

E.1.1 HOUSEHOLD QUESTIONNAIRE



HOUSEHOLD QUESTIONNAIRE
Turks and Caicos Islands MICS, 2019/2020



HOUSEHOLD INFORMATION PANEL			HH	
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: ____ / ____ / 20__		HH7. Region: GRAND TURK 1 SALT CAY 2 SOUTH CAICOS 3 MIDDLE CAICOS 4 NORTH CAICOS 5 PROVIDENCIALES 6		
HH6. Area:	URBAN 1 RURAL 2			
HH8. Is the household selected for Questionnaire for Men?	YES 1 NO 2			
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2	
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.			HH11. Record the time. HOURS : MINUTES __ : __	
HH12. Hello, my name is (<i>your name</i>). We are from Department of Statistics . We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 20 minutes, and the information <u>will be used</u> to make decisions about TCI's development. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES 1 NO / NOT ASKED 2		1 =LIST OF HOUSEHOLD MEMBERS 2 =HH46		
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING 05 DWELLING DESTROYED 06 DWELLING NOT FOUND 07 OTHER (<i>specify</i>) 96			
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____	To be filled after the Household Questionnaire is completed		To be filled after <u>all</u> the questionnaires are completed	
HOUSEHOLD MEMBERS	TOTAL NUMBER		COMPLETED NUMBER	
WOMEN AGE 15-49	HH48	__ __	HH53	__ __
If household is selected for Questionnaire for Men: MEN AGE 15-49	HH49	__ __	HH54	__ __
CHILDREN UNDER AGE 5	HH50	__ __	HH55	__ __
CHILDREN AGE 5-17	HH51	__ __	HH56	ZERO 0 ONE 1
	HH52	__ __		

LIST OF HOUSEHOLD MEMBERS

HL

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

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

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. That is, persons who usually sleep here at least four nights of the week, and share meals. Probe for additional household members.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female? 1 MALE 2 FEMALE	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL6A. What is (name)'s country of birth?	HL6B. What is (name)'s resident status in the TCI?	HL7A. What is (name)'s religion?	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HHS is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 YES 2 NO \varnothing Next Line	HL12. Is (name)'s natural mother alive? 1 YES 2 NO \varnothing HL16 8 DK \varnothing HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO \varnothing HL15	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD ON THE SAME ISLAND 3 IN ANOTHER HOUSEHOLD ON ANOTHER ISLAND 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO \varnothing HL20 8 DK \varnothing HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO \varnothing HL19	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD ON THE SAME ISLAND 3 IN ANOTHER HOUSEHOLD ON ANOTHER ISLAND 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? If 'No one' for a child age 15-17, record '90'.	
LINE	NAME	RELATION*	M F	MONTH	YEAR	AGE	COB	STATUS	RELIGION	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER	Y N DK	Y N	FATHER			
01		0 1	1 2	---	---	---	---	---	---	01	01	01	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
02		---	1 2	---	---	---	---	---	---	02	02	02	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
03		---	1 2	---	---	---	---	---	---	03	03	03	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
04		---	1 2	---	---	---	---	---	---	04	04	04	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
05		---	1 2	---	---	---	---	---	---	05	05	05	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
06		---	1 2	---	---	---	---	---	---	06	06	06	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
07		---	1 2	---	---	---	---	---	---	07	07	07	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
08		---	1 2	---	---	---	---	---	---	08	08	08	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
09		---	1 2	---	---	---	---	---	---	09	09	09	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
10		---	1 2	---	---	---	---	---	---	10	10	10	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
11		---	1 2	---	---	---	---	---	---	11	11	11	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
12		---	1 2	---	---	---	---	---	---	12	12	12	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
13		---	1 2	---	---	---	---	---	---	13	13	13	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
14		---	1 2	---	---	---	---	---	---	14	14	14	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---
15		---	1 2	---	---	---	---	---	---	15	15	15	1 2	1 2 8	1 2	---	1 2 3 4 8	1 2 8	1 2	---	1 2 3 4 8	---

* Codes for HL3: 01 HEAD
02 SPOUSE / PARTNER
03 SON / DAUGHTER
04 SON-IN-LAW / DAUGHTER-IN-LAW
05 GRANDCHILD
06 PARENT
07 PARENT-IN-LAW
08 BROTHER / SISTER
09 BROTHER-IN-LAW / SISTER-IN-LAW
10 UNCLE/AUNT
11 NIECE / NEPHEW
12 OTHER RELATIVE
13 ADOPTED / FOSTER / STEPCHILD
14 LIVE-IN MAID
96 OTHER (NOT RELATED)
98 DK

EDUCATION 1											ED							
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.			ED3. Age 3 or above? 1 YES 2 NO ☹ Next Line		ED4. Has (<i>name</i>) ever attended school or any Early Childhood Education programme? 1 YES 2 NO ☹ Next Line		ED5. What is the highest level and grade, form or year of school (<i>name</i>) has ever <u>attended</u> ? LEVEL: 00 ECE ☹ ED7 11 PRIMARY 12 LOWER SECONDARY 13 UPPER SECONDARY 14 POST SECONDARY – NON-TERTIARY 15 ASSOCIATE DEGREE 16 BACHELOR'S DEGREE 17 MASTER'S DEGREE 18 PH.D. 98 DK			GRADE/FORM/YEAR : 98 DK ☹ ED7			ED6. Did (<i>name</i>) ever <u>complete</u> that (grade/form/year)? 1 YES 2 NO 8 DK	ED7. Age 3-24? 1 YES 2 NO ☹ Next Line		ED8. Check ED4: Ever attended school or ECE? 1 YES 2 NO ☹ Next Line	
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL	GRADE/FORM/YEAR	Y	N	DK	YES	NO	YES	NO			
01		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
02		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
03		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
04		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
05		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
06		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
07		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
08		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
09		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
10		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
11		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
12		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
13		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
14		___	1	2	1	2	___	___	1	2	8	1	2	1	2			
15		___	1	2	1	2	___	___	1	2	8	1	2	1	2			

EDUCATION 2												ED
ED1. Line number	ED2. Name and age.		ED9. At any time during the current school year did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ☹ ED15	ED10. During this current school year, which level and grade, form or year is (<i>name</i>) attending? LEVEL: 00 ECE ☹ ED15 11 PRIMARY 12 LOWER SEC. 13 UPPER SEC. 14 POST SECONDARY – NON-TERTIARY 15 ASSOCIATE'S 16 BACHELOR'S 17 MASTER'S 18 PH. D. 98 DK	GRADE/FORM/ YEAR: 98 DK	ED11. Is (he/she) attending a public school? <i>If "Yes", record '1'. If "No", probe to code who controls and manages the school.</i> 1 GOVT./PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the current school year, has (<i>name</i>) received any school tuition support? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO ☹ ED14 8 DK ☹ ED14	ED13. Who provided the tuition support? <i>Record all mentioned.</i> A GOVT. / PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the current school year, has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies? <i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	ED15. At any time during the previous school year did (<i>name</i>) attend school or any Early Childhood Education programme? 1 YES 2 NO ☹ Next Line 8 DK ☹ Next Line	ED16. During the previous school year, which level and grade, form or year did (<i>name</i>) attend? LEVEL: 00 ECE ☹ Next Line 98 DK 11 PRIMARY 12 LOWER SEC. 13 UPPER SEC. 14 POST SECONDARY – NON-TERTIARY 15 ASSOCIATE'S 16 BACHELOR'S 17 MASTER'S 18 PH. D. 98 DK	
LINE	NAME	AGE	YES NO	LEVEL	GRADE/FORM/ YEAR	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/FORM/ YEAR
01			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
02			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
03			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
04			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
05			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
06			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
07			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
08			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
09			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
10			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
11			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
12			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
13			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
14			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		
15			1 2			1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8		

HOUSEHOLD CHARACTERISTICS		HC
HC1B. What is the native language of (<i>name of the head of the household from HL2</i>)?	ENGLISH 1 CREOLE..... 2 SPANISH 3 OTHER LANGUAGE (<i>specify</i>) 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	BLACK/NEGRO/AFRICAN 1 WHITE/CAUCASIAN 2 HISPANIC..... 3 EAST INDIAN 4 OTHER (<i>specify</i>) 6	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS _ _	
HC4. Main material of the dwelling floor. <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PLYWOOD 23 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER (<i>specify</i>) 96	
HC5. Main material of the roof. <i>Record observation.</i>	NATURAL ROOFING THATCH / PALM LEAF 12 RUDIMENTARY ROOFING WOOD PLANKS 23 TARPAULIN..... 25 PLYWOOD 26 FINISHED ROOFING METAL / TIN..... 31 WOOD 32 CEMENT 35 ROOFING SHINGLES 36 ROOFING TILES..... 37 OTHER (<i>specify</i>) 96	

<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD..... 22</p> <p>UNCOVERED ADOBE..... 23</p> <p>PLYWOOD..... 24</p> <p>CARDBOARD..... 25</p> <p>REUSED WOOD..... 26</p> <p>FINISHED WALLS</p> <p>CEMENT/SLAB CONCRETE..... 31</p> <p>STONE WITH LIME / CEMENT..... 32</p> <p>BRICKS..... 33</p> <p>CEMENT BLOCKS..... 34</p> <p>WOOD PLANKS / SHINGLES..... 36</p> <p>STUCCO AND FOAM..... 37</p> <p>OTHER (<i>specify</i>)..... 96</p>																												
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A closet?</p> <p>[D] A stove (electric/gas)?</p> <p>[E] A bedframe?</p> <p>[F] A table?</p> <p>[G] Any chairs?</p> <p>[H] A sofa?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLOSET.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOVE (ELECTRIC/GAS).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BEDFRAME.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHAIRS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO.....	1	2	CLOSET.....	1	2	STOVE (ELECTRIC/GAS).....	1	2	BEDFRAME.....	1	2	TABLE.....	1	2	CHAIRS.....	1	2	SOFA.....	1	2	
	YES	NO																											
FIXED TELEPHONE LINE.....	1	2																											
RADIO.....	1	2																											
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BEDFRAME.....	1	2																											
TABLE.....	1	2																											
CHAIRS.....	1	2																											
SOFA.....	1	2																											
<p>HC8. Does your household have electricity?</p>	<p>YES, INTERCONNECTED GRID..... 1</p> <p>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM)..... 2</p> <p>NO..... 3</p>	<p>3 ⇒ HC10</p>																											

HC9. Does your household have:	YES	NO	
[A] A television?	TELEVISION..... 1	2	
[B] A refrigerator?	REFRIGERATOR..... 1	2	
[C] A microwave oven?	MICROWAVE OVEN..... 1	2	
[D] An air conditioner?	AIR CONDITIONER..... 1	2	
[E] A fan?	FAN..... 1	2	
[F] An electric iron?	ELECTRIC IRON..... 1	2	
[G] A washing machine?	WASHING MACHINE..... 1	2	
[H] A water heater?	WATER HEATER..... 1	2	
[I] A home security system?	HOME SECURITY SYSTEM..... 1	2	
HC10. Does any member of your household own:	YES	NO	
[A] A wristwatch?	WRISTWATCH..... 1	2	
[B] A bicycle?	BICYCLE..... 1	2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER..... 1	2	
[E] A car, truck or van?	CAR / TRUCK / VAN..... 1	2	
[F] A boat with a motor?	BOAT WITH MOTOR..... 1	2	
[G] An exercise machine?	EXERCISE MACHINE..... 1	2	
HC11A. Does any member of your household have:	YES	NO	
[A] A computer?	COMPUTER..... 1	2	
[B] A tablet?	TABLET..... 1	2	
HC12. Does any member of your household have a mobile telephone?	YES 1	NO 2	
HC13. Does your household have access to internet at home?	YES 1	NO 2	

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

SOCIAL TRANSFERS

ST

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

	[A] HOME HELP OR PROGRAMME FOR THE ELDERLY	[B] SOCIAL ENHANCEMENT AID OR WELFARE	[C] FOSTER CARE OR THE CHILDREN'S MONEY	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES 1 NO 2 ☺ [B]	YES 1 NO 2 ☺ [C]	YES 1 NO 2 ☺ [D]	YES 1 NO 2 ☺ [X]	YES (specify) 1 NO 2 ☺ End
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES 1 ☺ ST4 NO 2 ☺ [B] DK 8 ☺ [B]	YES 1 ☺ ST4 NO 2 ☺ [C] DK 8 ☺ [C]	YES 1 ☺ ST4 NO 2 ☺ [D] DK 8 ☺ [D]	YES 1 ☺ ST4 NO 2 ☺ [X] DK 8 ☺ [X]	YES 1 ☺ ST4 NO 2 ☺ End DK 8 ☺ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	MONTHS AGO1 ___ ☺ [B] YEARS AGO ...2 ___ ☺ [B] DK 998 ☺ [B]	MONTHS AGO1 ___ ☺ [C] YEARS AGO .. 2 ___ ☺ [C] DK 998 ☺ [C]	MONTHS AGO1 ___ ☺ [D] YEARS AGO ...2 ___ ☺ [D] DK 998 ☺ [D]	MONTHS AGO1 ___ ☺ [X] YEARS AGO .. 2 ___ ☺ [X] DK 998 ☺ [X]	MONTHS AGO ..1 ___ ☺ End YEARS AGO 2 ___ ☺ End DK 998 ☺ End

HOUSEHOLD ENERGY USE		EU
<p>EU1. In your household, what type of stove is <u>mainly</u> used for <u>cooking</u>?</p>	<p>ELECTRIC STOVE 01</p> <p>SOLAR COOKER..... 02</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE..... 03</p> <p>PIPED NATURAL GAS STOVE..... 04</p> <p>BIOGAS STOVE 05</p> <p>LIQUID FUEL STOVE..... 06</p> <p>MANUFACTURED SOLID FUEL STOVE..... 07</p> <p>TRADITIONAL SOLID FUEL STOVE..... 08</p> <p>THREE STONE STOVE / OPEN FIRE..... 09</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO FOOD COOKED IN HOUSEHOLD 97</p>	<p>01 →EU5</p> <p>02 →EU5</p> <p>03 →EU5</p> <p>04 →EU5</p> <p>05 →EU5</p> <p>06 →EU4</p> <p>09 →EU4</p> <p>96 →EU4</p> <p>97 →EU9</p>
<p>EU2. Does it have a chimney?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>EU3. Does it have a fan?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p>	
<p>EU4. What type of fuel or energy source is used in this stove?</p> <p><i>If more than one, record the main energy source for this stove.</i></p>	<p>ALCOHOL / ETHANOL 01</p> <p>GASOLINE / DIESEL..... 02</p> <p>KEROSENE / PARAFFIN 03</p> <p>COAL / LIGNITE..... 04</p> <p>CHARCOAL 05</p> <p>WOOD 06</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 07</p> <p>ANIMAL DUNG / WASTE 08</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS..... 09</p> <p>GARBAGE / PLASTIC..... 10</p> <p>SAWDUST 11</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>EU5. Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If in main house, probe to determine if cooking is done in a separate room.</i></p> <p><i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i></p>	<p>IN MAIN HOUSE</p> <p>NO SEPARATE ROOM..... 1</p> <p>IN A SEPARATE ROOM 2</p> <p>IN A SEPARATE BUILDING 3</p> <p>OUTDOORS</p> <p>OPEN AIR 4</p> <p>ON VERANDA OR COVERED PORCH..... 5</p> <p>OTHER (<i>specify</i>) 6</p>	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY..... 01 SOLAR LANTERN..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN..... 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN..... 04 BIOGAS LAMP 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL 08 WOOD..... 09 CROP RESIDUE / GRASS / STRAW / SHRUBS 10 ANIMAL DUNG / WASTE 11 OIL LAMP..... 12 CANDLE 13 OTHER (<i>specify</i>) 96 NO LIGHTING IN HOUSEHOLD 97</p>	
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WATER AND SANITATION		WS
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING11 PIPED TO YARD / PLOT12 PIPED TO NEIGHBOUR13 PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE21</p> <p>DUG WELL</p> <p>PROTECTED WELL31 UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING41 UNPROTECTED SPRING42</p> <p>RAINWATER51 TANKER-TRUCK61 CART WITH SMALL TANK71 WATER FOUNTAIN72</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER91 SACHET WATER92</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7 12 ⇒WS7 13 ⇒WS3 14 ⇒WS3</p> <p>21 ⇒WS3</p> <p>31 ⇒WS3 32 ⇒WS3</p> <p>41 ⇒WS3 42 ⇒WS3</p> <p>51 ⇒WS3 61 ⇒WS4 71 ⇒WS4 72 ⇒WS4</p> <p>96 ⇒WS3</p>
<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING11 PIPED TO YARD / PLOT12 PIPED TO NEIGHBOUR13 PUBLIC TAP / STANDPIPE.....14</p> <p>TUBE WELL / BOREHOLE21</p> <p>DUG WELL</p> <p>PROTECTED WELL31 UNPROTECTED WELL32</p> <p>SPRING</p> <p>PROTECTED SPRING41 UNPROTECTED SPRING42</p> <p>RAINWATER51 TANKER-TRUCK61 CART WITH SMALL TANK71 WATER FOUNTAIN72</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒WS7 12 ⇒WS7</p> <p>61 ⇒WS4 71 ⇒WS4 72 ⇒WS4</p>
<p>WS3. Where is that water source located?</p>	<p>IN OWN DWELLING 1 IN OWN YARD / PLOT 2 ELSEWHERE 3</p>	<p>1 ⇒WS7 2 ⇒WS7</p>

<p>WS4. How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT000</p> <p>NUMBER OF MINUTES _ _ _</p> <p>DK998</p>	<p>000 ⇒WS7</p>
<p>WS5. Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____</p> <p>LINE NUMBER..... _ _</p>	
<p>WS6. Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES..... _ _</p> <p>DK98</p>	
<p>WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE..... 1</p> <p>NO, ALWAYS SUFFICIENT 2</p> <p>DK 8</p>	<p>2 ⇒WS9</p> <p>8 ⇒WS9</p>
<p>WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE... 1</p> <p>WATER TOO EXPENSIVE..... 2</p> <p>SOURCE NOT ACCESSIBLE 3</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK 8</p>	
<p>WS9. Do you or any other member of this household do anything to the water to make it safer to drink?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒WS11</p> <p>8 ⇒WS11</p>

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOILA ADD BLEACH / CHLORINEB STRAIN IT THROUGH A CLOTHC USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D SOLAR DISINFECTIONE LET IT STAND AND SETTLEF</p> <p>OTHER (<i>specify</i>)X</p> <p>DKZ</p>	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH FLUSH TO SEPTIC TANK12 FLUSH TO PIT LATRINE13 FLUSH TO OPEN DRAIN14 FLUSH TO DK WHERE18</p> <p>PIT LATRINE VENTILATED IMPROVED PIT LATRINE21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB / OPEN PIT23</p> <p>COMPOSTING TOILET31</p> <p>BUCKET41 HANGING TOILET / HANGING LATRINE51</p> <p>NO FACILITY / BUSH / FIELD95</p> <p>OTHER (<i>specify</i>)96</p>	<p>14 ⇒WS14 18 ⇒WS14</p> <p>41 ⇒WS14 51 ⇒WS14 95 ⇒End 96 ⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED 1 NO, NEVER EMPTIED 4 DK 8</p>	<p>4 ⇒WS14 8 ⇒WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) 6</p> <p>DK 8</p>	

WS14. Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD / PLOT..... 2 ELSEWHERE 3	
WS15. Do you share this facility with others who are not members of your household?	YES 1 NO 2	2⇒End
WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1 SHARED WITH GENERAL PUBLIC..... 2	2⇒End
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> _ TEN OR MORE HOUSEHOLDS10 DK.....98	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD /PLOT2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE)3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇒HW5</p> <p>5 ⇒HW4</p> <p>6 ⇒HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE.....1</p> <p>WATER IS NOT AVAILABLE.....2</p>	
<p>HW3. Is soap or detergent present at the place for handwashing?</p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇒HW7</p> <p>2 ⇒HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING1</p> <p>IN YARD / PLOT2</p> <p>MOBILE OBJECT (BUCKET / JUG / KETTLE)3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent in your house for washing hands?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN1</p> <p>NO, NOT SHOWN.....2</p>	<p>2 ⇒End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p>	

SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution from the <u>blue-capped</u> (iodide) test kit, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE..... 4 OTHER REASON (specify)..... 6</p>	<p>2 ⇒HH13 3 ⇒HH13 4 ⇒HH13 6 ⇒HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution from the <u>blue-capped</u> test kit. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify)..... 6</p>	<p>2 ⇒HH13 3 ⇒HH13 6 ⇒HH13</p>
<p>SA3. Ask for a fresh sample of salt.</p> <p><i>Apply 2 drops of test solution from the <u>red-capped</u> test kit (iodate), observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify)..... 6</p>	<p>2 ⇒HH13 3 ⇒HH13 6 ⇒HH13</p>
<p>SA4. Ask for a fresh sample of salt.</p> <p><i>Apply 5 drops of the recheck solution from the <u>red-capped</u> test kit. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM) .. 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify)..... 6</p>	

HH13. Record the time.	HOUR AND MINUTES :			
HH14. Language of the Questionnaire.	ENGLISH 1 CREOLE 2			
HH15. Language of the Interview.	ENGLISH 1 CREOLE 2 SPANISH 3 OTHER LANGUAGE (specify) 6			
HH16. Native language of the Respondent.	ENGLISH 1 CREOLE 2 SPANISH 3 OTHER LANGUAGE (specify) 6			
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3			
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER)..... _	0 ⇒ HH29A 1 ⇒ HH27		
HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.				
HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4	HH24. Age from HL6
RANK	LINE	NAME	M F	AGE
1	__ __		1 2	__ __
2	__ __		1 2	__ __
3	__ __		1 2	__ __
4	__ __		1 2	__ __
5	__ __		1 2	__ __
6	__ __		1 2	__ __
7	__ __		1 2	__ __
8	__ __		1 2	__ __

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

Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER _

LINE NUMBER..... _ _

HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

NAME _____

AGE _ _

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29A. Check HL8 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of women age 15-49:

NO WOMEN 0

0⇒HH34

1 WOMAN 1

1⇒HH30H

2 OR MORE WOMEN (NUMBER) _

HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH30A. List each of the women age 15-49 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 15-49 years. Record the line number, name and age for each woman.

HH30B. Rank number	HH30C. Line number from HL1	HH30D. Name from HL2	HH30E. Age from HL6
RANK	LINE	NAME	AGE
1	__ __		__ __
2	__ __		__ __
3	__ __		__ __
4	__ __		__ __
5	__ __		__ __
6	__ __		__ __
7	__ __		__ __
8	__ __		__ __

HH30F. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of women age 15-49 years in HH29A above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH30B) of the selected woman.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (FROM HH29A)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

HH30G. Record the rank number (HH30B), line number (HH30C), name (HH30D) and age (HH30E) of the selected woman.

RANK NUMBER __

HH30H. (When HH29A=1 or when there is a single woman age 15-49 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this woman from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER..... __ __

NAME _____

AGE __ __

HH30I. This woman has been selected to be administered the Domestic Violence module in the <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> .		
HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 1 NO..... 2	2 ⇒HH34
HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL GIRLS AGE 15-17..... 2	2 ⇒HH34
<p>HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.</p> <p>For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.</p> <p><input type="checkbox"/> 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.</p>		
HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=1 1 NO, HH8=2..... 2	2 ⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 1 NO..... 2	2 ⇒HH40
HH36. Issue a separate <i>QUESTIONNAIRE FOR INDIVIDUAL MEN</i> for each man age 15-49 years.		
HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO..... 2	2 ⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-17..... 2	2 ⇒HH40

<p>HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.</p> <p>For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.</p> <p><input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.</p>		
<p>HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE 1</p> <p>NO..... 2</p>	<p>2 ⇒ HH42</p>
<p>HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.</p>		
<p>HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?</p>	<p>YES, HH9=1 1</p> <p>NO, HH9=2..... 2</p>	<p>2 ⇒ HH45</p>
<p>HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household</p>		
<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN 1</p> <p>NO, PERMISSION IS NOT GIVEN 2</p>	<p>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE</p>
<p>HH45. Now return to the HOUSEHOLD INFORMATION PANEL and,</p> <ul style="list-style-type: none"> • Record '01' in question HH46 (Result of the Household Questionnaire interview), • Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47, • Fill the questions HH48 – HH52, • Thank the respondent for his/her cooperation and then • Proceed with the administration of the remaining individual questionnaire(s) in this household. <p><i>If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.</i></p>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS