

APPENDIX F. Questionnaires

See the Questionnaires in separate file

HOUSEHOLD QUESTIONNAIRE
VIET NAM

HOUSEHOLD INFORMATION PANEL		HH
HHA. Province/ City name and number: Name _____	HHB. District name and number: Name _____	
HHC. Commune/ Ward name and number: _____		
HH1. EA name and number: Name _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Team leader name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / _____		
HH6. Area: Urban.....1 Rural.....2	HH7. Region: Red River Delta 1 Northern Midlands and Mountain area 2 North Central and Central Coastal area 3 Central Highlands 4 South East 5 Mekong River Delta 6	

WE ARE FROM GENERAL STATISTICS OFFICE. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 40 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 TEAM LEADER.

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:	
Completed01	HH10. Respondent to household questionnaire:
No household member or no competent respondent at home at time of visit.....02	Name: _____
Entire household absent for extended period of time03	Line Number: _____
Refused04	
Dwelling vacant / Address not a dwelling05	
Dwelling destroyed06	
Dwelling not found07	HH11. Total number of household members: _____
Other (specify) _____ 96	
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	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								
<p>HI18. Record the time.</p> <p>Hour..... _ _ _</p> <p>Minutes _ _ _</p>																		
<p>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.</p>																		
HL1. Line number	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? Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.	HL6. How old is (name)?	HL7. For women 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?	HL10. Did (name) stay here last night?	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?					
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Mother	Y	N	DK	Y	N	DK	Father
01		0 1	1	2	---	---	---	01	---	---	---	1	2	8	---	---	---	---
02		---	1	2	---	---	---	02	---	---	---	1	2	8	---	---	---	---
03		---	1	2	---	---	---	03	---	---	---	1	2	8	---	---	---	---
04		---	1	2	---	---	---	04	---	---	---	1	2	8	---	---	---	---
05		---	1	2	---	---	---	05	---	---	---	1	2	8	---	---	---	---
06		---	1	2	---	---	---	06	---	---	---	1	2	8	---	---	---	---
07		---	1	2	---	---	---	07	---	---	---	1	2	8	---	---	---	---
08		---	1	2	---	---	---	08	---	---	---	1	2	8	---	---	---	---

HL

HOUSEHOLD LISTING FORM

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 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.

HL1. Line number	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? Record response in Solar calendar only. If needed use the Lunar-Solar conversion table.	HL6. How old is (name)?	For women age 15-49		For children age 5-17		For children under age 5		For all household members		For children age 0-17 years						
						HL7. Circle line number if woman is of 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?	HL10. Did (name) STAY HERE LAST NIGHT?	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?							
Line	Name	Relation*	M	F	Month	Year	Age	Mother	Mother	Mother	Mother	Y	N	DK	Y	N	DK			
09			1	2			09					1	2	1	2	8		1	2	8
10			1	2			10					1	2	1	2	8		1	2	8
11			1	2			11					1	2	1	2	8		1	2	8
12			1	2			12					1	2	1	2	8		1	2	8
13			1	2			13					1	2	1	2	8		1	2	8
14			1	2			14					1	2	1	2	8		1	2	8
15			1	2			15					1	2	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, adopted children) 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.

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

GRADE CONVERSION TABLE FOR UNIVERSALISED EDUCATION SYSTEMS		EQUIVALENT GENERAL EDUCATION LEVELS									
General education system for conversion		From 1945 until 1954		Temporarily occupied region		Complementary education (CE) system		Educational system in Northern Viet Nam		Current national education system	
Level	Grade	System under the French time	Free region	1945-1950	1950-1954	Temporarily occupied region	Complementary education (CE) system	Prior to 1981	From 1981-1986	1986-1989	Current national education system
	1	Grade 5 (Cours enfantin)			Grade 5	Grade 5 primary school		Pre-school	Grade 1	Grade 1	Grade 1
Primary School	2	Grade 4 (Cours préparatoire)	Grade 4	Grade 1	Grade 4	Grade 4 primary school	Grade 1 CE	Grade 1	Grade 2	Grade 2	Grade 2
	3	Grade 3 (Cours élémentaire)	Grade 3	Grade 2	Grade 3	Grade 3 primary school	Grade 2 CE	Grade 2	Grade 3	Grade 3	Grade 3
	4	Intermediate 1 (Moyen1)	Grade 2	Grade 3	Grade 2	Grade 2 primary school	Grade 3 CE	Grade 3	Grade 4	Grade 4	Grade 4
	5	Intermediate 2 (Moyen2)	Grade 1	Grade 4	Grade 1	Grade 1 primary school	Grade 4 CE	Grade 4	Grade 5	Grade 5	Grade 5
	6	Certificate (Certificat)									
	6	First year (Première année)	First year		7th class	Secondary school	Grade 5 CE		Grade 6	Grade 6	Grade 6
Lower Secondary School	7	Second year (Deuxième année)	Second year	Grade 5	6th class	Secondary school	Grade 6 CE	Grade 5	Grade 6	Grade 7	Grade 7
	8	Third year (Troisième année)	Third year	Grade 6	5th class	Secondary school	Grade 7 CE	Grade 6	Grade 7	Grade 8	Grade 8
	9	Fourth year - Diploma (Quatrième année - Diplôme)	Fourth year	Grade 7	4th class	Secondary school	Grade 7B CE	Grade 7			Grade 9
	10	First year	First year	Grade 8	3rd class		Grade 8 CE	Grade 8	Grade 10	Grade 10	Grade 10
Upper Secondary School	11	First part, secondary school degree (Baccalauréat première partie)	Second year	Grade 9	2nd class Baccalauréate I		Grade 9 CE	Grade 9	Grade 11	Grade 11	Grade 11
	12	Second part, secondary school degree (Baccalauréat deuxième partie)	Third year	Grade 9	1st class 2nd education degree		Grade 10A CE	Grade 9	Grade 12	Grade 12	Grade 12

EDUCATION		For household members age 5 and above											ED					
		For household members age 5-24 years																
ED1. Line number	Name and age Copy from Household Listing Form, HL2 and HL6	ED2. Name and age	ED3. Has (name) ever attended school or pre-school?	ED4. What is the highest level of school (name) attended? What is the highest grade (name) completed at this level? Record response in 12 year system. Use conversion table if needed.	ED5. During the (2011) school year, did (name) attend school or preschool at any time?	ED6. During this school year, which level and grade is/was (name) attending?	ED7. During the previous school year, that is (2009-2010), did (name) attend school or preschool at any time?	ED8. During that previous school year, which level and grade did (name) attend?	Y	N	DK	Level	Grade	Y	N	DK	Level	Grade
01			1	0 Preschool ↕	ED5	0 Preschool ↕	0 Preschool ↕	0 Preschool ↕	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
02			1	1 Primary	ED5	1 Primary	1 Primary	1 Primary	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
03			1	2 Lower Secondary	ED5	2 Lower Secondary	2 Lower Secondary	2 Lower Secondary	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
04			1	3 Upper Secondary	ED5	3 Upper Secondary	3 Upper Secondary	3 Upper Secondary	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
05			1	4 Professional School ↕	ED5	4 Professional School ↕	4 Professional School ↕	4 Professional School ↕	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
06			1	5 College/University & above ↕	ED5	5 College/University & above ↕	5 College/University & above ↕	5 College/University & above ↕	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
07			1	Next Line	ED5	Next Line	Next Line	Next Line	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
08			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
09			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
10			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
11			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
12			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
13			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
14			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 8	—
15			1	8 DK	ED5	8 DK	8 DK	8 DK	1	2	8	0 1 2 3 4 5 8	—	1	2	8	0 1 2 3 4 5 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
	Tube Well, 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, dam, lake, pond, canal, irrigation channel)	81	
Bottled water.....	91	
Other (<i>specify</i>)	96	
		11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒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
	Tube Well, 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, dam, lake, pond, canal, irrigation channel)	81	
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
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)	1
	Adult man (age 15+ years)	2
	Female child (under 15).....	3
	Male child (under 15).....	4
	DK.....	8
	Yes.....	1
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	No2	
	DK.....	8
		2⇒WS8 8⇒WS8

<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>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>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>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>Pit latrine</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 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</p> <p>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</p> <p>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
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Buddhism.....	1
	Muslim	2
	Cao Dai.....	3
	Hoa Hao	4
	Christian Catholic	5
	Christian Protestant.....	9
	Other religion (<i>specify</i>) _____	6
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	No religion	7
	Kinh	01
	Tay	02
	Thai.....	03
	Muong.....	04
	Khmer.....	05
	Chinese	06
	Nung.....	07
	Hmong.....	08
	Other (<i>specify</i>) _____	96
Unspecified _____	97	
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
	Palm / Bamboo	22
	Finished floor	
	Parquet or polished wood.....	31
	Vinyl sheets	32
	Ceramic tiles	33
	Cement/ concrete	34
Carpet.....	35	
Enamelled tiles/ marble	36	
Other (<i>specify</i>) _____	96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing	
	No Roof	11
	Thatch / Palm leaf/ Straw	12
	Rudimentary Roofing	
	Bamboo/ tree-trunk.....	22
	Wood planks/ shingles.....	23
	Cardboard.....	24
	Finished roofing	
	Metal/ corrugated iron sheet.....	31
	Calamine / Cement fibre.....	33
	Ceramic tiles	34
	Cement/ reinforced concrete	35
	Stone slates	37
Asphalt sheets	38	
Other (<i>specify</i>) _____	96	

	Natural walls	
	No walls	11
	Bamboo/ Cane / Palm / Tree-Trunks	12
	Dirt	13
	Reed	14
	Rudimentary walls	
	Bamboo with mud	21
	Stone with mud	22
	Uncovered adobe	23
	Plywood	24
	Cardboard.....	25
	Reused wood (packing wood)	26
HC5. Main material of the exterior walls.	Finished walls	
	Reinforced concrete	31
	Stone/ Laterite	32
	Bricks (covered or uncovered).....	33
	Cement blocks/ coal residue bricks	34
	Covered adobe	35
	Wood planks / shingles.....	36
Record observation.	Other (specify) _____	96
	Electricity	01
	Liquefied Petroleum Gas (LPG)	02
	Natural gas	03 01⇒HC8
	Biogas.....	04 02⇒HC8
	Kerosene	05 03⇒HC8
		04⇒HC8
	Coal/ Pit-coal/ light coal.....	06 05⇒HC8
	Charcoal	07
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD	Wood	08
<u>MAINLY</u> USE FOR COOKING?	Straw / Shrubs / Grass	09
	Animal dung.....	10
	Agricultural crop residue.....	11
	No food cooked in household.....	95
	Other (specify) _____	96 95⇒HC8
	In the house	
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN	In a separate room used as kitchen	1
A SEPARATE BUILDING, OR OUTDOORS?	Elsewhere in the house	2
	In a separate building	3
	Outdoors.....	4
If 'In the house', probe: IS IT DONE IN A	Other (specify) _____	6
SEPARATE ROOM USED AS A KITCHEN?		

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 BED?	Bed 1	2
[G]	A TABLE AND CHAIRS SET?	Table and chairs set 1	2
[H]	A SOFA?	Sofa 1	2
[I]	A CUPBOARD FOR CLOTH?	Cupboard 1	2
[J]	KITCHEN CABINETS?	Kitchen cabinets 1	2
[K]	A FAN?	Fan 1	2
[L]	CABLE/ DIGITAL TV?	Cable/ digital TV 1	2
[M]	A COMPUTER?	Computer 1	2
[N]	AIR CONDITIONER?	Air conditioner 1	2

HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:		Yes	No
[A]	A WRIST WATCH?	Wrist watch 1	2
[B]	A MOBILE TELEPHONE?	Mobile telephone 1	2
[C]	A BICYCLE?	Bicycle 1	2
[D]	A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter 1	2
[E]	A POWER-TILLER OR TRACTOR?	Power-tiller / Tractor 1	2
[F]	A CAR OR TRUCK?	Car / Truck 1	2
[G]	A SHIP OR BOAT WITH A MOTOR?	Ship/ Boat with motor 1	2

HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?		Yes	No
	Own	1	
	Rent	2	
	Other (Not owned or rented).....	6	
	<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>		
	<i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>		

HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No2	2⇒HC12A
HC12. HOW MANY SQUARE METERS (M ²) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR?	M ² _____	
	<i>If unknown, record '99998'.</i>	
HC12A. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY WATER SURFACE AREA THAT CAN BE USED FOR AQUACULTURE?	Yes..... 1 No2	2⇒HC13
HC12B. HOW MANY SQUARE METERS (M ²) OF WATER SURFACE AREA DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR?	M ² _____	
	<i>If unknown, record '99998'.</i>	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes..... 1 No2	2⇒HC15

HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?

- | | | | |
|-----------------------------------|------------------------------------|-----|-----|
| [A] BUFFALO, MILK COWS, OR BULLS? | Buffalo, milk cows, or bulls | ___ | ___ |
| [B] HORSES? | Horses | ___ | ___ |
| [C] GOATS? | Goats | ___ | ___ |
| [D] SHEEP? | Sheep | ___ | ___ |
| [E] CHICKENS? | Chickens | ___ | ___ |
| [F] PIGS? | Pigs | ___ | ___ |
| [G] DUCKS, GEESE, OR SWANS? | Ducks, geese, swans | ___ | ___ |

*If none, record '00'.
If 95 or more, record '95'.
If unknown, record '98'.*

HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?

- | | |
|-----------|---|
| Yes | 1 |
| No | 2 |

Not including Deposit Certificate.

INSECTICIDE TREATED NETS		TN					
TN1. Does your household have any mosquito nets that can be used while sleeping?		Yes.....1	No.....2	2 → Next Module			
TN2. How many mosquito nets does your household have?		Number of nets..... ____					
TN3. ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).							
TN4. Mosquito net observed?	1 st Net	2 nd Net	3 rd Net	4 th Net	5 th Net	6 th Net	
	Observed.....1 Not observed.....2	Observed.....1 Not observed.....2	Observed.....1 Not observed.....2	Observed.....1 Not observed.....2	Observed.....1 Not observed.....2	Observed.....1 Not observed.....2	
TN5. Observe or ask the brand/type of mosquito net.	Long-lasting treated nets	Long-lasting treated nets	Long-lasting treated nets	Long-lasting treated nets	Long-lasting treated nets	Long-lasting treated nets	
	Global Fund.....11 Other (specify).....16 DK brand.....18	Global Fund.....11 Other (specify).....16 DK brand.....18	Global Fund.....11 Other (specify).....16 DK brand.....18	Global Fund.....11 Other (specify).....16 DK brand.....18	Global Fund.....11 Other (specify).....16 DK brand.....18	Global Fund.....11 Other (specify).....16 DK brand.....18	
If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.	Pre-treated nets	Pre-treated nets	Pre-treated nets	Pre-treated nets	Pre-treated nets	Pre-treated nets	
	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98	Global Fund.....21 Other (specify).....26 DK brand.....28 Other net (specify).....31 DK brand / type.....98
TN6. How many months ago did your household get the mosquito net?	Months ago..... ____	Months ago..... ____	Months ago..... ____	Months ago..... ____	Months ago..... ____	Months ago..... ____	
	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	
If less than one month, record "00"	Months ago.....95 DK / Not sure.....98	Months ago.....95 DK / Not sure.....98	Months ago.....95 DK / Not sure.....98	Months ago.....95 DK / Not sure.....98	Months ago.....95 DK / Not sure.....98	Months ago.....95 DK / Not sure.....98	
	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	More than 36 mo. ago.....95 DK / Not sure.....98	
TN7. Check TN5 for type of net	Long-lasting (11-18) → TN11	Long-lasting (11-18) → TN11	Long-lasting (11-18) → TN11	Long-lasting (11-18) → TN11	Long-lasting (11-18) → TN11	Long-lasting (11-18) → TN11	
	Pre-treated (21-28) → TN9	Pre-treated (21-28) → TN9	Pre-treated (21-28) → TN9	Pre-treated (21-28) → TN9	Pre-treated (21-28) → TN9	Pre-treated (21-28) → TN9	
TN8. When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	Else → Continue	Else → Continue	Else → Continue	Else → Continue	Else → Continue	Else → Continue	
	Yes.....1 No2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure.....8	Yes.....1 No2 DK / Not sure.....8	

TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No2 ⇨ TN11 DK / Not sure..... 8 ⇨ TN11	Yes 1 No2 ⇨ TN11 DK / Not sure..... 8 ⇨ TN11	Yes 1 No2 ⇨ TN11 DK / Not sure..... 8 ⇨ TN11	Yes 1 No2 ⇨ TN11 DK / Not sure..... 8 ⇨ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago..... More than 24 mo. ago95 DK / Not sure.....98	Months ago..... More than 24 mo. ago95 DK / Not sure.....98	Months ago..... More than 24 mo. ago95 DK / Not sure.....98	Months ago..... More than 24 mo. ago95 DK / Not sure.....98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No2 ⇨ TN13 DK / Not sure..... 8 ⇨ TN13	Yes 1 No2 ⇨ TN13 DK / Not sure..... 8 ⇨ TN13	Yes 1 No2 ⇨ TN13 DK / Not sure..... 8 ⇨ TN13	Yes 1 No2 ⇨ TN13 DK / Not sure..... 8 ⇨ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?	Name _____ Line number	Name _____ Line number	Name _____ Line number	Name _____ Line number
<i>Record the person's line number from the household listing form</i>	Name _____ Line number	Name _____ Line number	Name _____ Line number	Name _____ Line number
<i>If someone not in the household list slept under the mosquito net, record "00"</i>	Name _____ Line number	Name _____ Line number	Name _____ Line number	Name _____ Line number
TN13.	Line number	Line number	Line number	Line number
	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 for next net. If no more nets, go to next module	Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module
	Tick here if additional questionnaire used <input type="checkbox"/>			

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes.....	1
	No2	
	DK.....	8

CHILD LABOUR										CL	
<p>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.</p>											
CL1. Line number	Name	Age	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?		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?	CL5. During the past week, did (name) fetch water or collect firewood for household use?	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 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?	CL10. Since last (day of the week), about how many hours did he/she spend doing these chores?
			Yes	No							
Line	Name	Age	Paid	Unpaid	Number of hours	Number of hours	Number of hours	Number of hours	Number of hours	Number of hours	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

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 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

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.
 Name _____
 Line number

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> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <u>(name)</u> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes..... 1 No2	
CD12. EXPLAINED WHY <u>(name)</u> 'S BEHAVIOR WAS WRONG.	Yes..... 1 No2	
CD13. SHOOK HIM/HER.	Yes..... 1 No2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes..... 1 No2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes..... 1 No2	
CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes..... 1 No2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes..... 1 No2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes..... 1 No2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes..... 1 No2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes..... 1 No2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes..... 1 No2	
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 No2 Don't know / No opinion..... 8	

HANDWASHING		HW
	Observed.....	1
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Not observed	
	Not in dwelling / plot / yard	2 2 ⇨HW4
	No permission to see.....	3 3 ⇨HW4
	Other reason.....	6 6 ⇨HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i>		
<i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available	1
	Water is not available	2
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i>	Bar soap	A
	Detergent (Powder / Liquid / Paste)	B A⇨HH19
<i>Circle all that apply.</i>	Liquid soap	C B⇨HH19
<i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Ash / Mud / Sand.....	D C⇨HH19
	None.....	Y D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes.....	1
	No2	2⇨HH19
HW5. CAN YOU PLEASE SHOW IT TO ME?	Bar soap	A
<i>Record observation. Circle all that apply.</i>	Detergent (Powder / Liquid / Paste)	B
	Liquid soap	C
	Ash / Mud / Sand.....	D
	Not able / Does not want to show.....	Y
HH19. <i>Record the time.</i>	Hour and minutes	__ : __
SALT IODIZATION		SI
	Not iodized 0 PPM	1
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?	More than 0 PPM & less than 15 PPM.....	2
	15 PPM or more	3
<i>Once you have tested the salt, circle number that corresponds to test outcome.</i>	No salt in the house.....	6
	Salt not tested.....	7

HH20. Does any eligible woman age 15-49 reside in the household?

Check Household Listing Form, column HL7 for any eligible woman.
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.

HH21. Does any child under the age of 5 reside in the household?

Check Household Listing Form, column HL9 for any eligible child under age 5.
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 complete HH8 to HH15 on the cover page.

Interviewer's Observations

Field Editor's Observations

Team Leader's Observations