

## Appendix F. MICS4 Questionnaires

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..... 11 Rural Sedentary .....21 Nomadic.....22	HH7. ZONE: NORTH WEST ZONE ..... 1 HH7A. REGION: MAROODI JEEX/SAHIL ..... 11 AWDAL ..... 12 TOGDHEER ..... 13 SOOL ..... 14 SANAAG ..... 15	

WE ARE FROM MOPIC. 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 20 – 30 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 ( <i>specify</i> ) ..... 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**

HH18.

Record the time:

Hour .....

Minutes .....

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 HL6 for each person at a time.

Use an additional questionnaire if all rows in the household listing form have been used.

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	For all household members age 0-6 AND women age 14-16 or 50- 51		HL7. For women 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	For children age 0-17 years						
				HL5. WHAT IS (name)'S DATE OF BIRTH?  If unknown, probe for documents or use the calendar of events  Reconcile with HL6  98 DK 9998 DK	HL6. HOW OLD IS (name)?  Record in completed years  If age is 95 or above, record '95'					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	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2					1	2	1 2 8				1 2 8	
02			1	2					1	2	1 2 8				1 2 8	
03			1	2					1	2	1 2 8				1 2 8	
04			1	2					1	2	1 2 8				1 2 8	
05			1	2					1	2	1 2 8				1 2 8	
06			1	2					1	2	1 2 8				1 2 8	
07			1	2					1	2	1 2 8				1 2 8	
08			1	2					1	2	1 2 8				1 2 8	
09			1	2					1	2	1 2 8				1 2 8	
10			1	2					1	2	1 2 8				1 2 8	

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION -SHIP OF THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?  1 Male 2 Female	HL6. HOW OLD IS (name)?  <i>Record in completed years</i>  <i>If age is 95 or above, record '95'</i>	HL5. WHAT IS (name)'S DATE OF BIRTH?  <i>If unknown, probe for documents or use the calendar of events</i>  <i>Reconcile with HL6</i>  98 DK 9998 DK	HL7.   <i>Circle line number if woman is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record line number of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record line number of mother/ caretaker</i>	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?  <i>Record line number of mother or 00 for "No"</i>	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?  <i>Record line number of father or 00 for "No"</i>
Line	Name	Relation*	M F	Age	Month Year	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  <i>Copy all household members from Household Listing Form, HL2 and HL6</i>	ED3. HAS (name) EVER ATTENDED FORMAL SCHOOL SUCH AS PRE-SCHOOL, PRIMARY, SECONDARY, AND HIGHER?  1 Yes 2 No <i>Next Line</i> 8 DK <i>Next Line</i>	ED4A WHAT IS THE HIGHEST LEVEL OF SCHOOL HAS (name) ATTENDED?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK  <i>If level=0, skip to ED5</i>	ED4B WHAT IS THE HIGHEST GRADE COMPLETED AT THIS LEVEL?  Grade: 98 DK  <i>If less than 1 grade, enter 00.</i>	ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No <i>Next Line</i> 8 DK <i>Next Line</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK  <i>If level=0, go to ED7</i>	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND FORMAL SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No <i>Next Line</i> 8 DK <i>Next Line</i>	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?					
Line	Name	Age	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
02		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
03		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
04		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
05		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
06		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
07		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
08		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
09		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
10		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
11		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
12		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
13		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
14		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __
15		__ __	0 1 2 3 8	__ __	1	2	0 1 2 3 8	__ __	1	2	8	0 1 2 3 8	__ __

**NON-FORMAL EDUCATION**

**NF**

NF1. Does any child aged 5-17 reside in the household?

Check household listing, column HL6, for any child 5-17 years.

Yes. ⇒ Copy all names, line numbers and ages of household members age 5-17 into NF2. Then, ask questions NF3 to NF17 for each member at a time. Start by filling NF2 for all the household members across the columns.

No. ⇒ Go to next module.

	HH member #1	HH member #2	HH member #3	HH member #4	HH member #5
NF2. Household member's:					
Line number (HL1)	___	___	___	___	___
Name (HL2)	_____	_____	_____	_____	_____
Age (HL6)	___	___	___	___	___
NF3. HAS (name) EVER ATTENDED NON-FORMAL EDUCATION SUCH AS KORANIC SCHOOL, ALTERNATIVE BASIC EDUCATION, VOCATIONAL TRAINING AND NON-FORMAL EDUCATION FOR YOUTH?	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF3 for next member. If no more members, go to next module</i>	Yes ..... 1 No..... 2 DK ..... 8 <i>If "No" or "DK", go to NF3 in first column of additional questionnaire for next member. If no more members, go to next module</i>
NF4. HAS (name) EVER ATTENDED KORANIC SCHOOL?	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF7</i>	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF7</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF7</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF7</i>	Yes ..... 1 No..... 2 DK ..... 8 <i>If "No" or "DK", go to NF7</i>
NF5. IN THIS KORANIC SCHOOL, IS/WAS (name) TAUGHT OTHER SUBJECTS THAN THE KORAN?  <i>Probe: A KORANIC SCHOOL TEACHING OTHER SUBJECTS LIKE READING AND WRITING ARABIC, SOMALI, ENGLISH OR MATHEMATICS, IS SOMETIMES CALLED AN INTEGRATED KORANIC SCHOOL.</i>	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes ..... 1 No..... 2 DK ..... 8

NF6. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID <i>(name)</i> ATTEND KORANIC SCHOOL?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8
NF7. HAS <i>(name)</i> EVER ATTENDED ALTERNATIVE BASIC EDUCATION? THIS EDUCATION IS SOMETIMES CALLED ABE CLASSES.	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF10</i>	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF10</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF10</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF10</i>	Yes .....1 No .....2 DK .....8 <i>If "No" or "DK", go to NF10</i>
NF8. HAS <i>(name)</i> COMPLETED THE ALTERNATIVE BASIC EDUCATION?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8
NF9. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID <i>(name)</i> ATTEND THIS ALTERNATIVE BASIC EDUCATION/ABE?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8
NF10. HAS <i>(name)</i> EVER ATTENDED NON-FORMAL EDUCATION FOR YOUTH PROGRAMME?	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF13</i>	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF13</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF13</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF13</i>	Yes .....1 No .....2 DK .....8 <i>If "No" or "DK", go to NF13</i>
NFNF11. HAS <i>(NAME)</i> COMPLETED THE EDUCATION FOR YOUTH PROGRAMME?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8
NF12. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID <i>(name)</i> ATTEND THIS NON-FORMAL EDUCATION FOR YOUTH PROGRAMME?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8
NF13. HAS <i>(name)</i> EVER ATTENDED VOCATIONAL TRAINING CLASSES?	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF16.</i>	Yes.....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF16.</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF16.</i>	Yes .....1 No .....2 DK.....8 <i>If "No" or "DK", go to NF16.</i>	Yes .....1 No .....2 DK .....8 <i>If "No" or "DK", go to NF16.</i>
NF 14. HAS <i>(name)</i> COMPLETED THE VOCATIONAL TRAINING CLASSES?	Yes.....1 No .....2 DK.....8	Yes.....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK.....8	Yes .....1 No .....2 DK .....8

