



HOUSEHOLD QUESTIONNAIRE

TRINIDAD AND TOBAGO

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: NORTH WEST..... 1 East 2 Central..... 3 South West 4 Tobago..... 5	

WE ARE FROM THE MINISTRY OF THE PEOPLE AND SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT (**NUMBER**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

.. YES, PERMISSION IS GIVEN ⇒ GO TO HH18 TO RECORD THE TIME AND THEN BEGIN THE INTERVIEW.

.. NO, PERMISSION IS NOT GIVEN ⇒ COMPLETE HH9. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.

AFTER ALL QUESTIONNAIRES FOR THE HOUSEHOLD HAVE BEEN COMPLETED, FILL IN THE FOLLOWING INFORMATION:	
HH8. Name of head of household: _____	
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/Closed Dwelling 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH14. Number of children under age 5: _____	HH13. Number of woman's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____	
HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____

HOUSEHOLD LISTING FORM

HL

HH18.

Record the time.

Hour

Minutes

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

LIST THE HEAD OF 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 household listing form have been used.

	<i>FOR WOMEN AGE 15-49</i>	<i>FOR CHILDREN AGE 5-17</i>	<i>FOR CHILDREN UNDER AGE 5</i>	<i>For children age 0-17 years</i>	<i>For all household members</i>
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HL1. LINE NUMBER	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?		HL6. HOW OLD IS (NAME)? RECORD IN COMPLETED YEARS. If AGE IS 95 OR ABOVE, RECORD '95'	HL7. CIRCLE LINE NUMBER IF WOMAN IS AGE 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. IS (NAME)'S NATURAL MOTHER ALIVE?	HL12. DOES (NAME)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (NAME)'S NATURAL FATHER ALIVE?	HL14. DOES (NAME)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL15. WHAT IS (NAME)'S RELIGION?	HL16. TO WHICH ETHNIC GROUP DOES (NAME) BELONG?
				MONTH	YEAR										
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	---	---	---

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LINE	NAME	RELATION*	M	F	AGE	15-49	MOTHER	MOTHER	Y	N	DK	FATHER	RELIGION**	ETHNICITY***
08			1	2	08				1	2	8			
09			1	2	09				1	2	8			
10			1	2	10				1	2	8			
11			1	2	11				1	2	8			
12			1	2	12				1	2	8			
13			1	2	13				1	2	8			
14			1	2	14				1	2	8			
15			1	2	15				1	2	8			

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.
Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

**** Codes for HL15: Religion**

01 Anglican	06 Methodist	11 Seventh Day Adventist
02 Baptist	07 Moravian	95 No religion
03 Hindu	08 Pentecostal/Evangelical	96 Other (specify) _____
04 Muslim	09 Presbyterian	98 DK
05 Jehovah Witness	10 Roman Catholics	

***** Codes for HL16: Ethnicity**

01 African	05 Caucasian
02 Indian	06 Mixed
03 Chinese	07 Not Stated
04 Syrian/Lebanese	96 Other (specify) _____

EDUCATION

FOR HOUSEHOLD MEMBERS AGE 5 AND ABOVE

FOR HOUSEHOLD MEMBERS AGE 5-30 YEARS

ED1. LINE NUMBER	ED2. NAME AND AGE COPY FROM HOUSEHOLD LISTING FORM, HL2 AND HL6	ED3. HAS (NAME) EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (NAME) ATTENDED?		ED4B. WHAT IS THE HIGHEST STANDARD /FORM/YEAR (NAME) COMPLETED AT THIS LEVEL?		ED5. DURING THE (2011) SCHOOL YEAR, DID (NAME) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND STANDARD/FORM/YEAR IS (NAME) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010- 2011), DID (NAME) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND STANDARD/ FORM/YEAR DID (NAME) ATTEND?	
		Yes	No	Level	Std/Form/ Year	Yes	No	Level	Std/Form/ Year	Y	N	DK	Level	Std/Form/ Year	
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	___	
04		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	___	
05		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	___	
06		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	___	
07		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	___	
08		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	___	
09		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	___	
10		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	___	
11		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	___	
12		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	___	
13		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	___	
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	___	

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 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 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	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 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 Piped into compound, yard or plot..... 12 Piped to neighbour 13 Public tap / standpipe 14 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..... 82 Other (<i>specify</i>) _____ 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
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>PROBE: 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</p> <p>DK..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No..... 2</p> <p>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>PROBE: ANYTHING ELSE?</p> <p>RECORD ALL ITEMS MENTIONED.</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>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p>IF "FLUSH" OR "POUR FLUSH", PROBE: WHERE DOES IT FLUSH TO?</p> <p>IF NECESSARY, ASK PERMISSION TO OBSERVE THE FACILITY.</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 / DK where 15</p> <p>Pit latrine 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 facility, Bush, Field 95</p> <p>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 __</p> <p>Ten or more households 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms..... _ _	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR. RECORD OBSERVATION.	Natural floor Dirt 13 Tapia 14 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. RECORD OBSERVATION.	Natural roofing No Roof 11 Rudimentary Roofing Wood planks 23 Finished roofing Metal 31 Wood 32 Clay tiles 34 Concrete 35 Roofing shingles 36 Galvanized iron/Aluzinc..... 37 Other (<i>specify</i>) _____ 96	
HC5. MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	Natural walls Dirt/Tapia 13 Tapia..... 14 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 Wood (e.g. cedar) 36 Galvanized iron/Aluzinc 37 Hollow clay blocks 38 Hollow clay or Concrete blocks (plastered) 39 Other (<i>specify</i>) _____ 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Kerosene 05 Wood 08 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8</p>
<p>HC6A. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p>	<p>Open fire 1 Open stove 2 Closed stove 3 Other (<i>specify</i>) 4</p>	<p>3⇒HC7 4⇒HC7</p>
<p>HC6B. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes 1 No 2</p>	
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? <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 Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE:		
	Yes	No
[A] ELECTRICITY?	Electricity 1	2
[B] A RADIO?	Radio 1	2
[C] A TELEVISION?	Television..... 1	2
[D] A NON-MOBILE TELEPHONE?	Non-mobile telephone 1	2
[E] A REFRIGERATOR?	Refrigerator..... 1	2
[F] A STOVE?	Stove 1	2
[G] A WASHING MACHINE?	Washing machine 1	2
[H] A CLOTHES DRYER?	Clothes dryer 1	2
[I] A WATER HEATER (TANK/CANISTER)?	Water heater (tank/canister) 1	2
[J] A MICROWAVE OVEN?	Microwave oven..... 1	2
[K] AN AIR CONDITION UNIT?	Air condition unit..... 1	2
[L] INTERNET SERVICE?	Internet service 1	2
[M] CABLE/DIRECT TV?	Cable/direct tv..... 1	2
[N] A DVD PLAYER?	Dvd player 1	2
[O] A CUTLASS OR GILPIN?	Cutlass or Gilpin 1	2
[P] A BRUSHING CUTLASS?	Brushing cutlass 1	2
[Q] A LAWN MOWER?	Lawn mower 1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		
	Yes	No
[B] A MOBILE/CELLULAR PHONE?	Mobile/cellular phone..... 1	2
[C] A COMPUTER?	Computer..... 1	2
[D] A SEWING MACHINE?	Sewing machine 1	2
[E] AN STEREO OR RADIO WITH CD PLAYER?	Stereo or radio with cd player..... 1	2
[J] A CAR/TRUCK?	Car or truck..... 1	2
[F] A BOAT FOR FISHING?	Boat for fishing..... 1	2
[G] A BOAT FOR PLEASURE?	Boat for pleasure 1	2
[H] AN MP3 PLAYER?	MP3 Player 1	2
[I] AN IPOD	iPod 1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>IF "No", THEN ASK: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>IF "RENTED FROM SOMEONE ELSE", CIRCLE "2". FOR OTHER RESPONSES, CIRCLE "6".</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (Not owned or rented)..... 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC13
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>IF LESS THAN 1, RECORD "00". IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.</i></p>	<p>Hectares ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Cattle, milk cows, or bulls ____</p> <p>Horses, donkeys, or mules ____</p> <p>Goats ____</p> <p>Sheep ____</p> <p>Chickens ____</p> <p>Pigs ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT/CREDIT UNION/SAVINGS ACCOUNT</p>	<p>Yes..... 1</p> <p>No 2</p>	

CHILD LABOUR **CL**

TO BE ADMINISTERED FOR CHILDREN IN THE HOUSEHOLD AGE 5-17 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 NUMBER	CL2: NAME AND AGE	CL3.		CL4.	CL5.		CL6.	CL7.		CL8.	CL9.		CL10.	
		During the past week, did (name) do any kind of work for someone who is not a member of this household? If yes: For pay in cash or kind? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No → CL5	CL3.		Yes	No		CL5.	CL7.		Yes	No		CL9.
Line	Name	Age	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours
01			1	2	3	1	2		1	2		1	2	
02			1	2	3	1	2		1	2		1	2	
03			1	2	3	1	2		1	2		1	2	
04			1	2	3	1	2		1	2		1	2	
05			1	2	3	1	2		1	2		1	2	
06			1	2	3	1	2		1	2		1	2	
07			1	2	3	1	2		1	2		1	2	
08			1	2	3	1	2		1	2		1	2	
09			1	2	3	1	2		1	2		1	2	
10			1	2	3	1	2		1	2		1	2	
11			1	2	3	1	2		1	2		1	2	
12			1	2	3	1	2		1	2		1	2	
13			1	2	3	1	2		1	2		1	2	
14			1	2	3	1	2		1	2		1	2	
15			1	2	3	1	2		1	2		1	2	

CL1. LINE NUMBER	CL 11 DESCRIBE THE MAIN JOB/TASK (NAME) WAS PLEASE DESCRIBE BRIEFLY THE MAIN ACTIVITY, THAT IS, GOODS PRODUCED OR SERVICES RENDERED WHERE (NAME) IS WORKING. (MAIN REFERS TO THE WORK THAT (NAME) SPENT MOST OF THE TIME OF THE WEEK DOING. IF TWO OR MORE JOBS OCCUPY THE SAME TIME, CONSIDER THE JOB EARNING THE MOST MONEY	CL 12	CL 13 DURING WHAT TIME OF DAY DID (NAME) CARRY OUT HIS/HER WORK? A MORNING/AFTERNOON (6AM-6PM) B NIGHT/PRE-DAWN (6PM-6AM) Z DON'T KNOW	CL 14 IN HIS/HER WORK IS (NAME) EXPOSED TO ANY OF THE FOLLOWING: A DUST, FUMES, GAS (OXYGEN, AMMONIA) B NOISE C EXTREME TEMPERATURES OR HUMIDITY D DANGEROUS TOOLS (KNIVES, ETC) E WORK UNDERGROUND F WORK AT HEIGHTS G INSUFFICIENT LIGHTING H CHEMICALS (PESTICIDE, GLUE, ETC) X OTHER (SPECIFY) Y NONE OF THE ABOVE Z DON'T KNOW	Industry		Occupation																
					Day	Night	DK	Occupation	Industry	Day	Night	DK											
01	— —	— —	A	B	Z	—	—	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X	Other (SPECIFY)	
02	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
03	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
04	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
05	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
06	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
07	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
08	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
09	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
10	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
11	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
12	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	
13	— —	— —	A	B	Z	—	—	A	B	Z	—	—	A	B	C	D	E	F	G	H	Y	Z	

CHILD DISCIPLINE

CD

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1 Rank number	CD2 Line number from HL1	CD3 Name from HL2	CD4 Sex from HL4		CD5 Age from HL5
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	___ ___
CD6	Total children age 2-14 years				___ ___

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

- Use Table 2 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.
- 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 eligible children (2-14) in CD6 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 (CD1) about whom the questions will be asked.

CD7	Total Number of Eligible Children in the Household (CD6)							
Last digit of household number (HH2)	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

CD8. Record the rank number of the selected child....._____

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name</p> <p>Line number</p>	
<p>CD10. 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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(NAME)</u> IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(NAME)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD12. EXPLAINED WHY <u>(NAME)</u>'S BEHAVIOR WAS WRONG.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD17. 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</p> <p>No..... 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes..... 1</p> <p>No..... 2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know / No opinion..... 8</p>	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN 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..... 6</p>	<p>2⇒HW4</p> <p>3⇒HW4</p> <p>6⇒HW4</p>
<p>HW2. OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.</p> <p>VERIFY BY CHECKING THE TAP/PUMP, OR BASIN, BUCKET, WATER CONTAINER OR SIMILAR OBJECTS FOR PRESENCE OF WATER.</p>	<p>Water is available 1</p> <p>Water is not available 2</p>	
<p>HW3. RECORD IF SOAP OR DETERGENT IS PRESENT AT THE SPECIFIC PLACE FOR HANDWASHING.</p> <p>CIRCLE ALL THAT APPLY.</p> <p>SKIP TO HH19 IF ANY SOAP OR DETERGENT CODE (A, B, C, OR D) IS CIRCLED. IF "NONE" (Y) IS CIRCLED, CONTINUE WITH HW4.</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>None Y</p>	<p>A⇒HH19</p> <p>B⇒HH19</p> <p>C⇒HH19</p> <p>D⇒HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP, DETERGENT OR HAND SANITIZER IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒HH19</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p>RECORD OBSERVATION. CIRCLE ALL THAT APPLY.</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>Not able / Does not want to show..... Y</p>	

<p>HH19. RECORD THE TIME.</p>	<p>Hour and minutes :</p>	
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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 COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>ONCE YOU HAVE TESTED THE SALT, CIRCLE NUMBER THAT CORRESPONDS TO TEST OUTCOME.</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..... 6 Salt not tested..... 7</p>	

HH20. *THANK THE RESPONDENT FOR HIS/HER COOPERATION AND CHECK THE HOUSEHOLD LISTING FORM:*

“ A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)

“ A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL8)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14).

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations