

STATE COMMITTEE ON
STATISTICS OF REPUBLIC
OF TAJIKISTAN



UNICEF OFFICE
IN THE REPUBLIC OF
TAJKISTAN

① household questionnaire ①

WE ARE FROM THE STATE COMMITTEE ON STATISTICS AND CONDUCTING SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban 1 Rural 2	HH7. Region: Dushanbe 1 Khatlon 2 Sugd 3 DRD 4 GBAO 5	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH11. Total number of household members: _____		
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16A. Name and line of editor: Name _____	Editing date and signature: _____	
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM										HL	
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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used <input type="checkbox"/>										For children age 0-17 years ask HL9-HL12	
Eligible for:											
WOMEN'S INTERVIEW			CHILD LABOUR MODULE			UNDER-5 INTERVIEW					
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. HOW OLD IS (name)?	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL9. Is (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	— —	01	— —	— —	1 2 8	— —	1 2 8	— —
02		— —	1 2	— —	02	— —	— —	1 2 8	— —	1 2 8	— —
03		— —	1 2	— —	03	— —	— —	1 2 8	— —	1 2 8	— —
04		— —	1 2	— —	04	— —	— —	1 2 8	— —	1 2 8	— —
05		— —	1 2	— —	05	— —	— —	1 2 8	— —	1 2 8	— —
06		— —	1 2	— —	06	— —	— —	1 2 8	— —	1 2 8	— —
07		— —	1 2	— —	07	— —	— —	1 2 8	— —	1 2 8	— —
08		— —	1 2	— —	08	— —	— —	1 2 8	— —	1 2 8	— —
09		— —	1 2	— —	09	— —	— —	1 2 8	— —	1 2 8	— —
10		— —	1 2	— —	10	— —	— —	1 2 8	— —	1 2 8	— —
11		— —	1 2	— —	11	— —	— —	1 2 8	— —	1 2 8	— —

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
12			1 2		12			1 2 8		1 2 8	
13			1 2		13			1 2 8		1 2 8	
14			1 2		14			1 2 8		1 2 8	
15			1 2		15			1 2 8		1 2 8	
16			1 2		16			1 2 8		1 2 8	
17			1 2		17			1 2 8		1 2 8	
18			1 2		18			1 2 8		1 2 8	
19			1 2		19			1 2 8		1 2 8	
20			1 2		20			1 2 8		1 2 8	
21			1 2		21			1 2 8		1 2 8	
22			1 2		22			1 2 8		1 2 8	
23			1 2		23			1 2 8		1 2 8	
24			1 2		24			1 2 8		1 2 8	
ARE THERE ANY OTHER PERSONS LIVING HERE -- EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below.											
					Women 15-49	Children 5-14	Under-5s				
Totals											

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the 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 the Questionnaire for Children Under 5.
 You should now have a separate questionnaire for each eligible woman and each child under 5 in the household.

- * Codes for HL3: Relationship to head of household:
- 01 = Head
 - 02 = Wife or Husband
 - 03 = Son or Daughter
 - 04 = Son or Daughter-In-Law
 - 05 = Grandchild
 - 06 = Parent
 - 07 = Parent-In-Law
 - 08 = Brother or Sister
 - 09 = Brother or Sister-In-Law
 - 10 = Uncle/Aunt
 - 11 = Niece/Nephew by Blood
 - 12 = Niece/Nephew by Marriage
 - 13 = Other Relative
 - 14 = Adopted/Foster/Stepchild
 - 15 = Not Related
 - 98 = Don't Know

EDUCATION MODULE		ED									
		For household members age 5 and above					For household members age 5-24 years				
ED1. Line no.	ED1A. Name	ED1B Age	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	LEVEL:	GRADE/COURSE
			1 YES ⇨ ED3 2 NO ⇨ NEXT LINE	LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>	1 YES 2 NO ⇨ ED7	Insert number of days. If not all week was school days, write "9"	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY(GRADE 1-4) 2 SECONDARY(GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK		
LINE	AGE	YES NO	LEVEL	GRADE/COURSE	YES NO	DAYS	LEVEL	Y N DK	LEVEL	GRADE/COURSE	
01		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
02		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
03		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
04		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
05		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
06		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
07		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
08		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
09		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
10		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	
11		1 2⇨NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	___	

		For household members age 5 and above				For household members age 5-24 years			
ED1A. Name	ED1B Age	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?	
LINE	AGE	YES NO	LEVEL GRADE	YES NO	DAYS	LEVEL GRADE	Y N DK	LEVEL GRADE	
ED1. Line NO		1 YES ⇔ ED3 2 NO ⇔ NEXT LINE	LEVEL: 0 PRE-SCHOOL/KINDERGARTEN 1 PRIMARY (GRADE 1-4) 2 SECONDARY (GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK IF LESS THAN 1 GRADE, ENTER 00.	1 YES 2 NO ⇔ ED7	INSERT NUMBER OF DAYS .IF NOT ALL WEEK WAS SCHOOL DAYS, WRITE "9"	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	1 YES 2 NO ⇔ NEXT LINE 8 DK ⇔ NEXT LINE	LEVEL: 0 PRESCHOOL/KINDERGARTEN 1 PRIMARY (GRADE 1-4) 2 SECONDARY (GRADE 5-11) 3 SECONDARY SPECIAL 4 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	
12		1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	
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23		1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	
24		1 2⇔NEXT LINE	0 1 2 3 4 6 8	1 2		0 1 2 3 4 6 8	1 2 8	0 1 2 3 4 6 8	

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling	11 11⇒WS5
	Piped into yard or plot	12 12⇒WS5
	Public tap/standpipe.....	13
	Tubewell/borehole.....	21
	Dug well	
	Protected well.....	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring.....	42 ⇒WS3
	Rainwater collection.....	51
	Tanker truck	61
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Bottled water	91	
Other (<i>specify</i>)	96 96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling	11 11⇒WS5
	Piped into yard or plot	12 12⇒WS5
	Public tap/standpipe.....	13
	Tubewell/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. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	___ _
	Water on premises.....	995 995⇒WS5
	DK	998
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman	1
	Adult man	2
	Female child (under 15).....	3
	Male child (under 15)	4
	DK	8
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes	1
	No.....	2 2⇒WS7
	DK	8 8⇒WS7

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Bucket 41</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Tajik..... 1 Uzbek 2 Russian 3 Kirgiz 4 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms _ _	
HC3. Main material of the dwelling floor: Record observation.	Natural floor Earth/sand 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Linoleum/ vinyl tiles..... 32 Ceramic tiles 33 Cement/concrete..... 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing Straw/reed..... 12 Dirt..... 14 Rudimentary roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood..... 32 Calamine 33 Cement/concrete..... 35 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls Dirt..... 13 Rudimentary walls Stone with mud 22 Uncovered adobe..... 23 Plywood..... 24 Reused wood 26 Finished walls Cement..... 31 Stone with lime/cement..... 32 Bricks 33 Cement blocks 34 Covered adobe..... 35 Wood planks/shingles 36 Other (<i>specify</i>) 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG)..... 02 Natural gas..... 03 Kerosene..... 05 Coal 06 Wood..... 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8																																																
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire 1 Open stove..... 2 Closed stove 3 Other (<i>specify</i>) 6																																																	
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes 1 No..... 2																																																	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building..... 2 Outdoors 3 Other (<i>specify</i>) 6																																																	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? AN ELECTRIC WATER HEATER? TABLE? CHAIR? MIRROR? WASHING MACHINE? VACUUM CLEANER? VCR? CUPBOARD? FURNITURE?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Radio.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Television.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Mobile telephone.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Non-mobile telephone.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Refrigerator.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Electric water heater.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Table.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Chair.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Mirror.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Washing machine.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Vacuum cleaner.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>VCR.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Cupboard.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Furniture.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile telephone.....	1	2	Non-mobile telephone.....	1	2	Refrigerator.....	1	2	Electric water heater.....	1	2	Table.....	1	2	Chair.....	1	2	Mirror.....	1	2	Washing machine.....	1	2	Vacuum cleaner.....	1	2	VCR.....	1	2	Cupboard.....	1	2	Furniture.....	1	2	
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HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? COMPUTER? TRACTOR/COMBINE	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="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>Motorcycle/scooter.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Animal-drawn cart.....</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>Computer.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Tractor/combine.....</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	Motorcycle/scooter.....	1	2	Animal-drawn cart.....	1	2	Car/truck.....	1	2	Computer.....	1	2	Tractor/combine.....	1	2																									
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Tractor/combine.....	1	2																																																

ADDITIONAL HOUSEHOLD CHARACTERISTICS

<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE?</p> <p>IF 1 OR MORE HECTARES, CYCLE "1" AND RECORD HECTARES</p> <p>IF LESS 1 HECTARES, CYCLE "2" AND RECORD NUMBER OF SOTS</p> <p><i>If more than 97, record '97'.</i> <i>If unknown, cycle '98'.</i></p>	<p>If ≥ 1 hectares 1. ___ ___</p> <p>If < 1 hectares, sots 2. ___ ___</p> <p>Unknown 998</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes 1 No 2</p>	<p>2⇒NEXT MODULE</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>CATTLE?</p> <p>MILK COWS OR BULLS?</p> <p>HORSES, DONKEYS, OR MULES?</p> <p>GOATS?</p> <p>SHEEP?</p> <p>CHICKENS?</p> <p>RABBITS?</p> <p>PIGS?</p> <p><i>If none, record '00'.</i> <i>If more than 97, record '97'.</i> <i>If unknown, record '98'.</i></p>	<p>Cattle ___ ___</p> <p>Milk cows or bulls ___ ___</p> <p>Horses, donkeys, or mules ___ ___</p> <p>Goats ___ ___</p> <p>Sheep ___ ___</p> <p>Chickens ___ ___</p> <p>Rabbits ___ ___</p> <p>Pigs ___ ___</p>	

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2 → NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS: <i>If possible, observe the net to verify brand.</i>		
PRE-TREATED NETS TN3P1. NETS BRAND RECEIVED FROM ACTED?	PRE-TREATED NET NETS FROM ACTED 1 2 8	Y N DK
OTHER NETS: TN3O3. OTHER NETS BRAND?	Other nets Other nets (specify) 1 2	
TN3O4. UNKNOWN NETS BRAND	Unknown brand 1 2	
TN3A. WHERE DID YOU GET THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET? <i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i>	Public sector Govt. hospital 11 Govt. health centre 12 Govt. health post 13 Village health worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Traditional practitioner 33 Humanitarian aid 34 Other (specify) 96 DK 98	

<p>TN3B. HOW MUCH DID YOU PAY FOR THE (NAME OF NET HIGHEST IN THE LIST OF NETS AVAILABLE IN THE HOUSEHOLD, IN TN3) MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Somoni..... _____</p> <p>Free..... 9996</p> <p>DK..... 9998</p>	
<p>TN4. Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:</p> <p>1. <input type="checkbox"/> Pre-treated net received from ACTED mentioned? ⇒ Go to TN6</p> <p>2. <input type="checkbox"/> Other net (brand E, brand F or any other net, or an unknown brand) mentioned? ⇒ Continue with TN5</p>		
<p>TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK/not sure..... 8</p>	
<p>TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED?</p> <p><i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _____</p> <p>More than 24 months ago..... 95</p> <p>Not sure..... 98</p>	
<p>TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>DK..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE?</p> <p><i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... _____</p> <p>More than 24 months ago..... 95</p> <p>Not sure..... 98</p>	

CHILD LABOUR MODULE											CL				
<p>To be administered to mother/caretaker of each child in the household age 5 through 14 years. Check household information panel HL7. Copy line numbers each eligible for interview children from household information panel. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p>															
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5	CL4. <i>If yes: 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> <i>If more than one job, include all hours at all jobs.</i> Record response then ⇒ CL.6	CL5. AT ANY TIME DURING THE PAST YEAR, 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	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8	CL7. <i>If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?</i>	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE	CL9. <i>If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?</i>							
LINE NO.	NAME	YES PAID	UNPAID	NO	NO. HOURS	YES PAID	UNPAID	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS
01		1	2	3	—	1	2	3	—	1	2	—	1	2	—
02		1	2	3	—	1	2	3	—	1	2	—	1	2	—
03		1	2	3	—	1	2	3	—	1	2	—	1	2	—
04		1	2	3	—	1	2	3	—	1	2	—	1	2	—
05		1	2	3	—	1	2	3	—	1	2	—	1	2	—
06		1	2	3	—	1	2	3	—	1	2	—	1	2	—
07		1	2	3	—	1	2	3	—	1	2	—	1	2	—
08		1	2	3	—	1	2	3	—	1	2	—	1	2	—
09		1	2	3	—	1	2	3	—	1	2	—	1	2	—
10		1	2	3	—	1	2	3	—	1	2	—	1	2	—
11		1	2	3	—	1	2	3	—	1	2	—	1	2	—

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5			CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇨ CL.6</i>			CL5. AT ANY TIME DURING THE PAST YEAR, 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			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8			CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?			CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇨ NEXT LINE			CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?		
		PAID	UNPAID	NO	NO. HOURS	PAID	UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS					
12		1	2	3				1	2	3	1	2				1	2					
13		1	2	3				1	2	3	1	2				1	2					
14		1	2	3				1	2	3	1	2				1	2					
15		1	2	3				1	2	3	1	2				1	2					
16		1	2	3				1	2	3	1	2				1	2					
17		1	2	3				1	2	3	1	2				1	2					
18		1	2	3				1	2	3	1	2				1	2					
19		1	2	3				1	2	3	1	2				1	2					
20		1	2	3				1	2	3	1	2				1	2					
21		1	2	3				1	2	3	1	2				1	2					
22		1	2	3				1	2	3	1	2				1	2					
23		1	2	3				1	2	3	1	2				1	2					
24		1	2	3				1	2	3	1	2				1	2					

CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE for Child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	___		1	2	___	___	
02	___		1	2	___	___	
03	___		1	2	___	___	
04	___		1	2	___	___	
05	___		1	2	___	___	
06	___		1	2	___	___	
07	___		1	2	___	___	
08	___		1	2	___	___	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___	___

CD7A. Check CD7:

- No children age 2-14 yrs in this HH
⇒ Go to Maternal Mortality Module
- Only one child age 2-14 yrs in this HH
⇒ Go to CD11
- Two and more children age 2-14 yrs in this HH
⇒ Go to table 2

TABLE 2: Selection of random child for Child Discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8. Last digit of the household number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child
from table 2 above

Rank number of child ___

CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

MATERNAL MORTALITY MODULE**MM**

Administer to each adult household member age 19 – 59 yrs. Copy name and line number of each adult (age 15-59) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, and more than 60 yrs leave rows blank...

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HLI)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?
LINE	NAME	Y N	LINE	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW
01		1 2	---	---	---	---	---	---
02		1 2	---	---	---	---	---	---
03		1 2	---	---	---	---	---	---
04		1 2	---	---	---	---	---	---
05		1 2	---	---	---	---	---	---
06		1 2	---	---	---	---	---	---
07		1 2	---	---	---	---	---	---
08		1 2	---	---	---	---	---	---
09		1 2	---	---	---	---	---	---
10		1 2	---	---	---	---	---	---
11		1 2	---	---	---	---	---	---

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HLI)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY?
Line	Name	Y N	Line	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW
12		1 2	--	--	--	--	--	--
13		1 2	--	--	--	--	--	--
14		1 2	--	--	--	--	--	--
15		1 2	--	--	--	--	--	--
16		1 2	--	--	--	--	--	--
17		1 2	--	--	--	--	--	--
18		1 2	--	--	--	--	--	--
19		1 2	--	--	--	--	--	--
20		1 2	--	--	--	--	--	--
21		1 2	--	--	--	--	--	--
22		1 2	--	--	--	--	--	--
23		1 2	--	--	--	--	--	--
24		1 2	--	--	--	--	--	--

SALT IODIZATION MODULE		SI
SI1A. DID YOU EVER HEARD ABOUT IODIZATION OF COOKING SOLT?	Yes 1 No..... 2 Don't know 8	
SI1B. WHY DO YOU THINK IT IS NECESSARY TO USE IODAZIED SALT?	Prevents from goitre.....A Prevents disorders in the development of foetus during pregnancy B Prevents from brain damage/intellect decrement C Other(specify).....X Don't know Z	
SI1C. WHAT KIND OF SALT DO YOU USUALLY USE FOR DAILY PREPARATION OF FOOD?	Iodized..... 1 Not iodized 2 Don't know 8	
SI1D. THE LAST TIME YOU BOUGHT SALT, WHAT KIND OF PACKAGE WAS IT IN, A BOX, A BAG OR BY THE KILO (NO PACKAGE)? <i>If bag, ask:</i> WAS IT IN AN INDUSTRIAL BAG WITH A LABEL, OR RE-PACKAGED IN A BAG WITH NO LABEL?	A box 1 Industrial bag with the label 2 Re-packaged in a bag with no label..... 3 by the kilo (no package)..... 4 Other(specify)..... 6	
SI1E. THE LAST TIME YOU BOUGHT SALT, IN WHAT QUANTITY DID YOU BUY IT IN?	< 1 kg 1 2 kg 2 4 - 5 kg 3 10 - 25 kg 4 > 50 kg 5	
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?	Not iodized 0 PPM 1 Less than 15 PPM..... 2 15 PPM or more 3 No salt in home 6 Salt not tested 7	
<i>Once you have examined the salt, Circle number that corresponds to test outcome.</i>		

SI2. Does any eligible woman age 15-49 reside in the household?

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN
To administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE
To administer the questionnaire to caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation.

Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.