<p>NF15. DURING THE CURRENT 2010-2011 SCHOOL YEAR, DID (<i>name</i>) ATTEND THIS VOCATIONAL TRAINING CLASSES?</p>	<p>Yes.....1 No .....2 DK.....8</p>	<p>Yes.....1 No .....2 DK.....8</p>	<p>Yes ..... 1 No.....2 DK.....8</p>	<p>Yes ..... 1 No.....2 DK.....8</p>	<p>Yes ..... 1 No.....2 DK ..... 8</p>
<p>NF16. <i>Check NF4, NF7, NF10, and NF13.</i></p> <p><i>If 'yes' to at least one of them, go to NF17.</i></p> <p><i>If no or DK to <u>all four</u>, probe:</i> JUST TO CONFIRM, YOU HAVE MENTIONED THAT (<i>name</i>) HAS ATTENDED NON-FORMAL EDUCATION, BUT NEVER KORANIC SCHOOL, ALTERNATIVE BASIC EDUCATION, NFE FOR YOUTH, AND VOCATIONAL TRAINING. IS THAT CORRECT?</p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If yes, probe and write name/details of other NFE here and check with your supervisor:</i></p> <p>_____</p> <p>No <input type="checkbox"/></p> <p><i>If no, reconcile information in module</i></p>
<p>NF17.</p>	<p><i>Go back to NF3 for next member. If no more members, go to next module</i></p>	<p><i>Go back to NF3 for next member. If no more members, go to next module</i></p>	<p><i>Go back to NF3 for next member. If no more members, go to next module</i></p>	<p><i>Go back to NF3 for next member. If no more members, go to next module</i></p>	<p><i>Go back to NF3 in first column of additional questionnaire for next member. If no more members, go to next module</i></p>
					<p><i>Tick here if additional questionnaire used</i> <input type="checkbox"/></p>

WATER AND SANITATION		WS
WS1. WHAT IS THE <b>MAIN</b> 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 / kiosk ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection Roof Top..... 52 Berkad ..... 53 Rain water catchment (Bally)..... 54 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel, hole in river bed) ..... 81 Bottled water ..... 91 Other ( <i>specify</i> )..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 52⇒WS3 53⇒WS3 54⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <b>MAIN</b> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe / kiosk ..... 14 Tube Well, Borehole..... 21 Dug well Protected well ..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection Roof Top..... 52 Berkad ..... 53 Rain water catchment (Bally)..... 54 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel, hole in river bed) ..... 81 Other ( <i>specify</i> )..... 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere ..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... _ _ _ _ DK..... 998	



<p>WS5. WHO <b>USUALLY</b> GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years).....1          Adult man (age 15+ years).....2          Female child (under 15).....3          Male child (under 15).....4            DK .....8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes .....1          No.....2            DK .....8</p>	<p>2⇒WS8  8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil .....A          Add bleach / chlorine .....B          Strain it through a cloth.....C          Use water filter (ceramic, sand,          composite, etc.).....D          Solar disinfection .....E          Let it stand and settle .....F          Wash hands before collecting water .....G          Store drinking water in a clean          container with cover .....H          Use a separate clean cup with a long handle          for taking water out of the container .....I          Keep animals away from the container .....J            Other (specify) _____ X          DK .....Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush          Flush to piped sewer system.....11          Flush to septic tank .....12          Flush to pit (latrine) .....13          Flush to somewhere else .....14          Flush to unknown place / Not sure /          DK where .....15          Pit latrine          Ventilated Improved Pit latrine (VIP) ....21          Pit latrine with slab .....22          Pit latrine without slab / Open pit.....23            Bucket.....41            No facility, Bush, Field, Beach .....95            Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next MODULE</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes .....1          No.....2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) .....1          Public facility.....2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 __            Ten or more households .....10          DK .....98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms .....	
HC3. Main material of the dwelling floor.  <i>Record observation.</i>	Natural floor Earth / Sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Palm / Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet (Wall to Wall) ..... 35 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof.  <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch / Palm leaf ..... 12 Sod (Mud & Grass) ..... 13 Rudimentary Roofing Rustic mat ..... 21 Palm / Bamboo ..... 22 Wood planks ..... 23 Cardboard ..... 24 Sacks/Plastic Sheets/Cloth ..... 25 Canvas/Tent ..... 26 Finished roofing Metal/Corrugated Iron Sheets ..... 31 Wood ..... 32 Corrugated cement /Asbestos/ Cement fibre ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Other ( <i>specify</i> ) ..... 96	
HC5. Main material of the exterior walls.  <i>Record observation.</i>	Natural walls No walls ..... 11 Sticks / Palm / Trunks ..... 12 Mud ..... 13 Rudimentary walls Bamboo/Sticks with mud ..... 21 Stone with mud ..... 22 Uncovered adobe ..... 23 Plywood ..... 24 Cardboard/Carton/Tin/Plastic/Sacks/ Cloth ..... 25 Reused wood ..... 26 Canvas/Tent ..... 27 Finished walls Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Covered adobe ..... 35 Wood planks / shingles ..... 36 Other ( <i>specify</i> ) ..... 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <b>MAINLY</b> USE FOR COOKING?</p>	<p>Electricity ..... 01  Liquefied Petroleum Gas (LPG) ..... 02  Kerosene ..... 05</p> <p>Charcoal ..... 07  Wood ..... 08  Straw / Shrubs / Grass ..... 09  Animal dung ..... 10  Agricultural crop residue ..... 11</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8  02⇒HC8  05⇒HC8</p> <p>95⇒HC8</p>																																																
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house  In a separate room used as kitchen ..... 1  Elsewhere in the house ..... 2  In a separate building ..... 3  Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																																																	
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CHARCOAL STOVE/JIKO?</p> <p>[G] A WHEEL BARROW?</p> <p>[H] A MAT?</p> <p>[I] A VACUUM FLASK?</p> <p>[J] A KEROSENE LAMP?</p> <p>[K] A FAN?</p> <p>[L] A BED?</p> <p>[M] A SOFA?</p> <p>[N] A SOMALI STOOL?</p> <p>[O] A SITTING CUSHION/PILLOW?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Charcoal stove/Jiko.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Wheel barrow.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vacuum Flask.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Kerosene lamp.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fan .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bed .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Somali Stool.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sitting Cushion/Pillow .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity .....	1	2	Radio .....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Charcoal stove/Jiko.....	1	2	Wheel barrow.....	1	2	Mat.....	1	2	Vacuum Flask.....	1	2	Kerosene lamp.....	1	2	Fan .....	1	2	Bed .....	1	2	Sofa .....	1	2	Somali Stool.....	1	2	Sitting Cushion/Pillow .....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch .....	1	2	Mobile telephone.....	1	2	Bicycle .....	1	2	Motorcycle / Scooter .....	1	2	Animal drawn-cart.....	1	2	Car / Truck .....	1	2	Boat with motor .....	1	2	
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<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Own .....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>Rent .....</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Other (Not owned or rented) .....</td> <td style="text-align: center;">6</td> <td></td> </tr> </tbody> </table>	Own .....	1		Rent .....	2		Other (Not owned or rented) .....	6																	
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes .....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No .....</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes .....	1		No .....	2		2⇒HC13																		
Yes .....	1																									
No .....	2																									
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If number of hectares is unknown ask: DO YOU KNOW HOW MANY (DAARB, JIBAILE, QOODI)?</i></p> <p><i>Record number in measurement used by respondent and circle appropriate code</i></p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Hectares .....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">__ __</td> </tr> <tr> <td>Daarb .....</td> <td style="text-align: center;">2</td> <td style="text-align: center;">__ __</td> </tr> <tr> <td>Jibaile .....</td> <td style="text-align: center;">3</td> <td style="text-align: center;">__ __</td> </tr> <tr> <td>Qoodi .....</td> <td style="text-align: center;">4</td> <td style="text-align: center;">__ __</td> </tr> </tbody> </table>	Hectares .....	1	__ __	Daarb .....	2	__ __	Jibaile .....	3	__ __	Qoodi .....	4	__ __													
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<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes .....</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No .....</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes .....	1		No .....	2		2⇒ HC15																		
Yes .....	1																									
No .....	2																									

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

INSECTICIDE TREATED NETS		TN	
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No ..... 2	2⇒Next Module	
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ..... ____		
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).			
	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net
TN4. Mosquito net observed?	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2	Observed .....1 Not observed .....2
TN5. Observe or ask the brand/type of mosquito net  <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent</i>	Long-lasting treated nets Permnet .....11 Netprotect .....12 Olyset .....13 Badbaado .....14 Daawa .....15 Other (specify) ____16 DK brand .....18  Pre-treated nets Other (specify) ____26 DK brand .....28  Other net Other (specify) ____31  DK brand / type .....98	Long-lasting treated nets Permnet .....11 Netprotect .....12 Olyset .....13 Badbaado .....14 Daawa .....15 Other (specify) ____16 DK brand .....18  Pre-treated nets Other (specify) ____26 DK brand .....28  Other net Other (specify) ____31  DK brand / type .....98	Long-lasting treated nets Permnet .....11 Netprotect .....12 Olyset .....13 Badbaado .....14 Daawa .....15 Other (specify) ____16 DK brand .....18  Pre-treated nets Other (specify) ____26 DK brand .....28  Other net Other (specify) ____31  DK brand / type .....98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?  <i>If less than one month, record "00"</i>	Months ago ..... ____ More than 36 mo. ago ...95 DK / Not sure .....98	Months ago ..... ____ More than 36 mo. ago ...95 DK / Not sure .....98	Months ago ..... ____ More than 36 mo. ago ...95 DK / Not sure .....98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9  <input type="checkbox"/> 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?  <i>If less than one month, record "00"</i>	Months ago ..... ____ More than 24 mo. ago ...95 DK / Not sure .....98	Months ago ..... ____ More than 24 mo. ago ...95 DK / Not sure .....98	Months ago ..... ____ More than 24 mo. ago ...95 DK / Not sure .....98

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

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?  <i>Circle all that apply.</i>	Government worker / program ..... A Private company ..... B Non-governmental organization ..... C  Other ( <i>specify</i> ) _____ X DK..... Z	



CHILD LABOUR										CL	
To be administered for children in the household age 5-17 years. For household members below age 5 or above age 17, fill-up CL2 and leave the rest of the row blank.											
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.											
CL1. Line number	CL2. Name and Age	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i>	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? <i>If more than one job, include all hours at all jobs.</i>	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	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 HERDING LIVESTOCK OR FISHING OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? <i>Include work for a business run by the child, alone or with one or more partners.</i>	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, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?	CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	Yes	No
Line	Name	Age	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No
01			1 2 3	1	2		1	2		1	2
02			1 2 3	1	2		1	2		1	2
03			1 2 3	1	2		1	2		1	2
04			1 2 3	1	2		1	2		1	2
05			1 2 3	1	2		1	2		1	2
06			1 2 3	1	2		1	2		1	2
07			1 2 3	1	2		1	2		1	2
08			1 2 3	1	2		1	2		1	2
09			1 2 3	1	2		1	2		1	2
10			1 2 3	1	2		1	2		1	2
11			1 2 3	1	2		1	2		1	2
12			1 2 3	1	2		1	2		1	2
13			1 2 3	1	2		1	2		1	2
14			1 2 3	1	2		1	2		1	2
15			1 2 3	1	2		1	2		1	2

**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- 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.
- Record the line number, name, sex, and age for each child.
- 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				__ __

- 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**

- 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.
- 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 eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- 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 the 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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD 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
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN 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 ..... 6</p>	<p>2 ⇨HW4</p> <p>3 ⇨HW4</p> <p>6 ⇨HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for hand washing</i></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. <i>Record if soap or detergent is present at the specific place for hand washing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Bar soap..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap..... C</p> <p>Ash / Mud / Sand..... D</p> <p>None ..... Y</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p> <p>D⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP, DETERGENT OR ASH IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇨HH19</p>
<p>HW5. COULD YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply</i></p>	<p>Bar soap..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap..... C</p> <p>Ash / Mud / Sand..... D</p> <p>Not able / Does not want to show..... Y</p>	

HH19. Record the time.

Hour and minutes..... \_\_ \_\_ : \_\_ \_\_

HH20. Thank the respondent for his/her cooperation and check the Household Listing Form:

- A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)
- A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL8)

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

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

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**