

Appendix F. UKRAINE MICS 2012 QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE UKRAINE

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 1 West 2 Centre 3 East 4 South 5	
HH6A. SETTLEMENT TYPE: BIG CITY 1 SMALL TOWN 2 VILLAGE 3		
HH7A. IS HOUSEHOLD SELECTED FOR MEN'S QUESTIONNAIRE?	YES 1 NO 2	

WE ARE FROM THE STATE STATISTICS SERVICE OF UKRAINE. 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 30 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: _____

<p>HH9. Result of household interview:</p> <p>Completed01</p> <p>No household member or no competent respondent at home at time of visit .02</p> <p>Entire household absent for extended period of time03</p> <p>Refused.....04</p> <p>Dwelling vacant / Address not a dwelling05</p> <p>Dwelling destroyed06</p> <p>Dwelling not found.....07</p> <p>Other (<i>specify</i>)_____ 96</p>	<p>HH10. Respondent to household questionnaire:</p> <p>Name: _____</p> <p>Line Number: _____</p> <hr/> <p>HH11. Total number of household members: _____</p>
<p>HH12. Number of women age 15-49 years: _____</p>	<p>HH13. Number of woman's questionnaires completed: _____</p>
<p>HH13A. Number of men age 15-49 years: _____</p>	<p>HH13B. Number of man's questionnaires completed: _____</p>
<p>HH14. Number of children under age 5: _____</p>	<p>HH15. Number of under-5 questionnaires completed: _____</p>

<p>HH16. Field editor name and number: _____</p>	<p>HH17. First data entry clerk name and number: _____</p>
<p>HH17B. Second data entry clerk name and number: _____</p>	

HH18.
Record the time.
Hour
Minutes

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?

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.

		For women age 15-49		For men age 15-49		For children age 5-14		For children under age 5		For children age 0-17 years			
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)?	HL7. Circle line no. if woman is age 15-49	HL7A. Circle line no. if man 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 MOTHER NATURAL FATHER ALIVE?	HL12. DOES (name)'S MOTHER LIVE IN THIS HOUSEHOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?
			1 Male 2 Female	98 DK 9998 DK	Record in completed years. If age is 95 or above, record '95'.	Circle line no. if woman is age 15-49	Circle line no. if man is age 15-49	Record line no. of mother/caretaker	Record line no. of mother/caretaker	1 Yes 2 No [§] 8 DK [§] HL13	Record line no. of mother or 00 for "No"	1 Yes 2 No [§] 8 DK [§] Next Line	Record line no. of father or 00 for "No"
Line	Name	Relation*	M F	Month Year	Age	15-49	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
01		0 1	1 2	___ ___	___	01	01	___	___	1 2 8	___	1 2 8	___
02		___	1 2	___	___	02	02	___	___	1 2 8	___	1 2 8	___
03		___	1 2	___	___	03	03	___	___	1 2 8	___	1 2 8	___
04		___	1 2	___	___	04	04	___	___	1 2 8	___	1 2 8	___
05		___	1 2	___	___	05	05	___	___	1 2 8	___	1 2 8	___
06		___	1 2	___	___	06	06	___	___	1 2 8	___	1 2 8	___
07		___	1 2	___	___	07	07	___	___	1 2 8	___	1 2 8	___
08		___	1 2	___	___	08	08	___	___	1 2 8	___	1 2 8	___
09		___	1 2	___	___	09	09	___	___	1 2 8	___	1 2 8	___
10		___	1 2	___	___	10	10	___	___	1 2 8	___	1 2 8	___

HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATION -SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	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 no. if woman is age 15-49	HL7A. Circle line no. if man is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
Line	Name	Relation*	M F	Month	Year	Age	15-49	Mother	Mother	Y N DK	Mother	Y N DK	Father
11			1 2			11	11			1 2 8		1 2 8	
12			1 2			12	12			1 2 8		1 2 8	
13			1 2			13	13			1 2 8		1 2 8	
14			1 2			14	14			1 2 8		1 2 8	
15			1 2			15	15			1 2 8		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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire if the household is selected for men's interviews.

