

HOUSEHOLD INFORMATION PANEL		HH	
HH1. Cluster number:	<input type="text"/> <input type="text"/> <input type="text"/>	HH2. Household number:	<input type="text"/> <input type="text"/>
HH3. Interviewer name and number: Name: _____	<input type="text"/> <input type="text"/>	HH4. Supervisor name and number: Name: _____	<input type="text"/> <input type="text"/>
HH5. Day/Month/Year of interview:		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HH6. AREA:		HH7. REGION:	
Urban.....	1	Hhohho.....	1
Rural.....	2	Manzini.....	2
		Shiselweni.....	3
		Lubombo.....	4

WE ARE FROM THE **CENTRAL STATISTICAL OFFICE**. 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 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 ⇒ 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:	HH10. Respondent to household questionnaire:
Completed..... 01	Name: _____
No household member or no competent respondent at home at time of visit..... 02	Line Number: <input type="text"/> <input type="text"/>
Entire household absent for extended period of time..... 03	HH11. Total number of household members:
Refused..... 04	<input type="text"/> <input type="text"/>
Dwelling vacant / Address not a dwelling..... 05	
Dwelling destroyed..... 06	
Dwelling not found..... 07	
Other (specify) _____ 96	
HH12. Number of women age 15-49 years: <input type="text"/> <input type="text"/>	HH13. Number of woman's Questionnaires completed: <input type="text"/> <input type="text"/>
HH12A. Number of men age 15-59 years: <input type="text"/> <input type="text"/>	HH13A. Number of man's Questionnaires completed: <input type="text"/> <input type="text"/>
HH14. Number of children under age 5: <input type="text"/> <input type="text"/>	HH15. Number of under-5 questionnaires completed: <input type="text"/> <input type="text"/>
HH16. Field edited by (Name and number): Name: _____ <input type="text"/> <input type="text"/>	HH17. Data entry clerk (Name and number): Name: _____ <input type="text"/> <input type="text"/>

HOUSEHOLD LISTING FORM HL

HH18. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

Record the time: 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.

Hour.....

Minutes.....

For children age 0-17 years

For all household members

If age 18-59 years

For children under age 5

For men age 15-59

For women age 15-49

For children age 5-14

HL1. Line #	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'s DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Circle Line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'s NATURAL MOTHER ALIVE?	HL12. DOES (name)'s NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. If mother does not live in household HAS (name)'s MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL13. IS (name)'s NATURAL FATHER ALIVE?	HL14. DOES (name)'s NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. If father does not live in household	
Line	Name	Relation*	M F	Month Year	Age	15-49	15-59	Mother	Mother	Y N DK	Y N	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
01		0 1	1 2	--- ---	---	01	01	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
02		---	1 2	---	---	02	02	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
03		---	1 2	---	---	03	03	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
04		---	1 2	---	---	04	04	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
05		---	1 2	---	---	05	05	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
06		---	1 2	---	---	06	06	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
07		---	1 2	---	---	07	07	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
08		---	1 2	---	---	08	08	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
09		---	1 2	---	---	09	09	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8
10		---	1 2	---	---	10	10	---	---	1 2 8	1 2	1 2 8	---	1 2 8	1 2 8	---	---	1 2 8

HL1. Line #	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7. Circle line number if woman is age 15-49	HL7A. Circle Line number if man is age 15-59	HL8. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARE-TAKER OF THIS CHILD?	HL9A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL10. DID (name) STAY HERE LAST NIGHT?	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. IF MOTHER DOES NOT LIVE IN HOUSEHOLD	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. IF FATHER DOES NOT LIVE IN HOUSEHOLD
Line	Name	Relation*	M F	Month Year	Age	15-49	15-59	Mother	Mother	Y N DK	Y N	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
11			1 2			11	11			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
12			1 2			12	12			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13			1 2			13	13			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14			1 2			14	14			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15			1 2			15	15			1 2 8	1 2	1 2 8	1 2 8	1 2 8	1 2 8	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.
 Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire.
 You should now have a separate questionnaire for each eligible woman, each child under five and each eligible man 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

CHILDREN ORPHANED & MADE VULNERABLE		OV
OV1. Check HL6: any children 0-17? <input type="checkbox"/> Yes ⇒ Continue to OV2 <input type="checkbox"/> No ⇒ Next Module		
OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF THIS HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes 1 No 2 Other (<i>specify</i>) 6	2⇒Next MODULE 6⇒Next MODULE
OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes 1 No 2	2⇒ Next Module
OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes 1 No 2	

EDUCATION & BASIC NEEDS

ED & BN

ED1. Line #	For household members age 5 and above		For household members age 5-24 years												For household members age 5-17 years													
	ED2. Name and age Copy all household members 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 THIS (2010) SCHOOL YEAR, DID (name) ATTEND?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT DID (name) ATTEND?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	BN1. DOES (name) HAVE AT LEAST ONE MEAL PER DAY?	BN2. DOES (name) HAVE A PAIR OF SHOES?	BN3. DOES (name) HAVE AT LEAST TWO SETS OF CLOTHING?																		
		Yes	No	Level:	Grade:	Yes	No	Level:	Grade:	Y	N	DK	Y	N	DK	Y	N	DK										
01		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
02		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
03		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
04		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
05		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
06		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
07		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
08		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
09		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
10		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
11		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
12		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
13		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
14		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8
15		1	2	0	1	2	3	4	8	---	---	1	2	8	0	1	2	3	4	8	---	---	1	2	8	1	2	8

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap/standpipe 14 Tube Well, Borehole 21 Dug well Protected well 31 Unprotected well 32 Water from spring Protected spring 41 Unprotected spring 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<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
WS2. WHAT IS THE MAIN 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 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
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 USUALLY 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/ Jik..... 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</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 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
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christian 1 Muslim 2 Traditional 3 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	SiSwati..... 1 English..... 2 Other language (<i>specify</i>) _____ 6	
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 or asphalt strips 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>	Natural roofing No Roof..... 11 Thatch/Palm leaf/ Grass 12 Sod 13 Rudimentary Roofing Rustic mat..... 21 Palm/Bamboo 22 Wood planks 23 Cardboard 24 Finished roofing Corrugated iron..... 31 Wood 32 Calamine/Cement fibre 33 Ceramic tiles 34 Cement/ Concrete 35 Asbestos 36 Other (<i>specify</i>) _____ 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls No walls 11 Cane/Palm/Trunks 12 Stick & mud 13 Grass 14</p> <p>Rudimentary walls Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood (Off cuts) 24 Cardboard/ Carton 25 Reused wood 26</p> <p>Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Mud blocks 35 Wood planks/shingles 36</p> <p>Other (<i>specify</i>) 96</p>																			
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/Shrubs/Grass 09 Animal dung (Bulongwe) 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 03⇒HC8 04⇒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 (Lidladla) 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>	<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> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	
	Yes	No																		
Electricity	1	2																		
Radio	1	2																		
Television	1	2																		
Non-mobile telephone	1	2																		
Refrigerator	1	2																		

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	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	
[H] A POT	Pot 1 2	
[I] A HOE	Hoe 1 2	
[J] A SLEEPING MAT	Sleeping mat..... 1 2	
<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>	<p>Own1</p> <p>Rent2</p> <p>Other (Not owned or rented)6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC13
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	Hectares__ __	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒HC15

<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>[F] PIGS?</p> <p>[X] OTHER?</p> <p><i>If none, record '00'. If 95 or more, record '95'. 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>Pigs__ __</p> <p>Other(<i>specify</i>)__ __</p>	
<p>HC 15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes.....1</p> <p>No2</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 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 Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 Other net (specify) 31 DK brand / type 98	Long-lasting treated nets Permanet 11 Interceptor/BASF 12 BASF 13 Other (specify) 16 DK brand 18 Any pre-treated Nets (specify) 26 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 (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH ANTI-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

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>	<p>Months ago ____ ____ More than 24 mo. ago... 95 DK / Not sure 98</p>
<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? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____</p>	<p>Name _____ Line number ____ ____ Name _____ Line number ____ ____ Name _____ Line number ____ ____ 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 No2 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 age 5-14 years in the household. For household members below age 5 and above age 14, leave rows blank. Note that the reference period here is the last 7 days.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line #	CL2. Name and Age Copy all household members from Household Listing Form, HL2 and HL6	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND?		CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners.		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
		Yes Paid	No Unpaid		Yes	No		Yes	No		Yes	No	
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									

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_____

<p>CD9. Write name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>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 <i>(name)</i> IN THE PAST MONTH.</p>		
<p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't know/No opinion..... 8</p>	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard2</p> <p>No permission to see3</p> <p>Other reason6</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 available1</p> <p>Water is not available2</p>	
<p>HW3. <i>Record if washing agent is present at the specific place for hand washing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to next module 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 OR DETERGENT (SUCH AS BLUE SOAP (LUGONGOLO) OR SUNLIGHT) IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes1</p> <p>No2</p>	<p>2⇒HH19</p>
<p>HW5. CAN 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. <i>Record the time.</i>	Hour and minutes :	
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SALT IODIZATION		SI
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? <i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3 No salt in the house..... 6 Salt not tested 7	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, 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"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, column HL9 for any eligible child under age 5. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No. ⇒ Continue.</i></p>
<p>HH22. <i>Does any eligible man age 15-59 reside in the household?</i></p> <p><i>Check household listing, column HL7A for any eligible men. You should have a questionnaire with the Information Panel filled in for each eligible man.</i></p> <p><input type="checkbox"/> <i>Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man.</i></p> <p><input type="checkbox"/> <i>No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete the relevant information (HH8 – HH15 on the cover page.</i></p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations