

Appendix F1. Household Questionnaire



HOUSEHOLD QUESTIONNAIRE

2015 TURKMENISTAN MULTIPLE INDICATOR CLUSTER SURVEY

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: _____ / _____ / 201_____		HH7. Region: Ashgabat city 1 Ahal velayat 2 Balkan velayat 3 Dashoguz velayat 4 Lebap velayat 5 Mary velayat 6
HH6. Area: Urban 1 Rural 2		
<p>WE ARE FROM THE STATE STATISTICS COMMITTEE OF TURKMENISTAN. 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>		
<p>HH9. Result of household interview:</p> <p>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 (specify) 96</p>		

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:
Name _____

HH11. Total number of household members: _____

HH12. Number of women age 15-49 years: _____

HH14. Number of children under age 5: _____

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's questionnaires completed: _____

HH15. Number of under-5 questionnaires completed: _____

HH18. Record the time.

Hour.....

Minutes.....

LIST OF HOUSEHOLD MEMBERS

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?
 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.

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	For women age 15-49	For children age 0-4	For children age 0-17 years					For Children age 0-14	
			1 Male	2 Female	98 DK	9998 DK	Record in complete d years. If age is 95 or above, record '95'.	Circle line no. if woman age 15-49.	Circle line no. if age 0-4.	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M	F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Father	Mother		
01		01	1	2	___	___	___	01	01	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
02		___	1	2	___	___	___	02	02	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
03		___	1	2	___	___	___	03	03	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
04		___	1	2	___	___	___	04	04	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
05		___	1	2	___	___	___	05	05	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
06		___	1	2	___	___	___	06	06	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
07		___	1	2	___	___	___	07	07	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
08		___	1	2	___	___	___	08	08	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
09		___	1	2	___	___	___	09	09	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___
10		___	1	2	___	___	___	10	10	1 2 8	___	1 2 3 8	1 2 8	___	1 2 3 8	___

11		___	___	1	2	___	___	___	11	11	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
12		___	___	1	2	___	___	___	12	12	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
13		___	___	1	2	___	___	___	13	13	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
14		___	___	1	2	___	___	___	14	14	1 2 8	___	___	1 2 3 8	1 2 8	___	___	1 2 3 8	___	___
15		___	___	1	2	___	___	___	15	15	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 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	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse/Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION

ED

			For household members age 5 and above					For household members age 5-24 years															
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool/ Kindergarten 1 Secondary (1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, skip to ED5.				ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade: 98 DK If the first grade at this level is not completed, enter "00".		ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool/ Kindergarten 1 Secondary(1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, skip to ED7.				ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No 8 DK Next Line Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool/ Kindergarten 1 Secondary(1-11) 2 Primary vocational 3 Secondary vocational 4 Higher 8 DK If level=0, go to next line.			
			Yes	No	Level	Grade	Yes	No	Level	Grade	Yes	No	DK	Level	Grade								
01			1	2	0 1 2 3 4 8			1	2	0 1 2 3 4 8			1	2	8	0 1 2 3 4 8							
02			1	2	0 1 2 3 4 8			1	2	0 1 2 3 4 8			1	2	8	0 1 2 3 4 8							
03			1	2	0 1 2 3 4 8			1	2	0 1 2 3 4 8			1	2	8	0 1 2 3 4 8							
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14			1	2	0 1 2 3 4 8			1	2	0 1 2 3 4 8			1	2	8	0 1 2 3 4 8							
15			1	2	0 1 2 3 4 8			1	2	0 1 2 3 4 8			1	2	8	0 1 2 3 4 8							

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number

SL2. Check the number of children age 1-17 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- Two or more ⇒ Continue with SL2A.

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

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	___

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.

Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below.

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

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

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.

Rank number

Line number

Name

Age

CHILD LABOUR		CL															
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module. <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.																	
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot/farm/food garden/looked after animals.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family/relative's business/ran own business.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce/sell articles/handicrafts/clothes/food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Worked on plot/farm/food garden/looked after animals.....	1	2	Helped in family/relative's business/ran own business.....	1	2	Produce/sell articles/handicrafts/clothes/food or agricultural products	1	2	Any other activity	1	2	
	Yes	No															
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Any other activity	1	2															
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours																
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No..... 2	1 ⇒ CL8															
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No..... 2	1 ⇒ CL8															

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No..... 2</p> <p>Yes 1 No..... 2</p> <p>Yes 1 No..... 2</p> <p>Yes 1 No..... 2</p> <p>Yes 1 No..... 2</p> <p>Yes 1 No..... 2</p>	<p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p> <p>1⇒ CL8</p>																								
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for old/sick</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking/cleaning utensils/house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old/sick	1	2	Other household tasks	1	2	
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<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>																										
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name)</u> IN THE PAST MONTH.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[B] EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE 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.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER 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
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Turkmen 1 Uzbek 2 Russian 3 Other language (<i>specify</i>) 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood / laminate..... 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Wall-to-wall carpet..... 35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Rudimentary roofing Wood planks 23 Finished roofing Metal / Tin / metal slate 31 Wood 32 Ceramic tiles 34 Cement..... 35 Asbestos slate 37 Ruberoid..... 38 Other (<i>specify</i>) 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Rudimentary walls Stone with mud 22 Reused wood 26 Finished walls Cement..... 31 Stone with lime / cement 32 Bricks..... 33 Cement blocks 34 Covered adobe..... 35 Wood planks / shingles 36 Monolithic concrete design..... 37 Plastered wall 38 Wall sheeted with marble tile / Alucobond..... 39 Other (<i>specify</i>) 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?	Electricity..... 01 Liquefied Petroleum Gas (LPG)..... 02 Natural gas..... 03 Kerosene..... 05 Coal / Lignite 06 Wood 08 No food cooked in household 95 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 05⇒HC8 95⇒HC8

<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house In a separate room used as kitchen..... 1 Elsewhere in the house..... 2 In a separate building..... 3 Outdoors 4</p> <p>Other (<i>specify</i>) _____ 6</p>																																																										
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION (NOT PLASMA AND NOT MESOMORPHIC)?</p> <p>[F] A PLASMA OR MESOMORPHIC (LCD) TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[G] AIR CONDITIONER?</p> <p>[H] WASHING MACHINE?</p> <p>[I] VACUUM CLEANER?</p> <p>[J] COMPUTER / NOTEBOOK?</p> <p>[K] VIDEO RECORDER OR DVD?</p> <p>[L] CASSETTE PLAYER OR CD PLAYER?</p> <p>[M] SEWING MACHINE?</p> <p>[N] FACTORY CARPET?</p> <p>[O] HANDMADE CARPET (WOOL OR SILK)?</p> <p>[P] SOFA?</p> <p>[Q] SIDEBOARD?</p> <p>[R] EMBROIDERY MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio... ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television (not plasma and not mesomorphic)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A plasma or mesomorphic (LCD) television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air Conditioner</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>Computer / Notebook</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Video recorder.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cassette player or CD Player</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sewing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Factory carpet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Handmade carpet (wool, silk).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sofa.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Sideboard.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Embroidery machine</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 (not plasma and not mesomorphic)	1	2	A plasma or mesomorphic (LCD) television.....	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	Air Conditioner	1	2	Washing machine.....	1	2	Vacuum cleaner	1	2	Computer / Notebook	1	2	Video recorder.....	1	2	Cassette player or CD Player	1	2	Sewing machine.....	1	2	Factory carpet	1	2	Handmade carpet (wool, silk).....	1	2	Sofa.....	1	2	Sideboard.....	1	2	Embroidery machine	1	2	
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	Yes	No	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [H] A PASSENGER CAR? [I] TRUCK? [J] TRACTOR / COMBINE HARVESTER? [K] TABLET?	Watch 1 Mobile telephone..... 1 Bicycle..... 1 Motorcycle / Scooter 1 A passenger car 1 Truck 1 Tractor / Combine harvester 1 Tablet 1	2 2 2 2 2 2 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 a private individual, circle "3".</i> <i>If rented from the State or the State Institution, circle "4".</i> <i>For other responses, circle "6".</i>	Own..... 1 Rented from a private individual 3 Rented from the State or the State's Institution 4 Other (<i>specify</i>) 6		
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No..... 2		2⇒HC13
HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD HAVE? <i>If 1 hectare or more, circle '1' and record hectares.</i> <i>If 95 or more hectares, circle '1' and record '95'.</i> <i>If less than 1 hectare, circle '2' and record in ares.</i> <i>If less than 1 are, circle '2' and record '00'.</i> <i>If unknown, circle "998".</i>	Hectares 1 ____ Ares 2 ____ DK 998		
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes 1 No..... 2		2⇒HC15

<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] BULLS, COWS, HEIFERS, CALVES?</p> <p>[G] HORSES?</p> <p>[H] DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[I] OTHER POULTRY?</p> <p>[F] PIGS?</p> <p>[J] CAMELS?</p> <p>[K] RABBITS?</p> <p><i>If none, record "00". If 95 or more, record "95". If unknown, record "98".</i></p>	<p>Bulls, cows, heifers, calves __ __</p> <p>Horses, __ __</p> <p>Donkeys or mules __ __</p> <p>Goats __ __</p> <p>Sheep __ __</p> <p>Chickens __ __</p> <p>Other Poultry __ __</p> <p>Pigs __ __</p> <p>Camels __ __</p> <p>Rabbit __ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	

WATER AND SANITATION

WS

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

<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 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 or detergent 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>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT 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>	

HH19. Record the time.	Hour and minutes : ..	
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SALT IODIZATION		SI
<p>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 <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>First test for iodate using the blue-capped test kit and circle the appropriate response code.</i></p>	<p>Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) 5</p>	<p>2⇒HH20 3⇒HH20 4⇒HH20 5⇒HH20</p>
<p>SI2. THE SALT DID NOT REACT TO MY TEST, SO I WOULD LIKE TO PERFORM ONE OR TWO MORE TESTS ACCORDING TO THE METHOD OF TESTING THAT WE USE. MAY I HAVE ANOTHER SAMPLE OF THE SAME SALT?</p> <p><i>Use the re-check solution from the blue-capped test kit on the fresh sample and perform another test. Circle the appropriate response code.</i></p>	<p>Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>Salt not tested (specify reason) 5</p>	<p>2⇒HH20 3⇒HH20 5⇒HH20</p>
<p>SI3. Take a fresh sample and test for iodide using the red-capped test kit. Circle the appropriate response code.</p>	<p>Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>Salt not tested (specify reason) 5</p>	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7).</p> <p><input type="checkbox"/> A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE 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) 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>

Interviewer's Observations

Supervisor's Observations