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, each eligible man, 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

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 Household Listing Form, HL2 and HL6	ED3. HAS EVER ATTENDED SCHOOL OR PRE-SCHOOL?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?		ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED5. DURING THE CURRENT SCHOOL YEAR (2012-2013), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS SCHOOL YEAR (2012-2013), WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR (2011-2012) DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR (2011-2012), WHICH LEVEL AND GRADE DID (name) ATTEND?	
		Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade	
01		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
02		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
03		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
04		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
05		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
06		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
07		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
08		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
09		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
10		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
11		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
12		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
13		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
14		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	
15		1	2	0 1 2 3 4 5 8	___	1	2	0 1 2 3 4 5 8	___	1	2	8	0 1 2 3 4 5 8	___	

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</p> <p>Piped into dwelling11</p> <p>Piped into compound, yard or plot...12</p> <p>Piped to neighbour13</p> <p>Public tap / standpipe14</p> <p>Tube Well, Borehole21</p> <p>Dug well</p> <p>Protected well.....31</p> <p>Unprotected well32</p> <p>Water from spring</p> <p>Protected spring41</p> <p>Unprotected spring.....42</p> <p>Tanker-truck61</p> <p>Cart with small tank / drum71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81</p> <p>Bottled water91</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p> <p>14⇒WS3</p> <p>21⇒WS3</p> <p>31⇒WS3</p> <p>32⇒WS3</p> <p>41⇒WS3</p> <p>42⇒WS3</p> <p>61⇒WS3</p> <p>71⇒WS3</p> <p>81⇒WS3</p> <p>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</p> <p>Piped into dwelling11</p> <p>Piped into compound, yard or plot...12</p> <p>Piped to neighbour13</p> <p>Public tap / standpipe14</p> <p>Tube Well, Borehole21</p> <p>Dug well</p> <p>Protected well.....31</p> <p>Unprotected well32</p> <p>Water from spring</p> <p>Protected spring41</p> <p>Unprotected spring.....42</p> <p>Rainwater collection51</p> <p>Tanker-truck61</p> <p>Cart with small tank / drum71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒WS6</p> <p>12⇒WS6</p> <p>13⇒WS6</p>
<p>WS3. WHERE IS THAT WATER SOURCE LOCATED?</p>	<p>In own dwelling1</p> <p>In own yard / plot2</p> <p>Elsewhere3</p>	<p>1⇒WS6</p> <p>2⇒WS6</p>

<p>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>Number of minutes _ _ _ _ DK998</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>BoilA Add bleach / chlorine.....B Strain it through a clothC Use water filter (ceramic, sand, composite, etc.)D Let it stand and settle F Other (<i>specify</i>) X DKZ</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 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 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 Composting toilet 31 Bucket 41 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 households10 DK98</p>	

HOUSEHOLD CHARACTERISTICS		HC
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>	Natural floor Earth / Sand..... 11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet covering..... 35 Other (<i>specify</i>)..... 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing Thatch 12 Sod 13 Rudimentary Roofing Wood planks 23 Finished roofing Metal 31 Wood/shingles 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Other (<i>specify</i>)..... 96	
HC5. <i>Main material of the exterior walls.</i> <i>Record observation.</i>	Rudimentary walls Stone with mud 22 Uncovered adobe 23 Plywood 24 Reused wood..... 26 Finished walls Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks..... 34 Covered adobe 35 Wood planks / logs 36 Other (<i>specify</i>)..... 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity01 Liquefied Petroleum Gas (LPG).....02 Network natural gas.....03 Biogas04 Kerosene05</p> <p>Coal / Lignite06 Charcoal.....07 Wood08 Straw / Shrubs / Grass09 Animal dung10 Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8 05⇒HC8</p> <p>95⇒HC8</p>																																													
<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 house2 In a separate building3 Outdoors4</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 CRT/KYNESCOPE TV SET?</p> <p>[D] FLATSCREEN TV SET?</p> <p>[E] A NON-MOBILE TELEPHONE?</p> <p>[F] A REFRIGERATOR?</p> <p>[G] DVD PLAYER?</p> <p>[H] AN AIR CONDITIONER?</p> <p>[I] A SATELLITE DISH ANTENNE?</p> <p>[J] A DESKTOP COMPUTER?</p> <p>[K] A LAPTOP COMPUTER?</p> <p>[L] A TABLET COMPUTER?</p> <p>[M] A WASHING MACHINE?</p> <p>[N] MICROWAVE OVEN?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio</td> <td>1</td> <td>2</td> </tr> <tr> <td>CRT TV set</td> <td>1</td> <td>2</td> </tr> <tr> <td>Flatscreen TV set.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>DVD player</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Satellite dish antenna.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Desktop computer.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Laptop computer.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tablet computer.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Microwave oven</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	CRT TV set	1	2	Flatscreen TV set.....	1	2	Non-mobile telephone	1	2	Refrigerator	1	2	DVD player	1	2	Air conditioner	1	2	Satellite dish antenna.....	1	2	Desktop computer.....	1	2	Laptop computer.....	1	2	Tablet computer.....	1	2	Washing machine	1	2	Microwave oven	1	2	
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Microwave oven	1	2																																													

	Yes	No	
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<p>Watch..... 1</p> <p>Mobile telephone 1</p> <p>Bicycle..... 1</p> <p>Motorcycle / Scooter 1</p> <p>Animal drawn-cart..... 1</p> <p>Car / Truck..... 1</p> <p>Boat with motor..... 1</p>	<p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	
<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>Own1</p> <p>Rent2</p> <p>Other (Not owned or rented)6</p>		
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT IS CULTIVATED/ USED FOR AGRICULTURE OR CAN BE CULTIVATED/USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>		2⇒HC12A
<p>HC12. HOW MANY ARI (SOTOK) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>100 ARI=1 HECTARE</p> <p><i>If less than 1 sotka, record “000”. If 995 or more sotkas, record ‘995’. If unknown, record ‘998’.</i></p>	<p>Sotok.....__ __ __</p>		
<p>HC12A. DOES ANY MEMBER OF THIS HOUSEHOLD RENT ANY LAND THAT IS CULTIVATED/ USED FOR AGRICULTURE OR CAN BE CULTIVATED/USED FOR AGRICULTURE?</p>	<p>Yes.....1</p> <p>No2</p>		2⇒HC13
<p>HC12B. HOW MANY ARI (SOTOK) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD RENT?</p> <p>100 ARI=1 HECTARE</p> <p><i>If less than 1 sotka, record “000”. If 995 or more sotkas, record ‘995’. If unknown, record ‘998’.</i></p>	<p>Sotok.....__ __ __</p>		

<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes.....1 No2</p>	<p>2⇒HC15</p>
<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] CHICKEN/GEESE/DUCKS/TURKEYS?</p> <p>[F] PIGS?</p> <p>[G] RABBITS/NUTRIA/OTHER FUR ANIMALS?</p> <p><i>If none, record '00'. If 95 or more, record '95'. 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>Chicken/geese/turkeys/ducks__ __</p> <p>Pigs__ __</p> <p>Rabbits/nutria/fur animals.....__ __</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT/BANK DEPOSIT?</p>	<p>Yes.....1 No2</p>	

CHILD LABOUR

CL

To be administered for children in the household age 5-14 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. Line number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6	CL3. 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		CL4. 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? If more than one job, include all hours at all jobs.		CL5. During the past week, did (name) fetch water or collect firewood for household use? 1 Yes 2 No ⇒ CL7		CL6. Since last (day of the week), about how many hours did he/she fetch water or collect firewood for household use?		CL7. During the past week, did (name) do any paid or unpaid work on a family farm or in a family business or selling goods in the street? Include work for a business run by the child, alone or with one or more partners.		CL8. Since last (day of the week), about how many hours did he/she do this work for his/her family or himself/herself?		CL9. During the past week, did (name) help with household chores such as shopping, cleaning, washing clothes, cooking; or caring for children, old or sick people? 1 Yes 2 No ⇒ Next Line		CL10. Since last (day of the week), about how many hours did he/she spend doing these chores?	
		Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Number of hours	
01		1	2	3													
02		1	2	3													
03		1	2	3													
04		1	2	3													
05		1	2	3													
06		1	2	3													
07		1	2	3													
08		1	2	3													
09		1	2	3													
10		1	2	3													
11		1	2	3													
12		1	2	3													
13		1	2	3													
14		1	2	3													
15		1	2	3													

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).
- If there are no children age 2-14 years in the household, skip to next module.

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	__ __
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. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	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) IN THE PAST MONTH.</u></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>	

CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes 1 No 2	
CD22. 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 Don't know / No opinion..... 8	

HH19. <i>Record the time.</i>	Hour and minutes __ __ : __ __	
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SALT IODIZATION

SI

SII. 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?

Once you have tested the salt, circle number that corresponds to test outcome.

- Not iodized 0 PPM 1
- More than 0 PPM & less than 15 PPM. 2
- 15 PPM or more 3
- No salt in the house 6
- Salt not tested 7

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 Individual Men has been issued for every man age 15-49 years in the household list (HL7A) if the household is selected for men’s interviews.

A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)

Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12), under-5s (HH14) and men (HH13A)

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