



## HOUSEHOLD QUESTIONNAIRE

WE ARE THE REPRESENTATIVES OF THE STATE STATISTICS COMMITTEE OF UKRAINE. THE STATE STATISTICS COMMITTEE AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) ARE CURRENTLY UNDERTAKING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. WE WOULD LIKE TO POSE YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. YOUR EXPERIENCE IN BUILDING YOUR FAMILY LIFE AND BRINGING UP YOUR CHILDREN WILL HAVE BIG IMPORTANCE FOR THE IMPROVEMENT OF ACTIVITIES BY THE HEALTHCARE FACILITIES AND THE SOCIAL SERVICES IN UKRAINE. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. THE INFORMATION WILL BE USED ONLY IN THE GENERALISED FORM AND ONLY TOGETHER WITH THE RESPONSES OF OTHER UKRAINIAN FAMILIES. I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD 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. 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. Oblast: .....	
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..... 4 Other (specify) _____ 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>		
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

					<i>Eligible for:</i>			<i>For children age 0-17 years ask HL9-HL12</i>			
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW				

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE ?  1 MALE 2 FEM.	HL5. HOW OLD IS (name)?  HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY?  <i>Record in completed years</i>  98=DK*	HL6. Circle Line no. <i>if woman is age 15-49</i>	HL7. <i>For each child age 5-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE?  1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. <i>If alive:</i> DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of father or 00 for 'no'</i>
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	__ __

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?  <i>Record in completed years</i> 98=DK*	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?  <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  <i>Record Line no. of mother/ caretaker</i>	HL9. IS (name's) NATURAL MOTHER ALIVE?  1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of mother or 00 for 'no'</i>	HL11. IS (name's) NATURAL FATHER ALIVE?  1 YES 2 NO⇒ 8 DK⇒ NEXT LINE NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?  <i>Record Line no. of father or 00 for 'no'</i>	
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER	
11		___ ___	1 2	___ ___	11	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	
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	___ ___	
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? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>												
					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 UnderFive.*  
*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                   | 07 = Parent-In-Law            | 13 = Other Relative           |
| 02 = Wife or Husband        | 08 = Brother or Sister        | 14 = Adopted/Foster/Stepchild |
| 03 = Son or Daughter        | 09 = Brother or Sister-In-Law | 15 = Not Related              |
| 04 = Son or Daughter In-Law | 10 = Uncle/Aunt               | 98 = Don't Know               |
| 05 = Grandchild             | 11 = Niece/Nephew By Blood    |                               |
| 06 = Parent                 | 12 = Niece/Nephew By Marriage |                               |

**EDUCATION MODULE** **ED**

*For household members age 5 and above*

*For household members age 5-24 years*

ED1. <i>Line no.</i>	ED1A. <i>Name</i>	ED2. HAS ( <i>name</i> ) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL ( <i>name</i> ) ATTENDED? WHAT IS THE HIGHEST GRADE ( <i>name</i> ) COMPLETED AT THIS LEVEL?		ED4. DURING THE (2004-2005) SCHOOL YEAR, DID ( <i>name</i> ) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST ( <i>day of the week</i> ), HOW MANY DAYS DID ( <i>name</i> ) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS ( <i>name</i> ) ATTENDING?		ED7. Did ( <i>name</i> ) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2003-2004)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID ( <i>name</i> ) ATTEND?	
		1 YES ⇒ ED3 2 NO ⇨ NEXT LINE	LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 OTHER 8 DK  GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		1 YES 2 NO ⇒ ED7	<i>Insert number of days in space below.</i>	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 OTHER 8 DK  GRADE: 98 DK		1 YES  2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 OTHER 8 DK  GRADE: 98 DK	
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE
01		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
02		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
03		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
04		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
05		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
06		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
07		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
08		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
09		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
10		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
11		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
12		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
13		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
14		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 6 8	___ ___
15		1 2⇒NEXT LINE	0 1 2 3 6 8	___ ___	1 2	___	0 1 2 3 6 8	___ ___	1 2 8	0 1 2 3 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
	Piped into yard or plot .....	12
	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, lake, pond, canal, irrigation channel) .....	81	
<b>Bottled water .....</b>	<b>91</b>	
Other ( <i>specify</i> ) .....	96	
		11, 12⇒ WS2, WS5
		⇒WS3
		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
	Piped into yard or plot .....	12
	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, lake, pond, canal, irrigation channel) .....	81	
Other ( <i>specify</i> ) .....	96	
		11⇒WS5 12⇒WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .....	
	Water on premises .....	995
	DK .....	998
		995⇒WS5
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
	DK .....	8
		2⇒WS7 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>Composting toilet ..... 31</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
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms .....	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung..... 12 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement..... 34 Limoleum..... 35 Other ( <i>specify</i> ) ..... 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof ..... 11 Thatch/palm leaf..... 12 Sod ..... 13 Rudimentary Roofing Wood planks ..... 23 Finished roofing Metal ..... 31 Wood..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement..... 35 Roofing shingles..... 36 Other ( <i>specify</i> ) ..... 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls..... 11 Dirt..... 13 Rudimentary walls Stone with mud ..... 22 Uncovered adobe..... 23 Plywood..... 24 Carton ..... 25 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 Biogas ..... 04 Kerosene..... 05 Coal / Lignite ..... 06 Charcoal..... 07	01 ⇨ HC8 02⇨ HC8 03 ⇨ HC8 04 ⇨ HC8

	Wood..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 Other ( <i>specify</i> ) ..... 96	
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	3 ⇒ HC8  6 ⇒ HC8
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?	Yes No Electricity..... 1 2 Radio..... 1 2 Television ..... 1 2 Mobile Telephone ..... 1 2 Non-Mobile Telephone..... 1 2 Refrigerator ..... 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	Yes No Watch ..... 1 2 Bicycle..... 1 2 Motorcycle/Scooter ..... 1 2 Animal drawn-cart ..... 1 2 Car/Truck ..... 1 2 Boat with motor ..... 1 2	



**CHILD LABOUR MODULE** **CL**

*To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.*

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

CL1. <i>Line no.</i>	CL2. <i>Name</i>	CL3. DURING THE PAST WEEK, DID ( <i>name</i> ) 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 ( <i>day of the week</i> ), 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 ( <i>name</i> ) 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 ( <i>name</i> ) 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 ( <i>day of the week</i> ), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID ( <i>name</i> ) 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 ( <i>day of the week</i> ), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO	PAID	YES PAID UNPAID NO	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	___ ___
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	___ ___

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. LAST DIGIT OF THE QUESTIONNAIRE 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	RANK NUMBER OF CHILD ..... ___
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**CHILD DISCIPLINE MODULE**

**CD**

*Identify one eligible child aged 2 to 14 in the household. Ask to interview the mother or primary caretaker of the selected child.*

<p>CD11. WRITE NAME AND LINE NO. OF THE CHILD SELECTED FOR THE MODULE.</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 WITH (name) IN THE PAST MONTH.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes ..... 1</p> <p>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</p> <p>No..... 2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes ..... 1</p> <p>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</p> <p>No..... 2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>Don't know/no opinion..... 8</p>	

**SALT IODIZATION MODULE**

**SI**

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

*Once you have examined the salt, circle number that corresponds to test outcome. Take a sample of salt (3 big spoons approximately).*

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.