

APPENDIX F. VIET NAM MICS 2014 QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE Viet Nam MICS 2014

HOUSEHOLD INFORMATION PANEL		HH
HH0A. Province/ City's name and number: Name _____	HH0B. District's name and number: Name _____	
HH0C. Commune/ Ward name and number: _____		
HH1. Cluster's name and number: Name _____	HH2. Household number: _____	
HH3. Interviewer's name and number: Name _____	HH4. Team leader's name and number: Name _____	
HH5. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____	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	
HH6. Area: Urban 1 Rural 2		
MY NAME IS [...] WE ARE FROM THE GENERAL STATISTICS OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN AND HOUSEHOLDS. 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 ANONYMOUS. MAY I START NOW? <input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to HH18 to record the time and then begin the interview. <input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle 04 in HH9. Discuss this result with your supervisor.		
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (<i>specify</i>) 96		

<i>After the household questionnaire has been completed, fill in the following information:</i>
HH10. Respondent to Household Questionnaire: Name _____
HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____
HH14. Number of children under age 5: _____
HH16. Field editor's name and number: Name _____

<i>After all questionnaires for the household have been completed, fill in the following information:</i>
HH13. Number of women's questionnaires completed: _____
HH15. Number of under-5 questionnaires completed: _____
HH17. Main data entry clerk's name and number: Name _____

HH18. Record the time.
 Hour
 Minutes

LIST OF HOUSEHOLD MEMBERS										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 List of Household Members have been used.																		
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH ACCORDING TO WESTERN CALENDAR? Record the date according to western calendar. Use the lunar-western transformation table if necessary. 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'.	For women age 15-49		For children age 0-17 years								For children age 0-14		
						HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?				
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	DK	Mother	Father	1	2	3	8	Mother	
01		01	1	2				01	1	2	8			1	2	3	8	
02			1	2				02	1	2	8			1	2	3	8	
03			1	2				03	1	2	8			1	2	3	8	
04			1	2				04	1	2	8			1	2	3	8	
05			1	2				05	1	2	8			1	2	3	8	
06			1	2				06	1	2	8			1	2	3	8	
07			1	2				07	1	2	8			1	2	3	8	
08			1	2				08	1	2	8			1	2	3	8	
09			1	2				09	1	2	8			1	2	3	8	
10			1	2				10	1	2	8			1	2	3	8	

		For children age 0-17 years						For children age 0-14						
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH ACCORDING TO WESTERN CALENDAR? <i>Record the date according to western calendar. Use the lunar-western transformation table if necessary.</i> 98 DK 9998 DK	HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'.</i>	For women age 15-49 HL7. Circle line no. if woman age 15-49	For children age 0-4 HL7B. Circle line no. if age 0-4	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No HL15 8 DK HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
Line	Name	Relation*	M F	Month	Year	Age	Y N DK	Mother	Father	Y N DK	1 2 3 8	1 2 3 8	1 2 3 8	Mother
11			1 2			11	1 2 8			1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	
12			1 2			12	1 2 8			1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	
13			1 2			13	1 2 8			1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	
14			1 2			14	1 2 8			1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	
15			1 2			15	1 2 8			1 2 8	1 2 3 8	1 2 3 8	1 2 3 8	

Tick here if additional questionnaire used

Probe for additional household members.

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

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

* Codes for HL3: Relationship to head of household:	01 Head	07 Parent-in-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse/Partner	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	09 Brother-in-Law / Sister-in-Law	12 Other relative		

EDUCATION		For household members age 5 and above										For household members age 5-24 years									
ED1. Line number	ED2. Name and age Copy from HL2 and HL6	ED3. HAS (name) 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 2013-2014 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?							
		Yes	No	Level	Grade	Ye	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	___	___			

ED

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years. Total number __

SL2. Check the number of children age 1-17 years in SL1:

Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module

One ⇒ Go to SL9 and record the rank number as '1', enter the line number (HL1), child's name (HL2) and age (HL6)

Two or more ⇒ Continue with SL2A

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	__ __

SL8. 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 children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	2	3	4	5	6	7	8+
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number __

Line number __ __

Name _____

Age __ __

CHILD LABOUR		CL															
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module <input type="checkbox"/> 5-17 years ⇒ Continue with CL2																	
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Worked on plot / farm / food garden / looked after animals</td> <td>1</td> <td>2</td> </tr> <tr> <td>Helped in family / relative's business/ran own business</td> <td>1</td> <td>2</td> </tr> <tr> <td>Produce / sell articles / handicrafts / clothes / food or agricultural products</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other activity</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Worked on plot / farm / food garden / looked after animals	1	2	Helped in family / relative's business/ran own business	1	2	Produce / sell articles / handicrafts / clothes / food or agricultural products	1	2	Any other activity	1	2	
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CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8																	
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours	___															
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes..... 1 No 2	1 ⇒ CL8															
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes..... 1 No 2	1 ⇒ CL8															

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)?</p> <p>[A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)'S HEALTH OR SAFETY?</p>	<p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p> <p>Yes..... 1 No 2</p>	<p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p> <p>1 ⇒ CL8</p>																								
<p>CL8. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes..... 1 No 2</p>	<p>2 ⇒ CL10</p>																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									
<p>CL10. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Shopping for household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for old / sick</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house ...	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
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<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>																										
<p>CL12. SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _ _</p>																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ____ Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <u>(name) IN THE PAST MONTH.</u>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	1	2	[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2	
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[C] SHOOK HIM/HER.	1	2																																				
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2																																				
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2																																				
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	1	2																																				
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	1	2																																				
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2																																				
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2																																				
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2																																				
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	1	2																																				
CD4. 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 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Buddhism 01 Muslim..... 02 Cao Dai 03 Hoa Hao 04 Christian Catholic 05 Christian Protestant..... 06 Other religion (<i>specify</i>) _____ 96 No religion 97	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Kinh 01 Tay 02 Thai 03 Muong 04 Khmer 05 Chinese 06 Nung 07 Mong 08 Gia Rai 09 Ê đê..... 10 Ba na..... 11 Other ethnic group (<i>specify</i>) _____ 96	
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 or asphalt strips 32 Ceramic tiles..... 33 Cement..... 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..... 12 Rudimentary roofing Palm / Bamboo 22 Wood planks..... 23 Cardboard 24 Finished roofing Metal / Tin..... 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles..... 34 Cement..... 35 Stone slates..... 37 Asphalt sheets..... 38 Other (<i>specify</i>) _____ 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane / Palm / Trunks..... 12</p> <p>Dirt..... 13</p> <p>Reed..... 14</p> <p>Rudimentary walls</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud..... 22</p> <p>Uncovered adobe..... 23</p> <p>Plywood..... 24</p> <p>Cardboard..... 25</p> <p>Reused wood..... 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime / cement..... 32</p> <p>Bricks..... 33</p> <p>Cement blocks..... 34</p> <p>Covered adobe..... 35</p> <p>Wood planks / shingles..... 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquefied Petroleum Gas (LPG)..... 02</p> <p>Natural gas..... 03</p> <p>Biogas..... 04</p> <p>Kerosene..... 05</p> <p>Coal / Lignite..... 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Animal dung..... 10</p> <p>Agricultural crop residue..... 11</p> <p>No food cooked in household..... 95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>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</p> <p>In a separate room used as kitchen..... 1</p> <p>Elsewhere in the house..... 2</p> <p>In a separate building..... 3</p> <p>Outdoors..... 4</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 TELEVISION?</p> <p>[D] A FIXED TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A BED?</p> <p>[G] A TABLE AND CHAIR SET?</p> <p>[H] SOFA?</p> <p>[I] A FAN?</p> <p>[J] A COMPUTER?</p> <p>[K] AN AIRCONDITIONER?</p> <p>[L] A GAS COOKER?</p> <p>[M] AN ELECTRIC COOKER?</p> <p>[N] A WASHING MACHINE?</p> <p>[O] A TRACTOR?</p> <p>[P] A CAR OR TRUCK?</p> <p>[Q] A SHIP OR BOAT WITH A MOTOR?</p>	<p style="text-align: right;">Yes No</p> <p>Electricity 1 2</p> <p>Radio 1 2</p> <p>Television 1 2</p> <p>Fixed telephone 1 2</p> <p>Refrigerator 1 2</p> <p>Bed 1 2</p> <p>Table and chair set 1 2</p> <p>Sofa 1 2</p> <p>Fan 1 2</p> <p>Computer 1 2</p> <p>Airconditioner 1 2</p> <p>Gas cooker 1 2</p> <p>Electric cooker 1 2</p> <p>Washing machine 1 2</p> <p>Tractor 1 2</p> <p>Car 1 2</p> <p>Ship and boat with a motor 1 2</p>	
<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p>	<p style="text-align: right;">Yes No</p> <p>Mobile telephone 1 2</p> <p>Bicycle 1 2</p> <p>Motorcycle / Scooter 1 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>Own 1</p> <p>Rent 2</p> <p>Other (specify) _____ 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC12A
<p>HC12. HOW MANY METERS SQUARE (M²) OF AGRICULTURAL LAND DO MEMBERS OF THIS</p>		

HOUSEHOLD OWN OR HAVE USER RIGHTS FOR? <i>If 99995 or more, record '99995'. If unknown, record '99998'</i>	M ²	
HC12A. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR ANY WATER SURFACE AREA THAT CAN BE USED FOR AQUACULTURE?	Yes1 No.....2	2⇒HC12C
HC12B. HOW MANY METERS SQUARE (M ²) OF WATER SURFACE AREA DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE USER RIGHTS FOR? <i>If 99995 or more, record '99995'. If unknown, record '99998'.</i>	M ²	
HC12C. DOES ANY MEMBER OF THIS HOUSEHOLD OWN OR HAVE RIGHTS FOR ANY FORESTRY LAND?	Yes1 No.....2	2⇒HC13
HC12D. HOW MANY METERS SQUARE (M ²) OF FORESTRY LAND DO MEMBERS OF THIS HOUSEHOLD OWN OR HAVE RIGHTS FOR? <i>If 99995 or more, record '99995'. If unknown, record '99998'.</i>	M ²	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes1 No.....2	2⇒HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [E] CHICKEN? [F] PIGS? [G] DUCK, GEESE OR SWANS? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	Cattle, milk cows, or bulls Horses, donkeys, or mules Goats..... Chicken Pigs Duck, Geese or swans.....	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT? <i>Not including Deposit certificate</i>	Yes1 No.....2	

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 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 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 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	

<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>Boil A Add bleach / chlorine B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) _____ X DK Z</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 not possible to determine, 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 Hanging toilet, Hanging latrine..... 51 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 households..... 10 DK 98</p>	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard.....2</p> <p>No permission to see3</p> <p>Other reason (specify) _____ 6</p>	<p>2 ⇨HW4</p> <p>3 ⇨HW4</p> <p>6 ⇨HW4</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available 1</p> <p>Water is not available2</p>	
<p>HW3A. <i>Is soap, detergent present at the place for handwashing?</i></p>	<p>Yes, present 1</p> <p>No, not present.....2</p>	<p>2⇨HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste)..... B</p> <p>Liquid soap C</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes..... 1</p> <p>No.....2</p>	<p>2⇨HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown..... 1</p> <p>No, not shown.....2</p>	<p>2⇨HH19</p>
<p>HW5B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap A</p> <p>Detergent (Powder / Liquid / Paste)..... B</p> <p>Liquid soap C</p>	

HH19. Record the time.	Hour and minutes..... __ __ : __ __	
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HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

A separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN has been issued for each woman age 15-49 years in the List of Household Members (HL7)

A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)

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

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

THANK YOU VERY MUCH FOR ANSWERING THE QUESTIONS. COULD YOU PLEASE GIVE US YOUR TELEPHONE NUMBER IN CASE WE MIGHT NEED SOME MORE INFORMATION?

WE DO NOT USE OR SHARE YOUR NUMBER FOR ANY OTHER PURPOSES.

Telephone number: _____

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations