED</p> <p>0 PPM (NO REACTION).....1</p> <p>BELOW 15 PPM (BETWEEN 0 AND 15 PPM).....2</p> <p>ABOVE 15 PPM (AT LEAST 15 PPM)3</p> <p>SALT NOT TESTED</p> <p>OTHER REASON (SPECIFY).....6</p>	
HH13. Record the time.	HOUR AND MINUTES..... : ____	
HH14. Language of the Questionnaire.	ENGLISH.....1	
HH15. Language of the Interview.	ENGLISH.....01 KRIO.....02 MENDE.....03 TEMNE.....04 MANDINGO.....05 LOKO.....06 SHERBRO.....07 LIMBA.....08 KISSI.....09 KONO.....10 SUSU.....11 FULLAH.....12 KRIM.....13 YALUNKA.....14 KORANKO.....15 VAI.....16 OTHER LANGUAGE (SPECIFY).....96	
HH16. Native language of the Respondent.	ENGLISH.....01 KRIO.....02 MENDE.....03 TEMNE.....04 MANDINGO.....05 LOKO.....06 SHERBRO.....07 LIMBA.....08 KISSI.....09 KONO.....10 SUSU.....11 FULLAH.....12 KRIM.....13 YALUNKA.....14 KORANKO.....15 VAI.....16 OTHER LANGUAGE (SPECIFY).....96	

HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE.....1	
	YES, PART OF QUESTIONNAIRE.....2	
	NO, NOT USED.....3	
HH18. Check HL6 in the List of Household Members and indicate the total number of children age 5-17 years.	NO CHILDREN.....0	0 → HH29
	1 CHILD.....1	1 → HH27
	2 OR MORE CHILDREN (NUMBER)..... —	

HH19. List each of the children age 5-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	— —

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

<p>HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.</p>		RANK NUMBER __ LINE NUMBER __ NAME AGE..... __ __
<p>HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.</p>		
<p>HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.</p>		
<p>HH29. Check HL8 in the List of Household Members. Are there any women age 15-49?</p>	YES, AT LEAST ONE WOMAN AGE 15-491 NO.....2	2→HH34
<p>HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.</p>		
<p>HH31. Check HL6 and HL8 in the List of Household Members. Are there any girls age 15-17?</p>	YES, AT LEAST ONE GIRL AGE 15-171 NO.....2	2→HH34
<p>HH32. Check HL20 in the List of Household Members. Is consent required for interviewing at least one girl age 15-17?</p>	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL GIRLS AGE 15-172	2→HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (name(s) of female member(s) age 15-17) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 → Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 → Record '06' in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 → Record '06' in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
<p>HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Questionnaire for Men?</p>	YES, HH8=11 NO, HH8=0.....2	2→HH40
<p>HH35. Check HL9 in the List of Household Members. Are there any men age 15-49?</p>	YES, AT LEAST ONE MAN AGE 15-491 NO.....2	2→HH40
<p>HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.</p>		
<p>HH37. Check HL6 and HL8 in the List of Household Members. Are there any boys age 15-17?</p>	YES, AT LEAST ONE BOY AGE 15-171 NO.....2	2→HH40
<p>HH38. Check HL20 in the List of Household Members. Is consent required for interviewing at least one boy age 15-17?</p>	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠901 NO, HL20=90 FOR ALL BOYS AGE 15-172	2→HH40

HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.

For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (**name(s) of male member(s) age 15-17**) later?

'Yes' for all boys age 15-17 → Continue with HH40.

'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 Record '06' in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.

'No' for all boys age 15-17 → Record '06' in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

HH40. Check HL10 in the List of Household Members. Are there any children age 0-4?

YES, AT LEAST ONE 1
NO 2

2 → HH42

HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL. Is the household selected for Water Quality Testing Questionnaire?

YES, HH9=1 1
NO, HH9=2 2

2 → HH45

HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household

HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?

YES, PERMISSION IS GIVEN 1
NO, PERMISSION IS NOT GIVEN 2

2 → Record '02' in WQ29 on the WATER QUALITY TESTING QUESTIONNAIRE

If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.

HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,

- Record '01' in question HH46 (Result of the Household Questionnaire interview),
- Record the name and the line number (from the List of Household Members) of the Respondent to the Household Questionnaire interview in HH47,
- Fill the questions HH48 – HH52A,
- Thank the respondent for his/her cooperation and then
- Proceed with the administration of the remaining individual questionnaire(s) and VA in this household.

If there is no individual questionnaire, no VA and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.

Interviewer's Observations

Large empty rectangular area for recording Interviewer's Observations.

Supervisor's Observations

Large empty rectangular area for recording Supervisor's Observations.