



HOUSEHOLD QUESTIONNAIRE

[SURINAME]

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 coastal..... 2 Rural Interior..... 3	HH7. Region: Paramaribo..... 01 Wanica..... 02 Nickerie..... 03 Coronie..... 04 Saramacca..... 05 Commewijne..... 06 Marowijne..... 07 Para..... 08 Brokopondo..... 09 Sipaliwini..... 10	

WE ARE FROM THE **General Bureau of Statistics**. IN COOPERATION WITH THE MINISTRY OF SOCIAL AFFAIRS AND HOUSING 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 **35** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

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

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 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: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
	HH13. Number of woman's questionnaires completed: _____

MICS4HH.1

HH18. Record the time. Hour..... Minutes.....		HOUSEHOLD LISTING FORM												HL	
<p>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.</p>															
HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '.95'	HL7. For women age 15-49	HL8. For children age 5-14	HL9. For children under age 5	HL10. For all household members	HL11. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?		
Line	Name	Relation*	M	F	Age	15-49	Mother	Mother	Y	N	DK	Y	N	DK	Father
01		0	1	2		01			1	2	1	2	8		
02			1	2		02			1	2	1	2	8		
03			1	2		03			1	2	1	2	8		
04			1	2		04			1	2	1	2	8		
05			1	2		05			1	2	1	2	8		
06			1	2		06			1	2	1	2	8		
07			1	2		07			1	2	1	2	8		
08			1	2		08			1	2	1	2	8		
09			1	2		09			1	2	1	2	8		
10			1	2		10			1	2	1	2	8		
11			1	2		11			1	2	1	2	8		

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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 3 8 DK 9 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 3 8 DK 9 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	Mother	Mother	Y N	DK	Mother	Y N DK	Father
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		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?	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?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/AS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2008-2009), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?
		1 Yes 2 No ☺ Next Line	Level: 0 Preschool 1 Primary school 2 Primary education Special education (MLK, ZMLK, MYTHYL) 3 Secondary junior education (MULO, LBGO, LTS) 4 Secondary Senior education (HAVO, VWO, IMEO, NATIN) Special education 6 Higher education 7 Other, not regular 8 DK If level=0, skip to ED5	1 Yes 2 No ☺ ED7	Level: 0 Preschool 01 Primary school 2 Primary education Special education (MLK, ZMLK, MYTHYL) 3 Secondary junior education (MULO, LBGO, LTS) 4 Secondary Senior education (HAVO, VWO, IMEO, NATIN) 5 Secondary Special education 6 Higher education 7 Other, not regular 8 DK If level=0, skip to ED7	1 Yes 2 No ☺ 8 DK ☺ Next Line Next Line	Level: 0 Preschool 1 Primary school 2 Primary Special education (MLK, ZMLK, MYTHYL) 3 Secondary junior education (MULO, LBGO, LTS) 4 Secondary Senior education (HAVO, VWO, IMEO, NATIN) 5 Secondary Special education 6 Higher education 7 Other, not regular 8 DK If level=0, go to next person

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Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
02		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
03		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
04		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
05		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
06		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
07		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
08		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
09		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
10		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
11		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
12		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
13		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
14		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---
15		---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	0 1 2 3 4 5 6 7 8	---	1	2	8	0 1 2 3 4 5 6 7 8	---

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> 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 (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 91 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> 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 (<i>specify</i>) 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6 3
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ___ ___ DK 998	

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WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No 2 DK 8	2⇒WS8 8⇒WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If necessary, ask permission to observe the facility.</i>	Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Composting toilet 31 Bucket 41 Hanging toilet, Hanging latrine 51 No facility, Bush, Field 95 Other (<i>specify</i>) 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?	<i>Christianity</i> 1 <i>Hinduism</i> 2 <i>Islam</i> 3 Traditional religion..... 4 Other religion (<i>specify</i>) _____ 6 No religion 7 DK 8	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Dutch 01 Sranan Tongo 02 Sarnami Hindi..... 03 Javaans..... 04 Arowak..... 05 Caraib..... 06 Saramaccaans..... 07 Aucaans..... 08 Paramaccaans..... 09 Chinese..... 10 Portuguese..... 11 English..... 12 French..... 13 Other language (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Indigenous/Amerindian 01 Maroon 02 Creole..... 03 Indian..... 04 Javanese..... 05 Chinese..... 06 White..... 07 Mixed ethnicity..... 08 Other ethnic group (<i>specify</i>) _____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Dung..... 12 Rudimentary floor Wood planks 21 Palm / Bamboo..... 22 Finished floor Parquet or polished wood 31 Vinyl 32 Ceramic tiles 33 Cement..... 34 Carpet..... 35 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	No Roof 11 Natural roofing Thatch / Palm leaf 12 Sod..... 13 Rudimentary Roofing	

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	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 (<i>specify</i>) 96	
HC5 <i>Main material of the exterior walls.</i> <i>Record observation.</i>	No walls..... 11 Natural walls 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 (<i>specify</i>) 96	
HC6 WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity 01 Liquefied Petroleum Gas (LPG)..... 02 Natural gas..... 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal..... 07 Wood..... 08 Straw / Shrubs / Grass 09 Agricultural crop residue 11 No food cooked in household 95 Other (<i>specify</i>) 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? <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i>	In the house In a separate room used as kitchen..... 1 Elsewhere in the house..... 2 In a separate building..... 3 Outdoors 4 Other (<i>specify</i>) 6	

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HC8. DOES YOUR HOUSEHOLD HAVE:	Yes No	
[A] ELECTRICITY?	Electricity 1 2	
[B] A RADIO?	Radio 1 2	
[C] A TELEVISION?	Television 1 2	
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone 1 2	
[E] A REFRIGERATOR?	Refrigerator 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WATCH?	Watch 1 2	
[B] A MOBILE TELEPHONE?	Mobile telephone 1 2	
[C] A BICYCLE?	Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	Animal drawn-cart 1 2	
[F] A CAR OR TRUCK?	Car / Truck 1 2	
[G] A BOAT WITH A MOTOR?	Boat with motor 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	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? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	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?	Cattle, milk cows, or bulls ____ ____	
[B] HORSES, DONKEYS, OR MULES?	Horses, donkeys, or mules ____ ____	
[C] GOATS?	Goats ____ ____	
[D] SHEEP?	Sheep ____ ____	

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<p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] DUCKS?</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Chickens _ _</p> <p>Pigs _ _</p> <p>Ducks _ _</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
Check Household Information Panel, HH7= 09 -10?		
<input type="checkbox"/> Yes ⇒ Continue with TN1. <input type="checkbox"/> No ⇒ Go to Next Module.		
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	Long-lasting treated nets Yes 1 No 2 DK brand 8 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Yes 1 No 2 DK brand 8 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Yes 1 No 2 DK brand 8 Other net (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 (1-2) ⇒ TN11 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (1-2) ⇒ TN11 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (1-2) ⇒ TN11 <input type="checkbox"/> Else ⇒ Continue
TN9. 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 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 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
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No 2 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 DK / Not sure 8 ⇒ TN13	Yes 1 No 2 DK / Not sure 8 ⇒ TN13

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<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 _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p>	<p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p>	<p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>Line number..... ____</p> <p>Name _____</p> <p>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	

MICS4.HH.15

CHILD LABOUR														
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.	CL2.	CL3.	CL4.	CL5.	CL6.	CL7.	CL8.	CL9.	CL10.	CL				
Line number	Name and Age	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>	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>	During the past week, did (name) collect firewood for household use?	Since last (day of the week), about how many hours did he/she fetch water or collect firewood for household use?	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? <i>Include work for a business run by the child, alone or with one or more partners.</i>	Since last (day of the week), about how many hours did he/she work for his/her family or himself/herself?	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?	Since last (day of the week), about how many hours did he/she spend doing these chores?					
Line	Name	Age	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Number of hours	Number of hours
			Paid	Unpaid										
01			1	2	3									
02			1	2	3									
03			1	2	3									
04			1	2	3									
05			1	2	3									
06			1	2	3									
07			1	2	3									
08			1	2	3									
09			1	2	3									
10			1	2	3									
11			1	2	3									
12			1	2	3									
13			1	2	3									
14			1	2	3									
15			1	2	3									

CHILD DISCIPLINE

CD

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.....

MICS4.HH.17

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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... 1 No 2	
CD12. EXPLAINED WHY <i>(name)</i> '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	

MICS4.HH.18

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed..... 1 Not observed Not in dwelling / plct / yard 2 No permission to see..... 3 Other reason..... 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available..... 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i> <i>Circle all that apply.</i> <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>	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? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste) B Liquid soap C Ash / Mud / Sand D Not able / Does not want to show Y	

MICS4.HH.19

HH19. Record the time.	Hour and minutes :	
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<p>HH20. Does any eligible woman age 15-49 reside in the household?</p> <p><i>Check Household Listing Form, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>
<p>HH21. Does any child under the age of 5 reside in the household?</p> <p><i>Check Household Listing Form, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.</p>

MICS4.HH.20