

HOUSEHOLD INFORMATION PANEL				HH
HH0A. Province/city name and number: NAME _____ _____		HH0B. District name and number: NAME _____		
HH0C. Ward/commune/town name and number: _____				
HH1. Cluster name and number: NAME _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: _____ / _____ / 20____		HH7. Region: NORTHERN MIDLANDS AND MOUNTAIN1 RED RIVER DELTA2 NORTH CENTRAL AND CENTRAL COASTAL3 CENTRAL HIGHLANDS.....4 SOUTH EAST5 MEKONG RIVER DELTA..... 6		
HH6. Area:		URBAN 1 RURAL 2		
HH8. Is the household selected for Questionnaire for Men?		YES 1 NO 2		
HH9. Is the household selected for Water Quality Testing?		YES 1 NO 2	HH10. Is the household selected for blank testing?	YES 1 NO 2
<i>Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.</i>				HH11. Record the time. HOURS : MINUTES ____ : ____
HH12. Hello, my name is (<i>your name</i>). We are from the General Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about 30 minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?				
YES1 NO / NOT ASKED2		1 ⇨LIST OF HOUSEHOLD MEMBERS 2 ⇨HH46		
HH46. Result of Household Questionnaire interview: <i>Discuss any result not completed with Supervisor.</i>		COMPLETED 01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 03 REFUSED 04 DWELLING VACANT OR ADDRESS NOT A DWELLING 05 DWELLING DESTROYED..... 06 DWELLING NOT FOUND 07 OTHER (<i>specify</i>) 96		
HH47. Name and line number of the respondent to Household Questionnaire interview: NAME _____ HOUSEHOLD MEMBERS _____		<i>To be filled after the Household Questionnaire is completed</i> TOTAL NUMBER HH48 _____		<i>To be filled after all the questionnaires are completed</i> COMPLETED NUMBER _____

WOMEN AGE 15-49
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

HH49	__ __
HH50	__ __
HH51	__ __
HH52	__ __

HH53	__ __
HH54	__ __
HH55	__ __
HH56	ZERO 0 ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. <i>Probe for additional household members.</i>	HL3. What is the relationship of (name) to (name) to head of household?	HL4. Is (name) male or female?	HL5. What is (name)'s date of birth?	HL6. How old is (name)? <i>Record in completed years. If age is 95 or above, record '95'.</i>	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15-49 and HHS is yes.	HL10. Record line number if age 0-4.	HL11. Age 0-17? 1 YES 2 NO <i>Next Line</i>	HL12. Is (name)'s natural mother alive? 1 YES 2 NO <i>HL16</i> 8 DK <i>HL16</i>	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO <i>HL15</i>	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO <i>HL20</i> 8 DK <i>HL20</i>	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO <i>HL19</i>	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. Copy the line number of mother from HL14. If blank, ask: Who is the primary caretaker of (name)? <i>If 'No one' for a child age 15-17, record '90'.</i>		
01		01	1 2																	
02		02	1 2																	
03		03	1 2																	
04		04	1 2																	
05		05	1 2																	
06		06	1 2																	
07		07	1 2																	
08		08	1 2																	
09		09	1 2																	
10		10	1 2																	

* Codes for HL3: Relationship to head of household:		01 HEAD		02 SPOUSE / PARTNER		03 SON / DAUGHTER		04 SON-IN-LAW / DAUGHTER-IN-LAW		05 GRANDCHILD		06 PARENT		07 PARENT-IN-LAW		08 BROTHER / SISTER		09 BROTHER-IN-LAW / SISTER-IN-LAW		10 UNCLE/AUNT		11 NIECE / NEPHEW		12 OTHER RELATIVE		13 ADOPTED / FOSTER / STEPCHILD		14 SERVANT (LIVE-IN)		96 OTHER (NOT RELATED)		98 DK	
-----------------------------------------------------	--	---------	--	---------------------	--	-------------------	--	---------------------------------	--	---------------	--	-----------	--	------------------	--	---------------------	--	-----------------------------------	--	---------------	--	-------------------	--	-------------------	--	---------------------------------	--	----------------------	--	------------------------	--	-------	--

EDUCATION 1											ED				
ED1. Line number	ED2. Name and age.	ED3. Age 3 or above?	ED4. Has (name) ever attended school or any Early Childhood Education programme?	ED5. What is the highest level and grade or year of school (name) has ever attended?	ED6. Did (name) ever complete that (grade/ year)?	ED7. Age 3-24?	ED8. Check ED4: Ever attended school or ECE?	ED9.	ED10.	ED11.					
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL	GRADE/YEAR	Y	N	DK	YES	NO	YES	NO
01			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
02			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
03			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
04			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
05			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
06			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
07			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
08			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
09			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2
10			1	2	1	2	3 4 5 8		1	2	8	1	2	1	2

EDUCATION 2

ED

ED1. Line number	ED2. Name and age.	ED9. At any time during the 2020-21 school year did (<i>name</i>) attend school or any Early Childhood Education programme?	ED10. During this 2020-21 school year, which level and grade or year is (<i>name</i>) attending?	ED11. Is (he/she) attending a public school?	ED12. In the 2020-21 school year, has (<i>name</i>) received any school tuition support?	ED13. Who provided the tuition support?	ED14. For the 2020-21 school year, has (<i>name</i>) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?	ED15. At any time during the 2019-20 school year did (<i>name</i>) attend school or any Early Childhood Education programme?	ED16. During the 2019-20 school year did (<i>name</i>) attend?	GRADE/YEAR
LINE	NAME	YES NO	LEVEL	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
02		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
03		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
04		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
05		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
06		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
07		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
08		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
09		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	
10		1 2	0 1 2 3 4 5 8	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 5 8	

HOUSEHOLD CHARACTERISTICS		HC
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	KINH/HOA 1 TAY, THAI, MUONG, NUNG 2 KHMER..... 3 MONG 4 OTHER (<i>specify</i>) 6	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS __ __	
HC4. <i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	NATURAL FLOOR EARTH / SAND11 RUDIMENTARY FLOOR WOOD PLANKS21 PALM / BAMBOO22 FINISHED FLOOR PARQUET OR POLISHED WOOD31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES33 CEMENT34 CARPET35 OTHER (<i>specify</i>) 96	
HC5. <i>Main material of the roof.</i> <i>Record observation.</i>	NO ROOF11 NATURAL ROOFING THATCH / PALM LEAF12 SOD13 RUDIMENTARY ROOFING RUSTIC MAT21 PALM / BAMBOO22 WOOD PLANKS23 CARDBOARD24 FINISHED ROOFING METAL / TIN31 CALAMINE / CEMENT FIBRE.....33 CERAMIC TILES34 CEMENT35 ROOFING SHINGLES36 OTHER (<i>specify</i>) 96	

<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS.....11</p> <p>NATURAL WALLS</p> <p>TRUNKS12</p> <p>DIRT13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD21</p> <p>STONE WITH MUD.....22</p> <p>UNCOVERED ADOBE23</p> <p>PLYWOOD24</p> <p>CARDBOARD25</p> <p>REUSED WOOD26</p> <p>FINISHED WALLS</p> <p>CEMENT31</p> <p>STONE WITH LIME / CEMENT32</p> <p>BRICKS33</p> <p>CEMENT BLOCKS34</p> <p>COVERED ADOBE.....35</p> <p>WOOD PLANKS / SHINGLES36</p> <p>OTHER (<i>specify</i>)96</p>																															
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A Bed/plank bed?</p> <p>[C] A Cabinet/chest (all types)?</p> <p>[D] A sofa?</p> <p>[E] Tables, chairs?</p> <p>[F] A Gas stove?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED/PLANK BED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CABINET/CHEST OF ALL TYPES</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLES, CHAIRS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GAS STOVE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE	1	2	BED/PLANK BED.....	1	2	CABINET/CHEST OF ALL TYPES	1	2	SOFA.....	1	2	TABLES, CHAIRS.....	1	2	GAS STOVE	1	2										
	YES	NO																														
FIXED TELEPHONE LINE	1	2																														
BED/PLANK BED.....	1	2																														
CABINET/CHEST OF ALL TYPES	1	2																														
SOFA.....	1	2																														
TABLES, CHAIRS.....	1	2																														
GAS STOVE	1	2																														
<p>HC8. Does your household have electricity?</p>	<p>YES, INTERCONNECTED GRID 1</p> <p>YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) 2</p> <p>NO 3</p>	<p>3 ⇒HC10</p>																														
<p>HC9. Does your household have:</p> <p>[A] A radio</p> <p>[B] A television</p> <p>[C] A refrigerator</p> <p>[D] An electric fan</p> <p>[E] An air conditioner</p> <p>[F] An electric rice cooker</p> <p>[G] An electric/induction stove</p> <p>[H] A microwave</p> <p>[I] A washing machine</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC FAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC RICE COOKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRIC/ INDUCTION STOVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MICROWAVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING MACHINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	ELECTRIC FAN	1	2	AIR CONDITIONER	1	2	ELECTRIC RICE COOKER	1	2	ELECTRIC/ INDUCTION STOVE	1	2	MICROWAVE	1	2	WASHING MACHINE	1	2	
	YES	NO																														
RADIO.....	1	2																														
TELEVISION.....	1	2																														
REFRIGERATOR.....	1	2																														
ELECTRIC FAN	1	2																														
AIR CONDITIONER	1	2																														
ELECTRIC RICE COOKER	1	2																														
ELECTRIC/ INDUCTION STOVE	1	2																														
MICROWAVE	1	2																														
WASHING MACHINE	1	2																														

	YES	NO	
HC10. Does any member of your household own:			
[A] A wristwatch?	WRISTWATCH	1 2	
[B] A bicycle?	BICYCLE	1 2	
[C] A electric bicycle?	ELECTRIC BICYCLE	1 2	
[D] A motorcycle or scooter?	MOTORCYCLE / SCOOTER	1 2	
[E] An animal-drawn cart?	ANIMAL-DRAWN CART	1 2	
[F] A car, truck or van?	CAR / TRUCK / VAN.....	1 2	
[G] A plough with motor?	PLOUGH WITH MOTOR	1 2	
[H] A tractor?	TRACTOR	1 2	
[I] A boat with a motor?	BOAT WITH MOTOR.....	1 2	
[J] Piano	PIANO	1 2	
HC11. Does any member of your household have a computer or a tablet?	YES.....	1	
	NO	2	
HC12. Does any member of your household have a mobile telephone?	YES.....	1	
	NO	2	
HC13. Does your household have access to internet at home?	YES.....	1	
	NO	2	
HC14. Do you or someone living in this household own this dwelling?	OWN.....	1	
	RENT	2	
<i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i>	OTHER (<i>specify</i>) _____	6	
<i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>			
HC15. Does any member of this household own or have user rights for any land that can be used for agriculture?	YES.....	1	
	NO	2	2 ⇒ HC16A
HC16. How many square meters of agricultural land do members of this household own or have user rights for?	M ²		
	99995 OR MORE	99995	
	DK	99998	
HC16A. Does any member of this household own or have user rights for any water surface area that can be used for Aquaculture?	YES.....	1	
	NO	2	2 ⇒ HC16C
HC16B. How many meters square (m ²) of water surface area do members of this household own or have user rights for?	M ²		
	99995 OR MORE	99995	
	DK	99998	
HC16C. Does any member of this household own or have rights for any forestry land?	YES.....	1	
	NO	2	2 ⇒ HC17

HC16D. How many square meters of forestry land do members of this household own or have rights for?	M ² 99995 OR MORE99995 DK99998	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES..... 1 NO 2	2⇒HC19
HC18. How many of the following animals does this household have? [A] Buffaloes, bulls, or milk cows? [B] Horses, donkeys or mules? [C] Goats? [D] Chickens? [E] Pigs? [F] Ducks or geese? [G] Honey beehives? <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	BUFFALOES, BULLS, OR MILK COWS HORSES, DONKEYS OR MULES GOATS..... CHICKENS PIGS DUCKS OR GEESE BEEHIVES.....	
HC19. Does any member of this household have a bank account?	YES..... 1 NO 2	

SOCIAL TRANSFERS

ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government, or from the socio-political organizations, or from non-governmental organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] Assistance for people with merits	[B] Monthly social assistance through cash transfer	[C] Assistance for production	[D] Assistance through micro-credits	[E] Assistance for electricity tariff
ST2. Are you aware of <i>(name of programme)?</i>	YES..... 1 <input type="checkbox"/> <i>ST3</i> NO..... 2 <input type="checkbox"/> <i>[B]</i>	YES..... 1 <input type="checkbox"/> <i>ST3</i> NO..... 2 <input type="checkbox"/> <i>[C]</i>	YES..... 1 <input type="checkbox"/> <i>ST3</i> NO..... 2 <input type="checkbox"/> <i>[D]</i>	YES..... 1 <input type="checkbox"/> <i>ST3</i> NO..... 2 <input type="checkbox"/> <i>[E]</i>	YES..... 1 <input type="checkbox"/> <i>ST3</i> NO..... 2 <input type="checkbox"/> <i>[F]</i>
ST3. Has your household or anyone in your household received assistance through <i>(name of programme)?</i>	YES..... 1 <input type="checkbox"/> <i>ST4</i> NO..... 2 <input type="checkbox"/> <i>[B]</i> DK..... 8 <input type="checkbox"/> <i>[B]</i>	YES..... 1 <input type="checkbox"/> <i>ST4</i> NO..... 2 <input type="checkbox"/> <i>[C]</i> DK..... 8 <input type="checkbox"/> <i>[C]</i>	YES..... 1 <input type="checkbox"/> <i>ST4</i> NO..... 2 <input type="checkbox"/> <i>[D]</i> DK..... 8 <input type="checkbox"/> <i>[D]</i>	YES..... 1 <input type="checkbox"/> <i>ST4</i> NO..... 2 <input type="checkbox"/> <i>[E]</i> DK..... 8 <input type="checkbox"/> <i>[E]</i>	YES..... 1 <input type="checkbox"/> <i>ST4</i> NO..... 2 <input type="checkbox"/> <i>[F]</i> DK..... 8 <input type="checkbox"/> <i>[F]</i>
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through <i>(name of programme)?</i>	MONTHS AGO... 1 ____ <input type="checkbox"/> <i>[B]</i> YEARS AGO..... 2 ____ <input type="checkbox"/> <i>[B]</i> DK..... 998 <input type="checkbox"/> <i>[B]</i>	MONTHS AGO... 1 ____ <input type="checkbox"/> <i>[C]</i> YEARS AGO..... 2 ____ <input type="checkbox"/> <i>[C]</i> DK..... 998 <input type="checkbox"/> <i>[C]</i>	MONTHS AGO... 1 ____ <input type="checkbox"/> <i>[D]</i> YEARS AGO..... 2 ____ <input type="checkbox"/> <i>[D]</i> DK..... 998 <input type="checkbox"/> <i>[D]</i>	MONTHS AGO... 1 ____ <input type="checkbox"/> <i>[E]</i> YEARS AGO..... 2 ____ <input type="checkbox"/> <i>[E]</i> DK..... 998 <input type="checkbox"/> <i>[E]</i>	MONTHS AGO... 1 ____ <input type="checkbox"/> <i>[F]</i> YEARS AGO..... 2 ____ <input type="checkbox"/> <i>[F]</i> DK..... 998 <input type="checkbox"/> <i>[F]</i>

*If less than one month, record '1' and record '00' in Months.
If less than 12 months, record '1' and record in Months.
If 1 year/12 months or more, record '2' and record in Years.*

SOCIAL TRANSFERS (CONTINUED)

ST

	[F] COVID-19 related assistance	[G] Retirement pension	[X] Any other external assistance programme
<p>ST2. Are you aware of (<i>name of programme</i>)?</p>	<p>YES 1 <input type="checkbox"/> ST3 NO 2 <input type="checkbox"/> [G]</p>	<p>YES 1 <input type="checkbox"/> ST3 NO 2 <input type="checkbox"/> [X]</p>	<p>YES (<i>specify</i>) _____ 1 <input type="checkbox"/> ST3 NO 2 <input type="checkbox"/> <i>End</i></p>
<p>ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?</p>	<p>YES 1 <input type="checkbox"/> ST4 NO 2 <input type="checkbox"/> [G] DK 8 <input type="checkbox"/> [G]</p>	<p>YES 1 <input type="checkbox"/> ST4 NO 2 <input type="checkbox"/> [X] DK 8 <input type="checkbox"/> [X]</p>	<p>YES 1 <input type="checkbox"/> ST4 NO 2 <input type="checkbox"/> <i>End</i> DK 8 <input type="checkbox"/> <i>End</i></p>
<p>ST4. When was the <u>last</u> time your household or anyone in your household received assistance through (<i>name of programme</i>)?</p> <p><i>If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.</i></p>	<p>MONTHS AGO ... 1 ____ <input type="checkbox"/> [G] YEARS AGO 2 ____ <input type="checkbox"/> [G] DK 998 <input type="checkbox"/> [G]</p>	<p>MONTHS AGO ... 1 ____ <input type="checkbox"/> [X] YEARS AGO 2 ____ <input type="checkbox"/> [X] DK 998 <input type="checkbox"/> [X]</p>	<p>MONTHS AGO ... 1 ____ <input type="checkbox"/> <i>End</i> YEARS AGO 2 ____ <input type="checkbox"/> <i>End</i> DK 998 <input type="checkbox"/> <i>End</i></p>

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE 01	01 ⇒EU5
	SOLAR COOKER..... 02	02 ⇒EU5
	LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03	03 ⇒EU5
	PIPED NATURAL GAS STOVE..... 04	04 ⇒EU5
	BIOGAS STOVE 05	05 ⇒EU5
	LIQUID FUEL STOVE..... 06	06 ⇒EU4
	MANUFACTURED SOLID FUEL STOVE..... 07	
	TRADITIONAL SOLID FUEL STOVE..... 08	
	THREE STONE STOVE / OPEN FIRE..... 09	09 ⇒EU4
	OTHER (<i>specify</i>) 96	96 ⇒EU4
NO FOOD COOKED IN HOUSEHOLD 97	97 ⇒EU6	
EU2. Does it have a chimney?	YES..... 1	
	NO 2	
	DK 8	
EU3. Does it have a fan?	YES..... 1	
	NO 2	
	DK 8	
EU4. What type of fuel or energy source is used in this cookstove? <i>If more than one, record the main energy source for this cookstove.</i>	ETHANOL 01	
	GASOLINE / DIESEL..... 02	
	KEROSENE / PARAFFIN 03	
	COAL / LIGNITE..... 04	
	CHARCOAL 05	
	WOOD..... 06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS 07	
	ANIMAL DUNG / WASTE 08	
	PROCESSED BIOMASS (PELLETS) OR PROCESSED WOODCHIPS 09	
	GARBAGE / PLASTIC..... 10	
	SAWDUST/WOODCHIPS 11	
OTHER (<i>specify</i>) 96		
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM..... 1	
	IN A SEPARATE ROOM 2	
	IN A SEPARATE BUILDING 3	
	OUTDOORS OPEN AIR 4	
	ON VERANDA OR COVERED PORCH..... 5	
	OTHER (<i>specify</i>) 6	

<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE 05</p> <p>THREE STONE STOVE / OPEN FIRE 06</p> <p>AIR CONDITIONER 07</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p>	<p>01 ⇒ EU8</p> <p>06 ⇒ EU8</p> <p>07 ⇒ EU8</p> <p>96 ⇒ EU8</p> <p>97 ⇒ EU9</p>
<p>EU7. Does this heating facility have a chimney?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL 06</p> <p>GASOLINE / DIESEL 07</p> <p>KEROSENE / PARAFFIN 08</p> <p>COAL / LIGNITE 09</p> <p>CHARCOAL 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR PROCESSED WOODCHIPS 14</p> <p>GARBAGE / PLASTIC 15</p> <p>SAWDUST/WOODCHIPS 16</p> <p>OTHER (<i>specify</i>) 96</p> <p>DK 98</p>	

EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY.....	01
	SOLAR LANTERN.....	02
	RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN.....	03
	BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN.....	04
	BIOGAS LAMP.....	05
	GASOLINE LAMP.....	06
	KEROSENE OR PARAFFIN LAMP.....	07
	CHARCOAL.....	08
	WOOD.....	09
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....	10
	ANIMAL DUNG / WASTE.....	11
	OIL LAMP.....	12
	CANDLE.....	13
	OTHER (<i>specify</i>)	96
NO LIGHTING IN HOUSEHOLD.....	97	

WS1. What is the main source of drinking water used by members of your household?

If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).

PIPED WATER	
PIPED INTO DWELLING	11 11 ⇨WS7
PIPED TO YARD / PLOT	12 12 ⇨WS7
PIPED TO NEIGHBOUR	13 13 ⇨WS3
PUBLIC TAP / STANDPIPE.....	14 14 ⇨WS3
TUBE WELL / BOREHOLE.....	21 21 ⇨WS3
DUG WELL	
PROTECTED WELL.....	31 31 ⇨WS3
UNPROTECTED WELL	32 32 ⇨WS3
SPRING	
PROTECTED SPRING.....	41 41 ⇨WS3
UNPROTECTED SPRING	42 42 ⇨WS3
RAINWATER.....	51 51 ⇨WS3
TANKER-TRUCK.....	61 61 ⇨WS4
CART WITH SMALL TANK	71 71 ⇨WS4
WATER KIOSK	72 72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81 81 ⇨WS3
PACKAGED WATER	
BOTTLED WATER	91
SACHET WATER	92
OTHER (<i>specify</i>)	96 96 ⇨WS3

WS2. What is the main source of water used by members of your household for other purposes such as cooking and handwashing?

If unclear, probe to identify the place from which members of this household most often collect water for other purposes.

PIPED WATER	
PIPED INTO DWELLING	11 11 ⇨WS7
PIPED TO YARD / PLOT	12 12 ⇨WS7
PIPED TO NEIGHBOUR	13
PUBLIC TAP / STANDPIPE.....	14
TUBE WELL / BOREHOLE.....	21
DUG WELL	
PROTECTED WELL.....	31
UNPROTECTED WELL	32
SPRING	
PROTECTED SPRING.....	41
UNPROTECTED SPRING	42
RAINWATER.....	51
TANKER-TRUCK.....	61 61 ⇨WS4
CART WITH SMALL TANK	71 71 ⇨WS4
WATER KIOSK	72 72 ⇨WS4
SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81
OTHER (<i>specify</i>)	96

WS3. Where is that water source located?	IN OWN DWELLING1	1 ⇒WS7
	IN OWN YARD / PLOT2	2 ⇒WS7
	ELSEWHERE3	
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT000	000 ⇒WS7
	NUMBER OF MINUTES..... _ _ _	
	DK.....998	
WS5. Who usually goes to this source to collect the water for your household? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____	
	LINE NUMBER..... _ _	
WS6. Since last (<i>day of the week</i>), how many times has this person collected water?	NUMBER OF TIMES..... _ _	
	DK.....98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE.....1	1 ⇒WS8
	NO, ALWAYS SUFFICIENT2	
	DK.....8	
WS7A. In the 12 months, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE.....1	
	NO, ALWAYS SUFFICIENT2	2 ⇒WS9
	DK.....8	8 ⇒WS9
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE....1	
	WATER TOO EXPENSIVE.....2	
	SOURCE NOT ACCESSIBLE.....3	
	WATER SALINITY4	
	OTHER (<i>specify</i>).....6	
	DK.....8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES.....1	
	NO.....2	2 ⇒WS11
	DK.....8	8 ⇒WS11

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	<p>BOILA</p> <p>ADD BLEACH / CHLORINEB</p> <p>STRAIN IT THROUGH A CLOTHC</p> <p>USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.)D</p> <p>SOLAR DISINFECTIONE</p> <p>LET IT STAND AND SETTLEF</p> <p>OTHER (<i>specify</i>)X</p> <p>DK.....Z</p>	
<p>WS11. 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</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 OPEN DRAIN14</p> <p>FLUSH TO DK WHERE18</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE.....21</p> <p>PIT LATRINE WITH SLAB22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT23</p> <p>COMPOSTING TOILET31</p> <p>BUCKET.....41</p> <p>HANGING TOILET / HANGING LATRINE51</p> <p>NO FACILITY / BUSH / FIELD.....95</p> <p>OTHER (<i>specify</i>)96</p>	<p>11 ⇒WS14</p> <p>14 ⇒WS14</p> <p>18 ⇒WS14</p> <p>41 ⇒WS14</p> <p>51 ⇒WS14</p> <p>95 ⇒End</p> <p>96 ⇒WS14</p>
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	<p>YES, EMPTIED1</p> <p>NO, NEVER EMPTIED4</p> <p>DK.....8</p>	<p>4 ⇒WS14</p> <p>8 ⇒WS14</p>
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT1</p> <p>BURIED IN A COVERED PIT2</p> <p>TO DON'T KNOW WHERE.....3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE.....5</p> <p>OTHER (<i>specify</i>)6</p> <p>DK.....8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING1</p> <p>IN OWN YARD / PLOT2</p> <p>ELSEWHERE3</p>	

WS15. Do you share this facility with others who are not members of your household?	YES.....1 NO.....2	2 ⇒ End
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC).....1 SHARED WITH GENERAL PUBLIC.....2	2 ⇒ End
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)0 ___ TEN OR MORE HOUSEHOLDS10 DK.....98	

HANDWASHING	HW	
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p> IN DWELLING1</p> <p> IN YARD / PLOT2</p> <p>MOBILE OBJECT OBSERVED</p> <p> (BUCKET / JUG / KETTLE)3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING /</p> <p> YARD / PLOT4</p> <p>NO PERMISSION TO SEE5</p> <p>OTHER REASON (<i>specify</i>)6</p>	<p>4 ⇨HW5</p> <p>5 ⇨HW4</p> <p>6 ⇨HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</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 AVAILABLE.....2</p>	
<p>HW3. Is soap or detergent present at the place for handwashing?</p>	<p>YES, PRESENT1</p> <p>NO, NOT PRESENT2</p>	<p>1 ⇨HW7</p> <p>2 ⇨HW5</p>
<p>HW4. Where do you or other members of your household <u>most often</u> wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p> IN DWELLING1</p> <p> IN YARD / PLOT2</p> <p>MOBILE OBJECT</p> <p> (BUCKET / JUG / KETTLE)3</p> <p>NO HANDWASHING PLACE IN</p> <p> DWELLING / YARD / PLOT4</p> <p>OTHER (<i>specify</i>)6</p>	
<p>HW5. Do you have any soap or detergent in your house for washing hands?</p>	<p>YES.....1</p> <p>NO2</p>	<p>2 ⇨End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN1</p> <p>NO, NOT SHOWN.....2</p>	<p>2 ⇨End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP.....A</p> <p>DETERGENT (POWDER / LIQUID / PASTE)B</p>	

HH13. Record the time.	HOUR AND MINUTES ____ : ____	
HH14. Language of the Questionnaire.	VIETNAMESE 1	
HH15. Language of the Interview.	VIETNAMESE 1 TAY, MUONG, THAI, NUNG 2 KHMER 3 MONG 4 OTHER LANGUAGE (specify) 6	
HH16. Native language of the Respondent.	VIETNAMESE 1 TAY, MUONG, THAI, NUNG 2 KHMER 3 MONG 4 OTHER LANGUAGE (specify) 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN 0 1 CHILD 1 2 OR MORE CHILDREN (NUMBER) ____	0 ⇒ HH29 1 ⇒ HH27

HH19. List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. 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	__ __

o

HH25. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.

Check the total number of children age 5-17 years in HH18 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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.

RANK NUMBER

HH27. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.

LINE NUMBER

NAME

AGE

HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

HH29. Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?

YES, AT LEAST ONE WOMAN AGE 15-49.....1
NO2

2⇒HH34

HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH31. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?

YES, AT LEAST ONE GIRL AGE 15-171
NO2

2⇒HH34

HH32. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?

YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠901
NO, HL20=90 FOR ALL GIRLS AGE 15-17.....2

2⇒HH34

HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.

For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (*name(s) of female member(s) age 15-17*) later?

- 'Yes' for all girls age 15-17 ⇒ Continue with HH34.
- 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.
- 'No' for all girls age 15-17 ⇒ Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.

HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=11 NO, HH8=2.....2	2 ⇒HH40
HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-491 NO2	2 ⇒HH40
HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.		
HH37. Check HL6 and HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-171 NO2	2 ⇒HH40
HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90.....1 NO, HL20=90 FOR ALL BOYS AGE 15-17.....2	2 ⇒HH40
HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.		
For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.		
May we interview (<i>name(s) of male member(s) age 15-17</i>) later?		
<ul style="list-style-type: none"> <input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40. <input type="checkbox"/> 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40. <input type="checkbox"/> 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40. 		
HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE1 NO2	2 ⇒HH42
HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.		
HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=11 NO, HH9=2.....2	2 ⇒HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		

<p>HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?</p> <p><i>If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.</i></p>	<p>YES, PERMISSION IS GIVEN 1 NO, PERMISSION IS NOT GIVEN 2</p>	<p>2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTION- NAIRE</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

MICS PLUS CONSENT

HH60. We may call you back to talk about you and your family in the coming months. This call will take about 10-15 minutes. Again, all the information you provide will be confidential and anonymous.
 Would you like to participate? YES1
 NO.....2 2⇒HH66

HH61. Please give me all phone numbers at which we can easily get in touch with you, starting with your preferred number. *If 'No', Ask, Can we reach you through somebody else's phone number?* YES1 1⇒HH63
 NO PHONE2 2⇒HH66

HH62 <i>Order</i>	HH63. Telephone number	HH63A. Is this landline or mobile	HH63B. Who does this phone belong to? <i>Record the line number#</i>	HH64. Is there any preferred or more convenient time of the day we could call you on this number? A. MORNINGS C. EVENINGS E. ANYTIME B. AFTERNOON D. WEEKENDS X. OTHER (specify ___)	HH65. Do you have another phone number? 1. YES 2. NO
1		1 2	___ ___	A B C D E X	1 s Next Line HH66
2		1 2	___ ___	A B C D E X	1 s Next Line HH66
3		1 2	___ ___	A B C D E X	

OTHER CODES FOR HH63B: 40-Home phone; 50-Neighbour; 51-Friend; 60-Workplace/office; 90-Don't want to disclose.

HH66. Check HH33: Is there any female(s) age 15-17 that consent was sought and 'Yes' response was received from this respondent? YES, CONSENT WAS GIVEN1
 NO, NO FEMALE AGE 15-17 OR CONSENT NOT GIVEN2 2⇒HH68

HH67. For the same project, may we contact (name) in the coming months?
 'Yes' for all girls age 15-171
 'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-172
 No to all girls age 15-173

HH68. Check HH39: Is there any male(s) age 15-17 that consent was sought and 'Yes' response was received from this respondent? YES, CONSENT WAS GIVEN1
 NO, NO MALE AGE 15-17 OR CONSENT NOT GIVEN2 2⇒HH70

HH69. For the same project, may we contact (name) in the coming months?
 'Yes' for all boys age 15-171
 'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-172
 No to all boys age 15-173

HH70. *Now return to the HOUSEHOLD INFORMATION PANEL and,*

- *Record '01' in question HH46 (Result of the Household Questionnaire interview),*
 - *Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,*
 - *Fill the questions HH48 – HHS2.*
- Thank the respondent for his/her cooperation and then:*
- *Proceed with the administration of the remaining individual questionnaire(s) in this household.*

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS