

APPENDIX F: SURVEY QUESTIONNAIRES



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 60 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region/Province: Tafea 1 Shefa 2 Malampa..... 3 Penama 4 Sanma 5 Torba 6 Port Vila 7 Luganville 8	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH11. Total number of household members: _____		HH12. No. of women eligible for interview: _____
HH13. No. of women questionnaires completed: _____		HH14. No. of children under age 5: _____
HH15. No. of under-5 questionnaires completed: _____		HH16. Data entry clerk: _____
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		

HOUSEHOLD LISTING FORM **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	Eligible for:		For children age 0-17 years ask HL9-HL12			
					WOMEN'S INTERVIEW	UNDER-5 INTERVIEW	HL9.	HL10.	HL11.	HL12.
					HL6. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	—	01	—	1 2 8	—	1 2 8	—
02		—	1 2	—	02	—	1 2 8	—	1 2 8	—
03		—	1 2	—	03	—	1 2 8	—	1 2 8	—
04		—	1 2	—	04	—	1 2 8	—	1 2 8	—
05		—	1 2	—	05	—	1 2 8	—	1 2 8	—
06		—	1 2	—	06	—	1 2 8	—	1 2 8	—
07		—	1 2	—	07	—	1 2 8	—	1 2 8	—
08		—	1 2	—	08	—	1 2 8	—	1 2 8	—
09		—	1 2	—	09	—	1 2 8	—	1 2 8	—
10		—	1 2	—	10	—	1 2 8	—	1 2 8	—

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO'S NEXT LINE 8 DK'S NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'				
LINE	NAME	REL.	M	F	AGE	MOTHER	Y	N	DK	MOTHER	Y	N	DK	FATHER
11			1	2	11		1	2	8		1	2	8	
12			1	2	12		1	2	8		1	2	8	
13			1	2	13		1	2	8		1	2	8	
14			1	2	14		1	2	8		1	2	8	
15			1	2	15		1	2	8		1	2	8	
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below.														
Totals							Women 15-49		Under-5s					

* See instructions: to be used only for elderly household members (code meaning 'do not know/over age 50').

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

* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister/step brother

- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION MODULE		ED															
		For household members age 5-24 years															
ED1A. Name		ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?		ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED4. DURING THE 2007 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTENDING?		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2006?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?			
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01	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
02	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
03	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
04	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
05	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
06	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
07	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
08	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
09	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
10	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
11	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
12	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
13	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
14	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---
15	1 2=>NEXT LINE	0 1 2 3 6 8	1 2	---	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8	1	2	8	0 1 2 3 6 8	---	1	2	8	0 1 2 3 6 8	---

WATER AND SANITATION MODULE

WS

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<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe..... 13 Tubewell/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</p>	<p>11⇒WS5 12⇒WS5 ⇒WS3 96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water Piped into dwelling 11 Piped into yard or plot 12 Public tap/standpipe..... 13 Tubewell/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</p>	<p>11⇒WS5 12⇒WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _ _ _ _ Water on premises 995 DK 998</p>	<p>995⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person.</p>	<p>Adult woman 1 Adult man 2 Female child (under 15)..... 3 Male child (under 15) 4 DK 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒WS7 8⇒WS7</p>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? <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>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, 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 somewhere else 14</p> <p>Flush to unknown place/not sure/DK where..... 15</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>Hanging toilet/hanging latrine 51</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christianity</i> 1 <i>Muslim/ Islam</i> 2 <i>Kustom</i> 3 Other religion (<i>specify</i>) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Bislama</i> 1 Other language (<i>specify</i>) 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Melanesian</i> 1 <i>Polinesian</i> 2 Micronesian 3 Caucasian 4 Other ethnic group (<i>specify</i>) 6	
HC1D. FOR HOW LONG THE MEMBERS OF THIS HOUSEHOLD ARE LIVING IN THIS AREA?	No. of years _ _	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms _ _	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand 11 Coral 13 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 Mat 36 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch/palm leaf 12 Sod 13 Rudimentary Roofing Rustic mat 21 Palm/bamboo 22 Wood planks 23 Finished roofing Metal/metal sheets 31 Wood 32 Calamine/cement fiber 33 Ceramic tiles 34 Cement 35 Other (<i>specify</i>) 96	

<p>HC5. Main material of the 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>Coconut Leaves/thatches..... 14</p> <p>Bamboo..... 15</p> <p>Rudimentary walls</p> <p>Bamboo with mud..... 21</p> <p>Stone with mud..... 22</p> <p>Plywood..... 24</p> <p>Carton..... 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>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>Liquid Propane Gas (LPG)..... 02</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>Other (<i>specify</i>)..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p>																																																
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire..... 1</p> <p>Open stove..... 2</p> <p>Closed stove..... 3</p> <p>Other (<i>specify</i>)..... 6</p>	<p>3⇒HC8</p> <p>6⇒HC8</p>																																																
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes..... 1</p> <p>No..... 2</p>																																																	
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house..... 1</p> <p>In a separate building..... 2</p> <p>Outdoors..... 3</p> <p>Shed attached to the living room..... 4</p> <p>Other (<i>specify</i>)..... 6</p>																																																	
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A MOBILE TELEPHONE?</p> <p>WASHING MACHINE?</p> <p>MICR-WAVE OVEN?</p> <p>IRON (FOR CLOTH)</p> <p>TABLE</p> <p>CHAIR</p> <p>BED/COT</p> <p>MATTRESS/BLANKETS</p> <p>MAT</p> <p>KEROSINE LAMP/HURICANE LIGHT/COLEMAN LIGHT</p> <p>AXE/BUSH KNIFE/SPADE/HAMMER/HOE</p> <p>TELEPHONE</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Electricity.....</td><td>1</td><td>2</td></tr> <tr><td>Radio.....</td><td>1</td><td>2</td></tr> <tr><td>Television.....</td><td>1</td><td>2</td></tr> <tr><td>Mobile Telephone.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Micr-wave oven.....</td><td>1</td><td>2</td></tr> <tr><td>Iron (for cloth).....</td><td>1</td><td>2</td></tr> <tr><td>Table.....</td><td>1</td><td>2</td></tr> <tr><td>Chair.....</td><td>1</td><td>2</td></tr> <tr><td>Bed/cot.....</td><td>1</td><td>2</td></tr> <tr><td>Mattress/blanket.....</td><td>1</td><td>2</td></tr> <tr><td>Mat.....</td><td>1</td><td>2</td></tr> <tr><td>Kerosine lamp.....</td><td>1</td><td>2</td></tr> <tr><td>Axe/bush knife/spade/hammer/hoe.....</td><td>1</td><td>2</td></tr> <tr><td>Telephone.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile Telephone.....	1	2	Washing machine.....	1	2	Micr-wave oven.....	1	2	Iron (for cloth).....	1	2	Table.....	1	2	Chair.....	1	2	Bed/cot.....	1	2	Mattress/blanket.....	1	2	Mat.....	1	2	Kerosine lamp.....	1	2	Axe/bush knife/spade/hammer/hoe.....	1	2	Telephone.....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A WATCH?</p> <p>A BICYCLE?</p> <p>A MOTORCYCLE OR SCOOTER?</p> <p>A CAR OR TRUCK OR BUS?</p> <p>A BOAT WITH A MOTOR?</p> <p>CANOE</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Watch.....</td><td>1</td><td>2</td></tr> <tr><td>Bicycle.....</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle/Scooter.....</td><td>1</td><td>2</td></tr> <tr><td>Car/Truck.....</td><td>1</td><td>2</td></tr> <tr><td>Boat with motor.....</td><td>1</td><td>2</td></tr> <tr><td>Canoe.....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Watch.....	1	2	Bicycle.....	1	2	Motorcycle/Scooter.....	1	2	Car/Truck.....	1	2	Boat with motor.....	1	2	Canoe.....	1	2																												
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ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No..... 2	2⇒TN6B
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS: <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>		
LONG-LASTING TREATED NETS:	Long-lasting treated nets 1 2 8	2⇒TN6B
OTHER NETS:	Other nets:.....1 2 8	8⇒TN6B
TN3C.. HOW MANY LONG-LASTING NETS DOES YOUR HOUSEHOLD HAVE	Number of long lasting nets. ____	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) LONG LASTING NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago ____ More than 24 months ago 95 Not sure..... 98	
TN6B. DO YOU KNOW WHAT CAUSES MALARIA?	MosquitoA Mosquito and others.....B Others (specify).....X Don't know.....Z	
TN6C. DID YOU TAKE ANY MEASURE TO PREVENT MALARIA?	Yes.....1 No..... 2	2⇒NEXT MODULE
TN6D If yes, WHAT MEASURE HAVE YOU TAKEN TO PREVENT MALARIA?	Using mosquito nets.....A Reduce mosquito breeding site.....B Take medicine..... C Sprayed home.....D Others (specify).....X	
TN6E. FROM WHERE DID YOU GET THIS KNOWLEDGE?	Radio.....A TV.....B Printed materials.....C Health workers.....D Chief of church.....E Relative/friend/neighbour.....F School.....G Other(specify).....X	

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM..... 2 15 PPM or more..... 3</p> <p>No salt in home 6 Salt not tested 7</p>	

<p>IF IT IS A NUTRITION HOUSEHOLD, COMPLETE NEXT SECTION</p> <p>SI2. <i>Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>
<p>SI3. <i>Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</i></p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>

NUTRITION HOUSEHOLD		NH												
NH1. IS IT A NUTRITION HOUSEHOLD?	<p>Yes 1 No 2</p>	2=NEXT MODULE												
NH2. IF YES, LABEL NUMBER FOR	<table border="1"> <thead> <tr> <th></th> <th>Label Number</th> </tr> </thead> <tbody> <tr> <td>Woman-1</td> <td></td> </tr> <tr> <td>Woman-2</td> <td></td> </tr> <tr> <td>Child -1</td> <td></td> </tr> <tr> <td>Child -2</td> <td></td> </tr> <tr> <td>Child -3</td> <td></td> </tr> </tbody> </table>		Label Number	Woman-1		Woman-2		Child -1		Child -2		Child -3		
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