

Appendix G. Questionnaires



HOUSEHOLD QUESTIONNAIRE [THAILAND]

HOUSEHOLD INFORMATION PANEL		HH
HH1. EA number from the MICS sample: _____		
HH1A. Household cluster (from listing) Households with children under 5 years.....1 Households with no children under 5 years.....2	HH2. Household number: _____	
HH3. Interviewer name and number: First – Last name _____ _____	HH4. Supervisor name and number: First – Last name _____ _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2012		
HH6. Administrative Area: Municipal area 1 Non-municipal area 2 _____ (Village number__ Village name_____)	HH7. Region: Bangkok 1 Northern.....3 Central2 North-eastern4 Southern5 _____	
Province _____ CWT _____		
District _____ Sub-district _____ AMP _____ TMB _____		
House number _____ Street _____ Lane _____		

WE ARE FROM THE NATIONAL STATISTICAL OFFICE. WE ARE WORKING ON THE 2012 SURVEY OF CHILDREN AND WOMEN IN THAILAND. I WOULD LIKE TO TALK TO YOU ABOUT THIS TOPIC. THE INTERVIEW WILL TAKE ABOUT 20-25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE.

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.

<p><i>After all questionnaires for the household have been completed, fill in the following information:</i></p>	
<p>HH8. Name of head of household: _____</p>	
<p>HH9. Result of household interview:</p> <p>Successful interview with sample household 11</p> <p>Demolished, fire 12</p> <p>Empty household..... 13</p> <p>Successful interview (new household)..... 14</p> <p>Partly successful..... 15</p> <p>Visited 3 times without meeting a person to interview..... 21</p> <p>Refused 22</p> <p>Could not locate the household..... 23</p> <p>Demolished, flood..... 24</p> <p>Demolished, storm..... 25</p> <p>Cannot find households during the survey period..... 26</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>HH10. Name of Respondent:</p> <p>Name: _____</p> <p>Household member number: ___ ___</p> <hr/> <p>HH11. Total number of household members (From MICS_H):..... ___ ___</p>
<p>HH12. Number of women age 15-49 years (From MICS_H): ___ ___</p>	<p>HH13. Number of woman age 15-49 years successfully interviewed (From MICS_W): ___ ___</p>
<p>HH14. Number of children under 5 years (From MICS_H): ___ ___</p>	<p>HH15. Number of under-5 years successfully interviewed (From MICS_C): ___ ___</p> <p>HH15A. Household cluster (MICS Interview's result)</p> <p>Households with children under 5 years.....1</p> <p>Households with no children under 5 years.....2</p>
<p>HH18. Starting time of the interview (hours and minutes). ___ ___ : ___ ___</p>	

HL1. Ordinal No.	HL2. First name - Last name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO 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.	HL7. Copy ordinal no. from HL1	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record ordinal no. of mother/ caretaker from HL1	HL8A. WHAT NATIONALITY IS (name)? 1 Thai 2 Non-Thai 3 Stateless 8 DK	HL8B. WHAT TYPE OF PUBLIC HEALTH WELFARE DOES (name) HAVE?	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13 HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If not record "00" Copy ordinal no. of the natural mother from HL1 00 No HL12A Others HL13	HL12A. WHERE DOES THE NATURAL MOTHER OF (name) LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next person in order 8 DK Next person in order	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If not, record "00" Copy ordinal no. of the natural mother from HL1 00 No HL14A Others Next person in order	HL14A. WHERE DOES THE NATURAL FATHER OF (name) LIVE?
Ordinal	Name	Relation *	M F	Month Year	Age	15-49	0-14	Nationality	Health welfare **	Y N DK	Y N DK	Mother***	Y N DK	Y N DK	Father***
03			1 2			03	03			1 2 8	1 2 8		1 2 8		
04			1 2			04	04			1 2 8	1 2 8		1 2 8		
05			1 2			05	05			1 2 8	1 2 8		1 2 8		
06			1 2			06	06						1 2 8		
07			1 2			07	07						1 2 8		
08			1 2			08	08						1 2 8		
09			1 2			09	09						1 2 8		
10			1 2			10	10						1 2 8		

HL1. Ordinal No.	HL2. First name - Last 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.	HL7. Copy ordinal no. from HL1	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF (name)? Record ordinal no. of mother/ caretaker from HL1	HL8A. WHAT NATIONALITY IS (name)? 1 Thai 2 Non-Thai 3 Stateless 8 DK	HL8B. WHAT TYPE OF PUBLIC HEALTH WELFARE DOES (name) HAVE?	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13 HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? If not, record "00" Copy ordinal no. of the natural mother from HL1	HL12A. WHERE DOES THE NATURAL MOTHER OF (name) LIVE? 00 No HL12A Others Next person in order	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next person in order 8 DK Next person in order	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD? If not, record "00" Copy ordinal no. of the natural mother from HL1	HL14A. WHERE DOES THE NATURAL FATHER OF (name) LIVE?
Ordinal	Name	Relation *	M F	Month Year	Age	15-49	0-14	Nationality	Health welfare **	Y N DK	Y N DK	Mother***	Y N DK	Father***	
11			1 2			11	11						1 2 8		
12			1 2			12	12						1 2 8		
13			1 2			13	13						1 2 8		
14			1 2			14	14						1 2 8		
15			1 2			15	15						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 |

- ** Codes for HL8B: Type of public health welfare:
- Has public health welfare
- A Gold card/Universal health card
 - B Social security card / compensation fund
 - C Civil servant / state enterprise medical care benefit
 - D Other public health welfare (specify) _____
- Y Does not have public health welfare
 Z Don't know

- *** Codes for HL12A / HL14A: Where the natural mother/father of (name) lives:
- 1 Foreign country
 - 2 Thailand – another household
 - 3 Thailand – institution (such as hospital, nursing home, prison, etc.)
 - 8 Don't know

EDUCATION		ED																
<i>For household members age 5 and above</i>		<i>For household members age 5-24 years</i>																
ED1. Ordinal No. (copy from HL1)	ED2. Name and age Copy from HL6	ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 00 Preschool ED5 01 Primary 02 Lower 03 Upper 04 Associate / Commercial college degree 05 Diploma 06 Bachelor degree 07 Master degree 08 Doctoral degree 98 DK ED5	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? If unknown, record "98" If less than one grade, record "00" Record the highest grade/year completed	ED5. DURING THE 2012 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 00 Preschool ED7 01 Primary 02 Lower 03 Upper 04 Associate/ Commercial college degree 05 Diploma 06 Bachelor degree 07 Master degree 08 Doctoral degree 98 DK ED7	ED7. DURING THE 2011 SCHOOL YEAR, THAT IS (MAY 2011- MAR 2012), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 00 Preschool ED7 Next person in order 01 Primary 02 Lower 03 Upper 04 Associate / Commercial college degree 05 Diploma 06 Bachelor degree 07 Master degree 08 Doctoral degree 98 DK ED7 Next person in order	Yes	No	Y	N	DK	Grade	Level	Grade	Level	
01		1	2		1	2	1	2	8									
02		1	2		1	2	1	2	8									
03		1	2		1	2	1	2	8									
04		1	2		1	2	1	2	8									
05		1	2		1	2	1	2	8									

WATER AND SANITATION	WS	
<p>WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p> <p><i>Record only one main source of drinking water.</i></p>	<p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into compound, yard or plot..... 12</p> <p>Piped to neighbour 13</p> <p>Public tap/standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p>Protected well (e.g. has a roof/lid, etc.) .31</p> <p>Unprotected well 32</p> <p>Water from spring such as hot spring</p> <p>Protected spring (e.g. with a fence surrounding it, etc.)..... 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water/machine-dispensed drinking water 91</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14⇒WS3</p> <p>21⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>51⇒WS3</p> <p>61⇒WS3</p> <p>71⇒WS3</p> <p>81⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING, ETC.?</p> <p><i>Record only one main source of water used.</i></p>	<p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into compound, yard or plot..... 12</p> <p>Piped to neighbour 13</p> <p>Public tap/standpipe 14</p> <p>Tube Well, Borehole 21</p> <p>Dug well</p> <p>Protected well (e.g. has a roof/lid, etc.) .31</p> <p>Unprotected well 32</p> <p>Water from spring such as hot spring</p> <p>Protected spring (e.g., with a fence surrounding it, etc.)..... 41</p> <p>Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling 1</p> <p>In own yard / plot 2</p> <p>Elsewhere 3</p>	<p>1⇒WS6</p> <p>2⇒WS6</p>
<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes _____</p> <p>DK..... 998</p>	

Appendix G. Questionnaires

<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..... 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 Composting toilet..... 31 Bucket..... 41 Hanging toilet, Hanging latrine 51 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?	<i>Buddhism</i> 1 Islam..... 2 Christianity 3 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Thai (including local dialect)..... 01 Chinese 02 Burmese 03 Khmer/Kuy 04 Malaysian/Yawee 05 Lao 06 English 07 Other language (<i>specify</i>) _____ 96	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Thai 01 Chinese 02 Burmese 03 Khmer..... 04 Malaysian 05 Lao 06 Other language (<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 or asphalt strips 32 Ceramic tiles 33 Cement 34 Half cement/mortar, half wood 37 Other (<i>specify</i>) _____ 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Leaves (Palm/coconut leaf)..... 12 Grass (thatch/straw)..... 13 Rudimentary Roofing Woven mat 21 Bamboo 22 Wood planks 23 Cardboard 24 Finished roofing Metal alloy (such as zinc/metal/aluminium)..... 31 Wood 32 Fiber 33 Ceramic tiles 34 Cement..... 35 Roofing shingles..... 36 Other (<i>specify</i>) _____ 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls 11</p> <p>Cane/Palm/Trunks 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls</p> <p>Bamboo 21</p> <p>Stone with mud 22</p> <p>Plywood 24</p> <p>Cardboard 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with cement..... 32</p> <p>Bricks..... 33</p> <p>Cement blocks 34</p> <p>Wood planks/shingles 36</p> <p>Half cement, half wood 37</p> <p>Other (<i>specify</i>) 96</p>																												
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING? PRIMARY SOURCE OF FUEL USED FOR COOKING IN THE HOUSEHOLD?</p>	<p>Electricity 01</p> <p>Liquefied Petroleum Gas (LPG)..... 02</p> <p>Natural gas 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal/Lignite 06</p> <p>Charcoal..... 07</p> <p>Wood 08</p> <p>Straw/Shrubs/Grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>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</p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house 2</p> <p>In a separate building..... 3</p> <p>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>[C1]A TELEVISION (PLAIN MONITOR)?</p> <p>[C2]A TELEVISION (LCD/LED/PLASMA MONITOR)?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] AN ELECTRIC FAN?</p> <p>[G] A WASHING MACHINE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electric fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Electric fan.....	1	2	Washing machine.....	1	2	
	Yes	No																											
Electricity.....	1	2																											
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Non-mobile telephone.....	1	2																											
Refrigerator.....	1	2																											
Electric fan.....	1	2																											
Washing machine.....	1	2																											

[H] AN OVEN/ MICROWAVE OVEN?	Oven/Microwave oven.....	1	2	
[I] A COMPUTER?	Computer	1	2	
[J] A VIDEO PLAYER (VCD,DVD, BLUE RAY)?	Video player	1	2	
[K] AN AIR CONDITIONER?	Air conditioner	1	2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No	
[A] A WATCH (E.G. WRIST 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] TWO-WHEELED TRACTOR	Two-wheeled tractor	1	2	
[I] FOUR-WHEELED TRACTOR	Four-wheeled tractor	1	2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?	Own	1		
	Rent.....	2		
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Other (Not owned or rented)	6		
<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>				
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes	1		
	No.....	2		
HC15A. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A CREDIT CARD?	Yes	1		
	No.....	2		

ACTIVITIES OF CHILDREN										CL								
CL1. Ordinal No. (copy from HL1)	CL2. Name Age		CL3. DURING THE PAST 7 DAYS, 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> 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5		CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>If less than 1 hour, record "00".</i> <i>If unknown, record "98".</i>		CL5. DURING THE PAST 7 DAYS, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? <i>If less than 1 hour, record "00".</i> <i>If unknown, record "98".</i>		CL7. DURING THE PAST 7 DAYS, 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> 1 Yes 2 No ⇒ CL9		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF? <i>If less than 1 hour, record "00".</i> <i>If unknown, record "98".</i>		CL9. DURING THE PAST 7 DAYS, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next person in order		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES? <i>If less than 1 hour, record "00".</i> <i>If unknown, record "98".</i>	
	Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	
01			1	2	3			1	2		1	2						
02			1	2	3			1	2		1	2						
03			1	2	3			1	2		1	2						
04			1	2	3			1	2		1	2						
05			1	2	3			1	2		1	2						
06			1	2	3			1	2		1	2						
07			1	2	3			1	2		1	2						
08			1	2	3			1	2		1	2						
09			1	2	3			1	2		1	2						
10			1	2	3			1	2		1	2						
11			1	2	3			1	2		1	2						
12			1	2	3			1	2		1	2						
13			1	2	3			1	2		1	2						
14			1	2	3			1	2		1	2						
15			1	2	3			1	2		1	2						

HH19. <i>Ending time of interview.</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>	Result of the test using iodate reagent 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	1⇒SI2 2⇒HH20 3⇒HH20 6⇒HH20 7⇒HH20
SI2.	Result of the test using iodide reagent Not iodized 0 PPM 1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more 3	

HH20. *Thank the respondent for his/her cooperation and return to HH8-HH15A on the cover page to check:*

If there are women age 15-49 years in the household, proceed with a separate woman questionnaire for each women.

If there are children under age five years in the household, proceed with a separate children questionnaire for each child.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations