

Appendix F1. Household Questionnaire

We are from State Statistical Committee. We are working on a project concerned with family health and education. I would like to talk to you about this. The interview will take about (30**) minutes. 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 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. Region: Western 1 Central 2 Southern 3 Central-Eastern 4 Eastern 5 Tashkent city 6	
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 (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: 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.		
HH 16A. Name and code of editor: Name _____ Code _____	Date of editing and signature: _____	
HH16. Data entry clerk: _____		

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), and their age (HL5). 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 HL6 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used.

HOUSEHOLD LISTING FORM		Eligible for:				HL					
		women's interview	child labour module	under-5 interview	For children age 0-17 years ask HL9-HL12	HL9:	HL10:	HL11:	HL12:		
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 5-14: 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 → HL11 8 dk → HL11	HL10. If alive: Does (name's) natural mother live in this household? Record Line no. of mother or 00 for 'no'	HL11. Is (name's) natural father alive? 1 yes 2 no → next line 8 dk → next line	HL12. If alive: Does (name's) natural father live in this household? Record Line no. of father or 00 for 'no'
line	name	rel.	m	f	15-49	mother	mother	y n dk	mother	y n dk	father
01		01	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	-----

line	name	rel.	m	f	age	15-49	mother	mother	mother	yn dk	mother	yn dk	father
07		-----	1	2	-----	07	-----	-----	-----	128	-----	128	-----
08		-----	1	2	-----	08	-----	-----	-----	128	-----	128	-----
09		-----	1	2	-----	09	-----	-----	-----	128	-----	128	-----
10		-----	1	2	-----	10	-----	-----	-----	128	-----	128	-----
11		-----	1	2	-----	11	-----	-----	-----	128	-----	128	-----
12		-----	1	2	-----	12	-----	-----	-----	128	-----	128	-----
13		-----	1	2	-----	13	-----	-----	-----	128	-----	128	-----
14		-----	1	2	-----	14	-----	-----	-----	128	-----	128	-----
15		-----	1	2	-----	15	-----	-----	-----	128	-----	128	-----
16		-----	1	2	-----	16	-----	-----	-----	128	-----	128	-----
17		-----	1	2	-----	17	-----	-----	-----	128	-----	128	-----
18		-----	1	2	-----	18	-----	-----	-----	128	-----	128	-----
19		-----	1	2	-----	19	-----	-----	-----	128	-----	128	-----
20		-----	1	2	-----	20	-----	-----	-----	128	-----	128	-----
21		-----	1	2	-----	21	-----	-----	-----	128	-----	128	-----

22	-----	1	2	-----	22	-----	1 2 8	-----	1 2 8	-----
23	-----	1	2	-----	23	-----	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? 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 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
 - 02 = Wife or Husband
 - 03 = Son or Daughter
 - 04 = Son or Daughter In-Law
 - 05 = Grandchild
 - 06 = Parent
 - 07 = Parent-In-Law
 - 08 = Brother or Sister
 - 09 = Brother 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

EDUCATION MODULE		ED																
		For household members age 5 and above					For household members age 5-24 years											
ED1. Line no.	ED1A. Name	ED2. Has (name) ever attended school or preschool? 1 yes ED3 2 no next line	ED3. What is the highest level of school (name) attended? What is the highest grade (name) completed at this level? Level: 0 pre-school 1 primary (1-4 grade) 2 secondary (5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk Grade: 98 dk If less than 1 grade, enter 00.	ED4. During the school year, did (name) attend school or preschool at any time? 1 yes ED7 2 no	ED5. Since last (day of the week), how many days did (name) attend school? Insert number of days in space below.	ED6. during this/that school year, which level and grade is/was (name) attending? level: 0 Preschool 1 primary(1-4 grade) 2 secondary(5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk grade: 98 dk	ED7. Did (name) attend school or preschool at any time during the previous school year, that is (2004-2005)? 1 yes 2 no 8 dk next line next line	ED8. During that previous school year, which level and grade did (name) attend (2004-2005)? level: 0 Preschool 1 primary(1-4 grade) 2 secondary(5-11 grade) 3 secondary special 4 higher 6 non-standard curriculum 8 dk grade: 98 dk	yes	no	days	level	grade	y	n	dk	level	grade
01		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
02		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
03		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
04		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
05		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
06		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
07		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	
08		1 2 ⇨ next line	0 1 2 3 4 6 8	1 2	---	0 1 2 3 4 6 8	1 2	1	0 1 2 3 4 6 8	1 2	8	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8	---	

line	yes no	level	grade	yes	no	days	level	grade	y	n	dk	level	grade
09	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
10	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
11	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
12	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
13	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
14	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
15	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
16	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
17	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
18	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
19	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
20	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
21	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
22	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----
23	1 2 ⇄ next line	0 1 2 3 4 6 8	-----	1	2	---	0 1 2 3 4 6 8	-----	1	2	8	0 1 2 3 4 6 8	-----

<p>WS7. 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</p> <p>Flush to piped sewer system11</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 where15</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>Hanging toilet/hanging latrine. 51</p> <p>No facilities or bush or field 95</p> <p>Other (specify) 96</p>	<p>95⇒ next module</p>
<p>WS8. Do you share this facility with other households?</p>	<p>Yes.....1</p> <p>No2</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
HC1b. What is the mother tongue/native language of the head of this household?	Uzbek1 Russian2 Karakalpak3 Tajik4 Kirgiz.....5 Other language (specify)6	
HC2. How many rooms in this household are used for sleeping?	No. of rooms---	
HC3. Main material of the dwelling floor: Record observation.	Natural floor Earth/sand11 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips (Linoleum) 32 Ceramic tiles 33 Cement/Concrete 34 Carpet 35 Other (specify) 96	
HC4. Main material of the roof. Record observation.	Natural roofing Thatch12 Earthen cover 14 Rudimentary Roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood 32 Calamine/cement fiber (Shifer) 33 Ceramic tiles 34 Cement 35 Other (specify) 96	
HC5. Main material of the walls. Record observation.	Rudimentary walls Stone with mud 22 Uncovered adobe 23 Plywood/boards 24 Reused wood 26 Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe/Pahsa 35 Wood frame filled with clay/Sinch 36 Other (specify) 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 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (specify) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8
HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? Probe for type.	Open fire1 Open stove2 Closed stove3 Other (specify)6	

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 house1 In a separate building2 Outdoors3 Other (specify)6	
HC9. Does your household have:	Yes No	
Electricity?	Electricity 1 2	
A radio?	Radio 1 2	
A television?	Television 1 2	
A mobile telephone?	Mobile Telephone 1 2	
A non-mobile telephone?	Non-Mobile Telephone 1 2	
A refrigerator?	Refrigerator 1 2	
Electric Boiler?	Electric boiler 1 2	
Table?	Table 1 2	
Chair?	Chair 1 2	
Mirror?	Mirror 1 2	
Washing machine?	Washing machine 1 2	
Vacuum cleaner?	Vacuum cleaner 1 2	
Video player/DVD player?	Video/DVD player 1 2	
Armoire?	Armoire 1 2	
Set of furniture?	Set of furniture 1 2	
HC10. Does any member of your household own:	Yes No	
A watch?	Watch 1 2	
A bicycle?	Bicycle 1 2	
A motorcycle or scooter?	Motorcycle/Scooter 1 2	
An animal-drawn cart?	Animal drawn-cart 1 2	
A car or truck?	Car/Truck 1 2	
A computer?	Computer 1 2	
Tractor/combine?	Tractor/combine 1 2	
HC11. Does any member of this household own/have on lease any land that can be used for agriculture?	Yes.....1 No.....2	2⇒HC13
HC12. How many hectares of agricultural land do members of this household own?	If >= 1 Ha, Hectares 1, _____	
If 1 and more than circle "1" and record amount of hectares If more than 97, record '97'. If less than 1 hectare, circle "2" and record amount of hundredth parts.	If <= 1 Ha, Hundredth parts 2, _____	
If unknown, record '998'.	DK 998_____	
HC13. Does this household own any livestock, herds, or farm animals?	Yes.....1 No.....2	2⇒next module
HC14. How many of the following animals does this household have?		
Cattle?	Cattle _____	
Milk cows or bulls?	Milk cows or bulls _____	
Horses, donkeys, or mules?	Horses, donkeys, or mules _____	
Camels?	Camels _____	
Goats?	Goats _____	
Sheep?	Sheep _____	
Chickens?	Chickens _____	
Rabbits?	Rabbits _____	
If none, record '00'. If more than 97, record '97'. If unknown, record '98'.		

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. Line no.	CL2. Name	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 → to CL5			CL4. If yes: 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. Record response then → CL6	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? If yes: for pay in cash or kind? 1 yes, for pay (cash or kind) 2 yes, unpaid 3 no			CL6. During the past week, did (name) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? 1 yes 2 no → to CL8		CL7. If yes: Since last (day of the week), about how many hours did he/she spend doing these chores?	CL8. During the past week, did (name) 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. If yes: Since last (day of the week), about how many hours did he/she do this work?	
		paid	unpaid	no		yes	no	yes	no	yes		no			
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	

line no.	name	yes			no. hours	yes			no	no. hours	yes	no	no. hours
		paid	unpaid	no		paid	unpaid	no					
10		1	2	3		1	2	3	2	1	2		
11		1	2	3		1	2	3	2	1	2		
12		1	2	3		1	2	3	2	1	2		
13		1	2	3		1	2	3	2	1	2		
14		1	2	3		1	2	3	2	1	2		
15		1	2	3		1	2	3	2	1	2		
16		1	2	3		1	2	3	2	1	2		
17		1	2	3		1	2	3	2	1	2		
18		1	2	3		1	2	3	2	1	2		
19		1	2	3		1	2	3	2	1	2		
20		1	2	3		1	2	3	2	1	2		
21		1	2	3		1	2	3	2	1	2		
22		1	2	3		1	2	3	2	1	2		
23		1	2	3		1	2	3	2	1	2		

DISABILITY		DA											
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank		I would like to ask you if any children in this household aged 2 through 9 has any of the health conditions I am going to mention to you.											
DA1. Line no.	DA2. Child's name	DA3. Compared with other children, does or did (name) have any serious delay in sitting, standing, or walking?	DA4. Compared with other children, does (name) have difficulty seeing, either in the daytime or at night?	DA5. Does (name) appear to have difficulty hearing? (uses hearing aid, hears with difficulty, completely deaf?)	DA6. When you tell (name) to do something, does he/she seem to understand what you are saying?	DA7. Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	DA8. Does (name) sometimes have fits, become rigid, or lose consciousness?	DA9. Does (name) learn to do things like other children his/her age?	DA10. Does (name) speak at all (can he/she make him or herself understood in any recognizable words)?	DA11. (For 3-9 year-olds): Is (name)'s speech in any way different from normal (not clear enough to be understood by people other than the immediate family)?	DA12. (For 2-year-olds): Can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)?	DA13. Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow?	
Line	Name	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
01		1	2	1	2	1	2	1	2	1	2	1	2
02		1	2	1	2	1	2	1	2	1	2	1	2
03		1	2	1	2	1	2	1	2	1	2	1	2
04		1	2	1	2	1	2	1	2	1	2	1	2
05		1	2	1	2	1	2	1	2	1	2	1	2
06		1	2	1	2	1	2	1	2	1	2	1	2
07		1	2	1	2	1	2	1	2	1	2	1	2
08		1	2	1	2	1	2	1	2	1	2	1	2
09		1	2	1	2	1	2	1	2	1	2	1	2
10		1	2	1	2	1	2	1	2	1	2	1	2

Line	Name	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N		
11		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
12		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
13		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
14		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
15		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
16		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
17		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
18		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
19		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
20		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
21		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
22		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
23		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2

MATERNAL MORTALITY MODULE										MM
Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank.										
MM1. Line no.	MM2. Name	MM3. Is this a proxy report? 1 yes → MM4 2 no → MM5	MM4. Line no. of proxy respondent (from household listing HLI)	MM5. How many sisters (born to the same mother) have you ever had? 98= don't know	MM6. How many of these sisters ever reached age 15? 98= don't know	MM7. How many of these sisters (who are at least 15 years old) are alive now? 98= don't know	MM8. How many of these sisters who reached age 15 or more have died? 98= don't know	MM9. How many of these dead sisters died while pregnant, or during childbirth, or during the six weeks after the end of pregnancy? 98= don't know		
Line	Name	Y N	Line							
01		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	---	---	---	---	---	---		
10		1 2	---	---	---	---	---	---		
11		1 2	---	---	---	---	---	---		

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>Once you have examined the salt, Circle number that corresponds to test outcome.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Not iodized 0 PPM</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Less than 15 PPM.....</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">15 PPM or more</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">No salt in home</td> <td style="text-align: right; padding: 2px;">6</td> </tr> <tr> <td style="padding: 2px;">Salt not tested</td> <td style="text-align: right; padding: 2px;">7</td> </tr> </table>	Not iodized 0 PPM	1	Less than 15 PPM.....	2	15 PPM or more	3	No salt in home	6	Salt not tested	7	
Not iodized 0 PPM	1											
Less than 15 PPM.....	2											
15 PPM or more	3											
No salt in home	6											
Salt not tested	7											

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.