

Appendix F Thailand MICS Questionnaires


HOUSEHOLD QUESTIONNAIRE
Situation of women and children in Thailand, 2558

| 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: _____ / _____ / 2 5 5 _____ | HH7. REGION: BANGKOK..... 1 CENTRAL..... 2 NORTH..... 3 NORTHEAST 4 SOUTH 5 | |
| HH6. AREA: Urban 1 Rural 2 | | |
| HH7A. PROVINCE..... _____ | | |
| <p>WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20. MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p> | | |
| HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit..... 02 Entire household absent for extended period of time 03 Refused..... 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96 | | |
| <i>After the household questionnaire has been completed, fill in the following information:</i> | | |
| HH10. Respondent to Household Questionnaire: Name _____ | | |
| HH11. Total number of household members: _____ | | |
| HH12. Number of women age 15-49 years: _____ | | |
| HH13A. Number of men age 15-49 years: _____ | | |
| HH14. Number of children under age 5: _____ | | |
| <i>After all questionnaires for the household have been completed, fill in the following information:</i> | | |
| HH13. Number of women's questionnaires completed: _____ | | |
| HH13B. Number of men's questionnaires completed: _____ | | |
| HH15. Number of under-5 questionnaires completed: _____ | | |

| HH18. Record the time. | | LIST OF HOUSEHOLD MEMBERS | | HL | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|--|--|---|---|---------|---------------------------------|------------------|-----------------|----------------------|------------------------|-------------------|---------------|---------------------|------------------|-----------|-------|-------------------|-----------|-----------------------------------|-------------------|----------------------|--|
| Hour | | FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time. Use an additional questionnaire if all rows in the List of Household Members have been used. | | For women age 15-49 | For men age 15-49 | | | | | | | | | | | | | | | | | | |
| Minutes | | HL2. 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 9998 DK DK | | | | | | | | | | | | | | | | | | |
| HL1. Line no. | Name | Relation* | M | F | HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95' | | | | | | | | | | | | | | | | | | |
| 01 | | 01 | 1 | 2 | Age | | | | | | | | | | | | | | | | | | |
| 02 | | | 1 | 2 | 15-49 | | | | | | | | | | | | | | | | | | |
| 03 | | | 1 | 2 | 01 | | | | | | | | | | | | | | | | | | |
| 04 | | | 1 | 2 | 02 | | | | | | | | | | | | | | | | | | |
| 05 | | | 1 | 2 | 03 | | | | | | | | | | | | | | | | | | |
| 06 | | | 1 | 2 | 04 | | | | | | | | | | | | | | | | | | |
| 07 | | | 1 | 2 | 05 | | | | | | | | | | | | | | | | | | |
| 08 | | | 1 | 2 | 06 | | | | | | | | | | | | | | | | | | |
| 09 | | | 1 | 2 | 07 | | | | | | | | | | | | | | | | | | |
| 10 | | | 1 | 2 | 08 | | | | | | | | | | | | | | | | | | |
| For children age 0-4 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | HL7A. Circle line no. if man age 15-49 | | | | | | | | | | | | | | | | | | |
| | | | | | HL7B. Circle line no. if age 0-4 | | | | | | | | | | | | | | | | | | |
| | | | | | 01 | | | | | | | | | | | | | | | | | | |
| | | | | | 02 | | | | | | | | | | | | | | | | | | |
| | | | | | 03 | | | | | | | | | | | | | | | | | | |
| | | | | | 04 | | | | | | | | | | | | | | | | | | |
| | | | | | 05 | | | | | | | | | | | | | | | | | | |
| | | | | | 06 | | | | | | | | | | | | | | | | | | |
| | | | | | 07 | | | | | | | | | | | | | | | | | | |
| | | | | | 08 | | | | | | | | | | | | | | | | | | |
| | | | | | 09 | | | | | | | | | | | | | | | | | | |
| | | | | | 10 | | | | | | | | | | | | | | | | | | |
| Tick here if additional questionnaire used <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| * Codes for HL3: Relationship to head of household: <table style="width: 100%; font-size: small;"> <tr> <td>01 Head</td> <td>04 Son-In-Law / Daughter-In-Law</td> <td>07 Parent-In-Law</td> <td>10 Uncle / Aunt</td> <td>13 Adopted / Foster/</td> <td>96 Other (Not related)</td> </tr> <tr> <td>02 Spouse/Partner</td> <td>05 Grandchild</td> <td>08 Brother / Sister</td> <td>11 Niece /Nephew</td> <td>Stepchild</td> <td>98 DK</td> </tr> <tr> <td>03 Son / Daughter</td> <td>06 Parent</td> <td>09 Brother-In-Law / Sister-In-Law</td> <td>12 Other relative</td> <td>14 Servant (Live-in)</td> <td></td> </tr> </table> | | | | | | 01 Head | 04 Son-In-Law / Daughter-In-Law | 07 Parent-In-Law | 10 Uncle / Aunt | 13 Adopted / Foster/ | 96 Other (Not related) | 02 Spouse/Partner | 05 Grandchild | 08 Brother / Sister | 11 Niece /Nephew | Stepchild | 98 DK | 03 Son / Daughter | 06 Parent | 09 Brother-In-Law / Sister-In-Law | 12 Other relative | 14 Servant (Live-in) | |
| 01 Head | 04 Son-In-Law / Daughter-In-Law | 07 Parent-In-Law | 10 Uncle / Aunt | 13 Adopted / Foster/ | 96 Other (Not related) | | | | | | | | | | | | | | | | | | |
| 02 Spouse/Partner | 05 Grandchild | 08 Brother / Sister | 11 Niece /Nephew | Stepchild | 98 DK | | | | | | | | | | | | | | | | | | |
| 03 Son / Daughter | 06 Parent | 09 Brother-In-Law / Sister-In-Law | 12 Other relative | 14 Servant (Live-in) | | | | | | | | | | | | | | | | | | | |

| HL1. Line no. | For children age 0-17 years | | | | | | For children age 0-14 | |
|------------------|-----------------------------|--|--|--|--|--|--|--|
| | HL2. NAME | HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i> | HL11. IS (name)'S NATURAL MOTHER ALIVE? | HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? | HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? | HL13. IS (name)'S NATURAL FATHER ALIVE? | HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? | HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? |
| Line | Name | Age | Y N DK | Mother | Y N DK | Father | Mother | |
| 01 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 02 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 03 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 04 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 05 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 06 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 07 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 08 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 09 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 8 |
| 10 | | — | 1 2 8 | — | 1 2 3 8 | 1 2 8 | — | 1 2 3 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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man'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.

| EDUCATION | | For household members age 5 and above | | | | | For household members age 5-24 years | | | | | ED | |
|---------------------|--|--|---|--|--|--|---|--|----|--------|-------|--------|-------|
| ED1. Line number | ED2. Name and age <i>Copy from HL2 and HL6</i> | ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? | ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? | ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? | ED5. DURING THE 2015-16 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? | ED7. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? | ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? | | | | | |
| Line | Name | Age | Yes | No | Level* | Grade | Yes | No | DK | Level* | Grade | Level* | Grade |
| 01 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 02 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 03 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 04 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 05 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 06 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 07 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 08 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 09 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |
| 10 | | ___ | 1 | 2 | ___ | ___ | 1 | 2 | 8 | ___ | ___ | ___ | ___ |

| | | | |
|---|---|--|---|
| * Codes for ED4A, ED6, ED8: Level of education | 00 Pre-school 01 Primary 02 Secondary | 03 Associate / Commercial college degree 04 Diploma 05 Bachelor degree | 06 Master degree 07 Doctoral degree 98 DK |
|---|---|--|---|

| SELECTION OF ONE CHILD FOR CHILD DISCIPLINE | | | | | SL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SL1. Check HL6 in the List of Household Members and write the total number of children age 1-14 years. | | | | Total number — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SL2. Check the number of children age 1-14 years in SL1:</p> <p><input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.</p> <p><input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.</p> <p><input type="checkbox"/> Two or more ⇒ Continue with SL2A.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SL2A. List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SL3. Rank number</th> <th style="width: 10%;">SL4. Line number from HL1</th> <th style="width: 30%;">SL5. Name from HL2</th> <th colspan="2" style="width: 15%;">SL6. Sex from HL4</th> <th style="width: 15%;">SL7. Age from HL6</th> </tr> <tr> <th>Rank</th> <th>Line</th> <th>Name</th> <th>M</th> <th>F</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>1</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>2</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>3</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>4</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>5</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>6</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>7</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> <tr><td>8</td><td>— —</td><td></td><td>1</td><td>2</td><td>— —</td></tr> </tbody> </table> | | | | | | SL3. Rank number | SL4. Line number from HL1 | SL5. Name from HL2 | SL6. Sex from HL4 | | SL7. 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 | — — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SL3. Rank number | SL4. Line number from HL1 | SL5. Name from HL2 | SL6. Sex from HL4 | | SL7. 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 | — — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SL8. 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.</p> <p>Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below.</p> <p>Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Last Digit of Household Number (from HH2)</th> <th colspan="7">Total Number of Eligible Children in the Household (from SL1)</th> </tr> <tr> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8+</th> </tr> </thead> <tbody> <tr><td>0</td><td>2</td><td>2</td><td>4</td><td>3</td><td>6</td><td>5</td><td>4</td></tr> <tr><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td><td>6</td><td>5</td></tr> <tr><td>2</td><td>2</td><td>1</td><td>2</td><td>5</td><td>2</td><td>7</td><td>6</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>3</td><td>1</td><td>3</td><td>1</td><td>7</td></tr> <tr><td>4</td><td>2</td><td>3</td><td>4</td><td>2</td><td>4</td><td>2</td><td>8</td></tr> <tr><td>5</td><td>1</td><td>1</td><td>1</td><td>3</td><td>5</td><td>3</td><td>1</td></tr> <tr><td>6</td><td>2</td><td>2</td><td>2</td><td>4</td><td>6</td><td>4</td><td>2</td></tr> <tr><td>7</td><td>1</td><td>3</td><td>3</td><td>5</td><td>1</td><td>5</td><td>3</td></tr> <tr><td>8</td><td>2</td><td>1</td><td>4</td><td>1</td><td>2</td><td>6</td><td>4</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>3</td><td>7</td><td>5</td></tr> </tbody> </table> | | | | | | Last Digit of Household Number (from HH2) | Total Number of Eligible Children in the Household (from SL1) | | | | | | | 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 |
| Last Digit of Household Number (from HH2) | Total Number of Eligible Children in the Household (from SL1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.</p> | | | | Rank number — Line number — — Name _____ Age — — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CHILD DISCIPLINE | | CD |
|---|---|--------|
| CD2. Write the line number and name of the child from SL9. | Line number | |
| | Name | |
| CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH. | | Yes No |
| [A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE. | Took away privileges..... | 1 2 |
| [B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG. | Explained wrong behaviour..... | 1 2 |
| [C] SHOOK HIM/HER. | Shook him/her | 1 2 |
| [D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER. | Shouted, yelled, screamed | 1 2 |
| [E] GAVE HIM/HER SOMETHING ELSE TO DO. | Gave something else to do | 1 2 |
| [F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND. | Spanked, hit, slapped on bottom with bare hand | 1 2 |
| [G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT. | Hit with belt, hairbrush, stick, or other hard object | 1 2 |
| [H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT. | Called dumb, lazy, or another name | 1 2 |
| [I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS. | Hit / slapped on the face, head or ears | 1 2 |
| [J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG. | Hit / slapped on hand, arm or leg | 1 2 |
| [K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD. | Beat up, hit over and over as hard as one could..... | 1 2 |
| CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED? | Yes | 1 |
| | No..... | 2 |
| | DK / No opinion | 8 |

| HOUSEHOLD CHARACTERISTICS | | HC |
|---|--|----|
| HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD? | Buddhism..... 1 Islam2 Christianity.....3 Other religion (<i>specify</i>) _____ 6 No religion7 | |
| 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/Yawee05 Lao.....06 English.....07 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 Rudimentary floor Wood planks.....21 Palm / Bamboo22 Finished floor Parquet or polished wood.....31 Vinyl or asphalt strips32 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 Thatch / Palm leaf..... 12 Rudimentary roofing Wood planks.....23 Finished roofing Metal / Tin / Alloy31 Ceramic tiles.....34 Cement.....35 Other (<i>specify</i>) _____ 96 | |

| <p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p> | <p>Natural walls Cane / Palm / Trunks 12</p> <p>Rudimentary walls Bamboo with mud 21 Plywood 24 Reused wood 26</p> <p>Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 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 Charcoal 07 Wood 08</p> <p>No food cooked in household 95</p> <p>Other (<i>specify</i>) 96</p> | <p>01⇒HC8 02⇒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</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>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] AN ELECTRIC FAN?</p> <p>[G] A WASHING MACHINE?</p> <p>[H] AN OVEN/MICROWAVE OVEN?</p> <p>[I] A COMPUTER?</p> <p>[J] A TABLET?</p> <p>[K] A VCD/DVD PLAYER?</p> <p>[L] A BLU-RAY PLAYER?</p> <p>[M] AN AIR CONDITIONER?</p> <p>[N] A TELEVISION (PLAIN MONITOR)?</p> <p>[O] A TELEVISION (LCD/LED/PLASMA MONITOR)?</p> <p>[P] A CHARCOAL STOVE?</p> <p>[Q] A WATER COOLER?</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>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> <tr> <td>Oven/Microwave oven.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tablet.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VCD/DVD player.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLU-RAY player</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television (Plain).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television (LCD/LED/Plasma).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Charcoal stove.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water cooler</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | Yes | No | Electricity | 1 | 2 | Radio | 1 | 2 | Non-mobile telephone | 1 | 2 | Refrigerator..... | 1 | 2 | Electric fan..... | 1 | 2 | Washing machine | 1 | 2 | Oven/Microwave oven..... | 1 | 2 | Computer..... | 1 | 2 | Tablet..... | 1 | 2 | VCD/DVD player..... | 1 | 2 | BLU-RAY player | 1 | 2 | Air conditioner..... | 1 | 2 | Television (Plain)..... | 1 | 2 | Television (LCD/LED/Plasma)..... | 1 | 2 | Charcoal stove..... | 1 | 2 | Water cooler | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-mobile telephone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refrigerator..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electric fan..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washing machine | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oven/Microwave oven..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Computer..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tablet..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VCD/DVD player..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLU-RAY player | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air conditioner..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television (Plain)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television (LCD/LED/Plasma)..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Charcoal stove..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water cooler | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|-----|----|-------------|---|---|---------------|---|---|-------------------|---|---|-----------------------|---|---|---------------------------|---|---|----------------------------|---|---|--------------------|---|---|-------------------|---|---|----------------------------|---|---|------------------------|---|---|--|
| [A] A WATCH? [C] A BICYCLE? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR? [H] TWO-WHEELED TRACTOR? [I] FOUR-WHEELED TRACTOR? [J] A TRADITIONAL MOBILE PHONE? [K] A SMART PHONE? [L] A MOTORCYCLE OR SCOOTER? [M] A SPORT MOTORCYCLE (BIG BIKE)? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Two-wheeled tractor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Four-wheeled tractor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile phone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Smart phone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sport motorcycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | Yes | No | Watch | 1 | 2 | Bicycle | 1 | 2 | Car / Truck | 1 | 2 | Boat with motor | 1 | 2 | Two-wheeled tractor | 1 | 2 | Four-wheeled tractor | 1 | 2 | Mobile phone | 1 | 2 | Smart phone | 1 | 2 | Motorcycle / Scooter | 1 | 2 | Sport motorcycle | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Watch | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bicycle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car / Truck | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boat with motor | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Two-wheeled tractor | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Four-wheeled tractor | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile phone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smart phone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motorcycle / Scooter | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sport motorcycle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i> | Own 1 Rent 2 Other (<i>specify</i>) 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE? | Yes 1 No 2 | 2⇒HC13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC12. HOW MANY RAIS OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record "95". If unknown, record "98".</i> | Rais ____ ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY? | Yes 1 No 2 | 2⇒HC15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] DUCKS OR GEESE? <i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i> | Cattle, milk cows, or bulls ____ ____ Horses, donkeys, or mules ____ ____ Goats ____ ____ Sheep ____ ____ Chickens ____ ____ Pigs ____ ____ Ducks or geese ____ ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|-----------|---|--|
| HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT? | Yes | 1 | |
| | No | 2 | |
| HC16. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A CREDIT CARD? | Yes | 1 | |
| | No | 2 | |

| WATER AND SANITATION | | WS |
|--|---|--------|
| WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD? | Piped water | |
| | Piped into dwelling..... 11 | 11⇒WS6 |
| | Piped into compound, yard or plot..... 12 | 12⇒WS6 |
| | Piped to neighbour..... 13 | 13⇒WS6 |
| | Public tap / standpipe 14 | 14⇒WS3 |
| | Tube Well, Borehole 21 | 21⇒WS3 |
| | Dug well | |
| | Protected well 31 | 31⇒WS3 |
| | Unprotected well 32 | 32⇒WS3 |
| | Water from spring | |
| | Protected spring..... 41 | 41⇒WS3 |
| | Unprotected spring 42 | 42⇒WS3 |
| | Rainwater collection..... 51 | 51⇒WS3 |
| | Tanker-truck..... 61 | 61⇒WS3 |
| | Cart with small tank / drum 71 | 71⇒WS3 |
| | Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 | 81⇒WS3 |
| Bottled water 91 | | |
| Other (<i>specify</i>) 96 | 96⇒WS3 | |
| WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING? | Piped water | |
| | Piped into dwelling..... 11 | 11⇒WS6 |
| | Piped into compound, yard or plot..... 12 | 12⇒WS6 |
| | Piped to neighbour..... 13 | 13⇒WS6 |
| | 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 | | |
| WS3. WHERE IS THAT WATER SOURCE LOCATED? | In own dwelling 1 | 1⇒WS6 |
| | In own yard / plot 2 | 2⇒WS6 |
| | Elsewhere 3 | |
| 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 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 not possible to determine, 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> | |

| HANDWASHING | HW | |
|--|--|---|
| <p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p> | <p>Observed 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason (specify) _____ 6</p> | <p>2 ⇨ HW4</p> <p>3 ⇨ HW4</p> <p>6 ⇨ HW4</p> |
| <p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p> | <p>Water is available 1</p> <p>Water is not available 2</p> | |
| <p>HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p> | <p>Yes, present 1</p> <p>No, not present 2</p> | <p>2 ⇨ HW4</p> |
| <p>HW3B. <i>Record your observation.</i></p> <p><i>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>A ⇨ HH19</p> <p>B ⇨ HH19</p> <p>C ⇨ HH19</p> <p>D ⇨ HH19</p> |
| <p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p> | <p>Yes 1</p> <p>No 2</p> | <p>2 ⇨ HH19</p> |
| <p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p> | <p>Yes, shown 1</p> <p>No, not shown 2</p> | <p>2 ⇨ HH19</p> |
| <p>HW5B. <i>Record your observation.</i></p> <p><i>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> | |

| | |
|-------------------------------|------------------------------------|
| HH19. Record the time. | Hour and minutes ____ : ____ |
|-------------------------------|------------------------------------|

| SALT IODIZATION | | SI |
|---|---|--|
| <p>WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p> | | |
| SI1. 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 4 Salt not tested (specify reason) _____ 5 | 2⇒HH20 3⇒HH20 4⇒HH20 5⇒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 | |

| |
|--|
| <p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> has been issued for each woman age 15-49 years in the List of Household Members (HL7).</p> <p><input type="checkbox"/> A separate <i>Questionnaire for Individual Men</i> has been issued for each man age 15-49 years in the List of Household Members (HL7A).</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> has been issued for each child under age 5 years in the List of Household Members (HL7B).</p> <p><i>Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p> |
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Interviewer's Observations



Supervisor's Observations

