

APPENDIX F

TRINIDAD AND TOBAGO QUESTIONNAIRES



Ministry of Social Development
in collaboration with
UNICEF and the Central Statistical Office



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. 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 AN ADULT AND 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. ED number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH4A. Start Date (Day/Month/Year) of interview: _____ / _____ / _____		
HH5. End Date (Day/Month/Year) of interview: _____ / _____ / _____		
HH 8. Name of head of household: _____		
After all questionnaires for the household have been completed, fill in the following information:		
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: _____	
HH12. No. of women eligible for interview: _____	HH11. Total number of household members: _____	
HH14. No. of children under age 5: _____	HH13. No. of women questionnaires completed: _____	
	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>		
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 10 household members. Tick here if continuation sheet used

LINE	NAME	REL.		AGE	WOMEN'S INTERVIEW		CHILD LABOUR MODULE		Eligible for:		For children age 0-17 years ask HL9-HL12				For all household members		
		M	F		15-49		UNDER-5 INTERVIEW	HL6	HL7	HL8	HL9	HL10	HL11	HL12	HC1A	HC1C	
01		0	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													

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-17: 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? 1 YES 2 NO 8 DK HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Yes Record Line no. of mother If No Record 00	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Yes Record Line no. of father If No Record 00	HC1A. WHAT IS THE RELIGION OF EACH PERSON IN THIS HOUSEHOLD?	HC1C. TO WHAT ETHNIC GROUP DOES EACH PERSON IN THIS HOUSEHOLD BELONG?						
LINE	NAME	REL.	M	F	AGE	MOTHER	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER	Y	N	DK	
10			1	2	15-49	10													
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.																			
Totals						Women 15-49	Children 5-14	Under-5s											
* 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 Five.																			
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 02 = Wife or Husband 03 = Son or Daughter 04 = Son-in-law or Daughter-in-law 05 = Grandchild 06 = Parent	07 = Parent-in-law 08 = Brother or Sister 09 = Brother-in-law 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
* Codes for HC1A: Religion		
01 = Anglican 02 = Baptist 03 = Hindu 04 = Muslim 05 = Jehovah Witness 06 = Methodist	07 = Moravian 08 = Pentecostal/Evangelical 09 = Presbyterian 10 = Roman Catholic 11 = Seventh Days Adventist	95 = No religion 96 = Other (specify) 98 = DK
* Codes for HC1C: Ethnic Group		
01 = African 02 = Indian 03 = Chinese 04 = Syrian/Lebanese	05 = Caucasian 06 = Mixed 07 = Not Stated 96 = Other (specify)	

WATER AND SANITATION MODULE **WS**

<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water Piped into dwelling..... 11 Piped into yard or plot.....12 Public tap/standpipe13 Private piped into dwelling.....22 Private piped into yard.....23 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 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→WS5 12→WS5 13→WS3 22→WS5 23→WS5 →WS3 96→WS3</p>
<p>WS2. WHAT IS THE MAIN 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 yard or plot.....12 Public tap/standpipe13 Private piped into dwelling.....22 Private piped into yard.....23 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 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→WS5 12→WS5 22→WS5 23→WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _ _ _ _ Water on premises995 DK.....998</p>	<p>995→WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person.</p>	<p>Adult woman..... 1 Adult man2 Female child (under 15).....3 Male child (under 15).....4 DK.....8</p>	

<p>WS5. Do you treat your water in any way to make it safer to drink?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2 → WS7 8 → WS7</p>
<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 Add bleach/chlorine..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.)..... D Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X 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 Flush to piped sewer system 11 Flush to septic tank..... 12 Flush to somewhere else..... 14 Flush to unknown place/not sure where/DK 15</p> <p>Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab..... 22 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 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 DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. IN THIS HOUSEHOLD, HOW MANY ROOMS DO HOUSEHOLD MEMBERS USE FOR THE PURPOSE OF SLEEPING?	No. of rooms	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Dirt/Tapia..... 13 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips..... 32 Ceramic tiles 33 Concrete 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Rudimentary Roofing Wood planks 23 Finished roofing Metal 31 Wood 32 Concrete..... 35 Roofing shingles 36 Clay tiles..... 37 Galvanized iron/Aluzinc 38 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls Dirt/Tapia..... 13 Rudimentary walls Plywood 24 Carton 25 Reused wood 26 Galvanized iron/Aluzinc 27 Finished walls Concrete 31 Stone with mortar 32 Bricks..... 33 Concrete blocks..... 34 Hollow clay blocks 37 Hollow clay/Concrete blocks(plastered) 38 Wood (e.g. cedar)..... 39 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 Wood 08 Other (<i>specify</i>) 96	01→HC8 02→HC8 03→HC8

<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire..... 1 Open stove 2 Closed stove..... 3 Other (<i>specify</i>) 6</p>	<p>3→HC8 6→HC8</p>																																													
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes..... 1 No..... 2</p>																																														
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house..... 1 In a separate building 2 Outdoors..... 3 Other (<i>specify</i>) 96</p>																																														
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p> <p>A STOVE?</p> <p>A WASHING MACHINE?</p> <p>A CLOTHES DRYER?</p> <p>A WATER HEATER (TANK/CANISTER)?</p> <p>A MICROWAVE OVEN?</p> <p>AN AIR CONDITION UNIT?</p> <p>INTERNET SERVICE?</p> <p>CABLE/DIRECT TV?</p> <p>A DVD PLAYER?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr><td>Electricity</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Radio</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Television.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Non-Mobile Telephone.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Refrigerator.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Stove</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Washing Machine</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Clothes Dryer.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Water Heater</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Microwave Oven.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Air Condition Unit.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Internet Service</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Cable/Direct TV</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>DVD Player.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	Stove	1	2	Washing Machine	1	2	Clothes Dryer.....	1	2	Water Heater	1	2	Microwave Oven.....	1	2	Air Condition Unit.....	1	2	Internet Service	1	2	Cable/Direct TV	1	2	DVD Player.....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A MOBILE/CELLULAR PHONE</p> <p>A CAR OR TRUCK?</p> <p>A COMPUTER?</p> <p>A SEWING MACHINE?</p> <p>A STEREO OR RADIO WITH CD PLAYER?</p> <p>A BOAT FOR FISHING?</p> <p>A BOAT FOR PLEASURE?</p> <p>AN MP3 PLAYER?</p> <p>AN IPOD?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr><td>Mobile/Cell phone.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Car/Truck.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Computer.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Sewing Machine</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Stereo/radio with CD player.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Boat for Fishing</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Boat for Pleasure.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>MP3 Player</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Ipod.....</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> </tbody> </table>		Yes	No	Mobile/Cell phone.....	1	2	Car/Truck.....	1	2	Computer.....	1	2	Sewing Machine	1	2	Stereo/radio with CD player.....	1	2	Boat for Fishing	1	2	Boat for Pleasure.....	1	2	MP3 Player	1	2	Ipod.....	1	2																
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CHILD LABOUR MODULE

To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name	CL3. SINCE LAST (day of the 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 → 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. Record response then → CL5A</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			CL5A. SINCE LAST (day of the week), DID (name) UNDERTAKE ANY WORK ACTIVITY ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? 1 YES 2 NO → CL6		CL5B. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? <i>If more than one job, include all hours at all jobs.</i>	CL6. SINCE LAST (day of the week), DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO → CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. SINCE LAST (day of the week), DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → CL10			CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
				PAID	UNPAID	NO	YES	NO				YES	UNPAID	NO		NO. HOURS
01					1	2	3	1	2				1	2	3	
02					1	2	3	1	2				1	2	3	
03					1	2	3	1	2				1	2	3	
04					1	2	3	1	2				1	2	3	
05					1	2	3	1	2				1	2	3	
06					1	2	3	1	2				1	2	3	
07					1	2	3	1	2				1	2	3	
08					1	2	3	1	2				1	2	3	
09					1	2	3	1	2				1	2	3	
10					1	2	3	1	2				1	2	3	

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						___

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

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.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	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 Rank number of child.....__ __

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).

<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name</p> <p>Line number</p>	
<p>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 <i>(name)</i> IN THE PAST MONTH.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1 No.....2</p>	
<p>CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).</p>	<p>Yes..... 1 No.....2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) <i>(name)</i> PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes..... 1 No.....2 Don't know/no opinion.....8</p>	

SALT IODIZATION MODULE		SI
<p>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?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3</p> <p>No salt in home 6 Salt not tested 7</p>	

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 mother or 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.*