



# HOUSEHOLD QUESTIONNAIRE

Vanuatu MICS 2023



HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		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. Province: TORBA ..... 1 SANMA ..... 2 PENAMA ..... 3 MALAMPA ..... 4 SHEFA ..... 5 TAFEA ..... 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 QUESTIONNAIRE?	YES ..... 1 NO ..... 2	HH10. Is the household selected for blank testing?	YES ..... 1 NO ..... 2	
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.				HH11. Record the time. HOURS : MINUTES _____ : _____
HH12. Hello, my name is ( <i>your name</i> ). I am from Vanuatu Bureau of Statistics. 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?				
YES ..... 1 NO / NOT ASKED ..... 2		1 ⇒ LIST OF HOUSEHOLD MEMBERS 2 ⇒ HH46		
HH46. Result of HOUSEHOLD QUESTIONNAIRE interview:  Discuss any result not completed with Supervisor.	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 (specify) ..... 96			
HH47. Name and line number of the respondent to HOUSEHOLD QUESTIONNAIRE interview:  NAME _____		To be filled after HOUSEHOLD QUESTIONNAIRE is completed		To be filled after <i>all</i> the questionnaires are completed
HOUSEHOLD MEMBERS		TOTAL NUMBER		COMPLETED NUMBER
WOMEN AGE 15-49		HH48	_____	HH53
If household is selected for QUESTIONNAIRE FOR MEN: MEN AGE 15-49		HH49	_____	HH54
CHILDREN UNDER AGE 5		HH50	_____	HH55
CHILDREN AGE 5-17		HH51	_____	HH56
		HH52	_____	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 of the 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 complete d years.</i>  <i>If age is 95 or above, record '95'.</i>	HL7. Did (name) stay here last night?	HL8. Record line number if woman and age 15-49.	HL9. Record line number if man, age 15- 49 and HH8 is yes.	HL10. Record line number if age 0- 4.	HL11. Age 0- 17?	HL12. Is (name)'s natural mother alive?	HL13. Does (name)'s natural mother live in this household?	HL14. Record the line number of mother and go to HL16.	HL15. Where does (name)'s natural mother live?	HL15A. Is (name)'s natural mother abroad for seasonal work or longer term?	HL16. Is (name)' s natural father alive?	HL17. Does (name)'s natural father live in this household ?	HL18. Record the line numbe r of father and go to HL20.	HL19. Where does (name)'s natural father live?	HL19A. Is (name)'s natural father abroad for seasonal work or longer term?	HL20. Copy the line number of mother from HL14. If blank, ask:  Who is the primary caretaker of (name)?  If 'No one' for a child age 15-17, record '90'.
6	NAME	RELATION*	M F	MONTH	YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER			Y N DK	Y N	FATHER		
01		0 1	1 2				1 2	01	01	01	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
02			1 2				1 2	02	02	02	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
03			1 2				1 2	03	03	03	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
04			1 2				1 2	04	04	04	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
05			1 2				1 2	05	05	05	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
06			1 2				1 2	06	06	06	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
07			1 2				1 2	07	07	07	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
08			1 2				1 2	08	08	08	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
09			1 2				1 2	09	09	09	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
10			1 2				1 2	15	15	15	1 2	1 2 8	1 2		1 2 3 4 8	1 2 8	1 2 8	1 2		1 2 3 4 8	1 2 8
* Codes for HL3: Relationship to head of household:				01 HEAD				05 GRANDCHILD				09 BROTHER-IN-LAW / SISTER-IN-LAW				13 ADOPTED / FOSTER / STEPCHILD					
				02 SPOUSE / PARTNER				06 PARENT				10 UNCLE/AUNT				14 SERVANT (LIVE-IN)					
				03 SON / DAUGHTER				07 PARENT-IN-LAW				11 NIECE / NEPHEW				96 OTHER (NOT RELATED)					
				04 SON-IN-LAW / DAUGHTER-IN-LAW				08 BROTHER / SISTER				12 OTHER RELATIVE				98 DK					

EDUCATION 1													ED								
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.		ED3. Age 3 or above?  1 YES 2 NO ☹ Next Line		ED4. Has ( <b>name</b> ) ever attended school or any Early Childhood Education programme?  1 YES 2 NO ☹ Next Line		ED5. What is the highest level and class or year of school ( <b>name</b> ) has ever <u>attended</u> ?  LEVEL: 0 ECE ☹ ED7 1 PRIMARY 2 JUNIOR SECONDARY 3 SENIOR SECONDARY 4 POST-SECONDARY 5 TERTIARY  8 DK							CLASS/YEAR: 98 DK ☹ ED7			ED6. Did ( <b>name</b> ) ever complete that (class/year)?  1 YES 2 NO 8 DK	ED7. Age 3-24?  1 YES 2 NO ☹ Next Line	ED8. Check ED4: Ever attended school or ECE?  1 YES 2 NO ☹ Next Line		
LINE	NAME	AGE	YES	NO	YES	NO	LEVEL							CLASS/YEAR	Y	N	DK	YES	NO	YES	NO
01		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
02		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
03		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
04		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
05		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
06		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
07		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
08		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
09		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2
10		___	1	2	1	2	0	1	2	3	4	5	8	___	1	2	8	1	2	1	2

EDUCATION 2										ED
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below		ED9. At any time during the 2023 school year did <b>(name)</b> attend school or any Early Childhood Education programme?  1 YES 2 NO ✕ ED15	ED10. During the 2023 school year, which level and class or year is <b>(name)</b> attending?  LEVEL: 0 ECE ✕ ED10C 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 POST-SEC. 5 TERTIARY 8 DK  CLASS/ YEAR: 98 DK		ED10C. Attending ECE, primary, secondary or vocational/technical level of education?  1 YES 2 NO ✕ ED11	ED10D. In which province is <b>(name)</b> currently attending school or any Early Childhood Education programme?  01 TORBA 02 SANMA 03 PENAMA 04 MALAMPA 05 SHEFA 06 TAFEA 07 SCHOOL OUTSIDE OF VANUATU ✕ ED11 08 ECE OUTSIDE OF VANUATU ✕ ED15  98 DK	ED10E. In which island the school or ECD facility is located? (Drop down list by Province)  98 DK	ED10F. What is the name of the school or Early Childhood Education centre <b>(name)</b> is currently attending?  (Drop down list of schools/ECE centres/technical) [Provision to add other (specify _____), if not in the list and DK]  Remind the respondent that this information will not be shared with anyone else other than for purposes of the survey, especially if they seem uneasy with the question	ED 10G. Attending ECE level of education?  1 YES ✕ ED15  2 NO
LINE	NAME	AGE	YES NO	LEVEL	YEAR	YES NO	PROVINCE	ISLAND	NAME	YES NO
01			1 2	0 1 2 3 4 5 8		1 2				1 2
02			1 2	0 1 2 3 4 5 8		1 2				1 2
03			1 2	0 1 2 3 4 5 8		1 2				1 2
04			1 2	0 1 2 3 4 5 8		1 2				1 2
05			1 2	0 1 2 3 4 5 8		1 2				1 2
06			1 2	0 1 2 3 4 5 8		1 2				1 2
07			1 2	0 1 2 3 4 5 8		1 2				1 2
08			1 2	0 1 2 3 4 5 8		1 2				1 2
09			1 2	0 1 2 3 4 5 8		1 2				1 2
10			1 2	0 1 2 3 4 5 8		1 2				1 2

EDUCATION 2 (CONTINUED)								ED	
ED1. Line number	ED2. Name and age.  Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below		ED11. Is (he/she) attending a public school?  If "Yes", record '1'. If "No", probe to code who controls and manages the school. 1 GOVT./PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK	ED12. In the 2023 school year, has ( <u>name</u> ) received any school tuition support?  If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.  1 YES 2 NO 8 DK	ED13. Who provided the tuition support?  Record all mentioned.  A GOVT./PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	ED14. For the 2023 school year, has ( <u>name</u> ) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?  If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.  1 YES 2 NO 8 DK	ED15. At any time during the 2022 school year did ( <u>name</u> ) attend school or any Early Childhood Education programme?  1 YES 2 NO 8 DK	ED16. During the 2022 school year, which level and class or year did ( <u>name</u> ) attend?  LEVEL: 0 ECE 1 PRIMARY 2 JUNIOR SEC. 3 SENIOR SEC. 4 POST-SEC. 5 TERTIARY 8 DK YEAR: 98 DK	
LINE	NAME	AGE	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	YEAR
01			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 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 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 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 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 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 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 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 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 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
<b>HC1A.</b> What is the religion of ( <i>name of the head of the household from HL2</i> )?	ANGLICAN .....01 PRESBYTERIAN .....02 CATHOLIC .....03 SEVENTH-DAY-ADVESTIST .....04 CHURCH OF CHRIST .....05 ASSEMBLIES OF GOD .....06 NEIL THOMAS MINISTRY /INNER LIFE MINISTRY .....07 APOSTOLIC .....08 CUSTOMARY BELIEFS .....09  OTHER RELIGION ( <i>specify</i> ) .....96  NO RELIGION .....97
<b>HC1B.</b> What is the native language of ( <i>name of the head of the household from HL2</i> )?	ENGLISH .....1 BISLAMA .....2 FRENCH .....3  OTHER LANGUAGE ( <i>specify</i> ) .....6
<b>HC2.</b> To what ethnic group does ( <i>name of the head of the household from HL2</i> ) belong?	NI-VANUATU .....01 PART NI-VANUATU .....02 OTHER MELANESIAN .....03 POLYNESIAN .....04 MICRONESIAN .....05 EUROPEAN .....06 ASIAN .....07 AFRICAN .....08  OTHER ( <i>specify</i> ) .....96
<b>HC3.</b> How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS ..... __ __
<b>HC4.</b> Main material of the dwelling floor.  <i>Record observation.</i>  <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	<b>NATURAL FLOOR</b> EARTH / SAND .....11 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS .....21 PALM / BAMBOO .....22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD .....31 VINYL OR ASPHALT STRIPS .....32 CERAMIC TILES .....33 CEMENT .....34 CARPET .....35  OTHER ( <i>specify</i> ) .....96

<p><b>HC5. Main material of the roof.</b></p> <p><i>Record observation.</i></p>	<p>NO ROOF ..... 11</p> <p><b>NATURAL ROOFING</b></p> <p>THATCH / PALM LEAF ..... 12</p> <p>COCONUT LEAF ..... 14</p> <p>CANE LEAF ..... 15</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM / BAMBOO..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p>TARPAULIN/TAPOLEN ..... 25</p> <p><b>FINISHED ROOFING</b></p> <p>METAL / TIN/IRON SHEET/KAPA..... 31</p> <p>WOOD..... 32</p> <p>CALAMINE / CEMENT FIBRE ..... 33</p> <p>CERAMIC TILES ..... 34</p> <p>CEMENT..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>OTHER (<i>specify</i>) ..... 96</p>	
<p><b>HC6. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p>NO WALLS..... 11</p> <p><b>NATURAL WALLS</b></p> <p>CANE / PALM / TRUNKS/BAMBOO..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></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>METAL / TIN/IRON SHEET/KAPA..... 27</p> <p><b>FINISHED WALLS</b></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>CEMENT SHEET ..... 37</p> <p>OTHER (<i>specify</i>) ..... 96</p>	

<b>HC7.</b> Does your household have:	YES	NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE .....	1 2	
[B] A radio?	RADIO .....	1 2	
[C] A dining table?	DINING TABLE .....	1 2	
[D] A sofa?	SOFA.....	1 2	
[E] A gas stove?	GAS STOVE .....	1 2	
[F] A kerosene stove?	KEROSENE STOVE .....	1 2	
[G] A water storage tank?	WATER STORAGE TANK .....	1 2	
<b>HC8.</b> Does your household have electricity?	YES, INTERCONNECTED GRID .....	1	
	YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM) .....	2	
	NO .....	3	3 ⇒ HC10
<b>HC9.</b> Does your household have:	YES	NO	
[A] A television?	TELEVISION.....	1 2	
[B] A refrigerator?	REFRIGERATOR.....	1 2	
[C] A washing machine?	WASHING MACHINE.....	1 2	
[D] A microwave oven?	MICROWAVE.....	1 2	
[E] An air conditioner?	AIR CONDITIONER.....	1 2	
[F] A VCR or DVD player?	DVD PLAYER.....	1 2	
[G] An electric fan?	ELECTRIC FAN .....	1 2	
[H] A blender?	BLENDER.....	1 2	
[I] A sewing machine?	SEWING MACHINE .....	1 2	
[J] A solar panel?	SOLAR PANEL .....	1 2	
[K] A water pump?	WATER PUMP .....	1 2	
[L] A grain grinder?	GRAIN GRINDER.....	1 2	
[M] A water heater?	WATER HEATER .....	1 2	
[N] A generator?	GENERATOR.....	1 2	
[O] A cassette or CD player?	CASSETTE OR CD PLAYER.....	1 2	



<b>HC10.</b> Does any member of your household own:	YES NO	
[A] A wristwatch?	WRISTWATCH..... 1 2	
[B] A bicycle?	BICYCLE..... 1 2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER ..... 1 2	
[E] A car, truck or van?	CAR / TRUCK / VAN..... 1 2	
[F] A boat with a motor?	BOAT WITH MOTOR ..... 1 2	
[G] A boat without the motor?	BOAT WITHOUT MOTOR ..... 1 2	
[H] A canoe with motor?	CANOE WITH MOTOR..... 1 2	
[I] A canoe without motor?	CANOE WITHOUT MOTOR ..... 1 2	
[J] A fishing net?	FISHING NET..... 1 2	
[K] A chain saw?	CHAIN SAW..... 1 2	
[L] A grass cutter?	GRASS CUTTER..... 1 2	
<b>HC11.</b> Does any member of your household have a computer or a tablet?	YES ..... 1 NO ..... 2	
<b>HC12.</b> Does any member of your household have a mobile telephone?	YES ..... 1 NO ..... 2	2 ⇒ HC13
<b>HC12A.</b> What kind of mobile telephone does member of your household have?	SMARTPHONE ..... A KEYPAD MOBILE PHONE ..... B  DK..... Z	
<b>HC13.</b> Does your household have access to internet at home?	YES ..... 1 NO ..... 2	
<b>HC14.</b> Do you or someone living in this household own this dwelling?  <i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i>  <i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>	OWN ..... 1 RENT..... 2  OTHER ( <i>specify</i> ) ..... 6	
<b>HC15.</b> Does any member of this household own any land that can be used for agriculture?	YES ..... 1 NO ..... 2	2 ⇒ HC17
<b>HC16.</b> How many hectares of agricultural land do members of this household own?  <i>If less than 1, record '00'.</i>	HECTARES ..... ____ 95 OR MORE ..... 95 DK ..... 98	
<b>HC17.</b> Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	2 ⇒ HC19

<p><b>HC18.</b> How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Ducks?</p> <p>[I] Quails?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS ..... ____ ____</p> <p>OTHER CATTLE ..... ____ ____</p> <p>HORSES..... ____ ____</p> <p>GOATS..... ____ ____</p> <p>SHEEP ..... ____ ____</p> <p>CHICKENS ..... ____ ____</p> <p>PIGS ..... ____ ____</p> <p>DUCKS ..... ____ ____</p> <p>QUAILS ..... ____ ____</p>	
<p><b>HC19.</b> Does any member of this household have a bank account?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

HOUSEHOLD ENERGY USE		EU
<b>EU1.</b> 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 (specify) ..... 96	96 ⇒ EU4	
NO FOOD COOKED IN HOUSEHOLD ..... 97	97 ⇒ EU9	
<b>EU2.</b> Does it have a chimney?	YES ..... 1	
	NO ..... 2	
	DK ..... 8	
<b>EU3.</b> Does it have a fan?	YES ..... 1	
	NO ..... 2	
	DK ..... 8	
<b>EU4.</b> 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>	KEROSENE / PARAFFIN..... 03	
	CHARCOAL ..... 05	
	WOOD..... 06	
	SAWDUST..... 11	
	COCONUT HUSK OR SHELL ..... 12	
	OTHER (specify) ..... 96	
<b>EU5.</b> 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 (specify) ..... 6		

<p><b>EU9.</b> At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY ..... 01</p> <p>SOLAR LANTERN ..... 02</p> <p>RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN..... 03</p> <p>BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN..... 04</p> <p>PRESSURE LAMP (COLEMAN LIGHT) ..... 05</p> <p>LPG POWERED KAMP (GAZ) ..... 06</p> <p>KEROSENE OR PARAFFIN LAMP ..... 07</p> <p>CHARCOAL ..... 08</p> <p>WOOD / COCONUT ..... 09</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS..... 10</p> <p>CANDLE ..... 13</p> <p>OTHER (<i>specify</i>) ..... 96</p> <p>NO LIGHTING IN HOUSEHOLD..... 97</p>	
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INSECTICIDE TREATED NETS		TN
TN1. Does your household have any mosquito nets?	YES .....	1
	NO .....	2
		2 ⇒ End
TN2. How many mosquito nets does your household have?	NUMBER OF NETS.....	

	1 <sup>ST</sup> NET	2 <sup>ND</sup> NET	3 <sup>RD</sup> NET
TN3. Ask the respondent to show you all the nets in the household.	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
TN4. How many months ago did your household get the mosquito net?  If less than one month, record '00'.	MONTHS AGO .....  MORE THAN 36 MONTHS AGO ..... 95  DK / NOT SURE ..... 98	MONTHS AGO .....  MORE THAN 36 MONTHS AGO ..... 95  DK / NOT SURE ..... 98	MONTHS AGO .....  MORE THAN 36 MONTHS AGO ..... 95  DK / NOT SURE ..... 98
TN5. Observe or ask the brand/type of mosquito net.  If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) YORKOOL ..... 11  OTHER BRAND (specify) ..... 16 DK BRAND ..... 18  OTHER TYPE (specify) ..... 36 DK BRAND/TYPE ..... 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) YORKOOL ..... 11  OTHER BRAND (specify) ..... 16 DK BRAND ..... 18  OTHER TYPE (specify) ..... 36 DK BRAND/TYPE ..... 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) YORKOOL ..... 11  OTHER BRAND (specify) ..... 16 DK BRAND ..... 18  OTHER TYPE (specify) ..... 36 DK BRAND/TYPE ..... 98
TN10. Did you get the net through a Mass LLIN Distribution Campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS LLIN DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION ..... 3  NO ..... 4 DK ..... 8	YES, MASS LLIN DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION ..... 3  NO ..... 4 DK ..... 8	YES, MASS LLIN DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION ..... 3  NO ..... 4 DK ..... 8
TN11. Check TN10: Is TN10=4 or 8?	YES, TN10=4 OR 8 ..... 1 NO, TN10=1, 2 OR 3 ..... 2 TN13	YES, TN10=4 OR 8 ..... 1 NO, TN10=1, 2 OR 3 ..... 2 TN13	YES, TN10=4 OR 8 ..... 1 NO, TN10=1, 2 OR 3 ..... 2 TN13

<b>TN12.</b> Where did you get the net?	GOVERNMENT HEALTH FACILITY .....01 PRIVATE HEALTH FACILITY .....02 PHARMACY .....03 SHOP / MARKET / STREET .....04 COMMUNITY HEALTH WORKER.....05 RELIGIOUS INSTITUTION .....06 SCHOOL .....07 OTHER.....96 DK .....98	GOVERNMENT HEALTH FACILITY .... 01 PRIVATE HEALTH FACILITY .... 02 PHARMACY..... 03 SHOP / MARKET / STREET..... 04 COMMUNITY HEALTH WORKER..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER..... 96 DK ..... 98	GOVERNMENT HEALTH FACILITY .... 01 PRIVATE HEALTH FACILITY .... 02 PHARMACY ..... 03 SHOP / MARKET / STREET ..... 04 COMMUNITY HEALTH WORKER ..... 05 RELIGIOUS INSTITUTION..... 06 SCHOOL ..... 07 OTHER ..... 96 DK..... 98
<b>TN13.</b> Did anyone sleep under this mosquito net last night?	YES .....1 NO .....2 DK / NOT SURE.....8	YES..... 1 NO ..... 2 DK / NOT SURE ..... 8	YES..... 1 NO..... 2 DK / NOT SURE ..... 8
<b>TN14.</b> Check TN13: Did anyone sleep under the net (TN13=1)?	YES, TN13=1 ..... 1 NO, TN13=2 OR 8 .....2 ✎ <div style="text-align: right;">TN16</div>	YES, TN13=1 .....1 NO, TN13=2 OR 8 .....2 ✎ <div style="text-align: right;">TN16</div>	YES, TN13=1 ..... 1 NO, TN13=2 OR 8..... 2 ✎ <div style="text-align: right;">TN16</div>
<b>TN15.</b> Who slept under this mosquito net last night?  <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i>  <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 _____  LINE NUMBER.....__ __  NAME #2 _____  LINE NUMBER.....__ __  NAME #3 _____  LINE NUMBER.....__ __  NAME #4 _____  LINE NUMBER.....__ __	NAME #1 _____  LINE NUMBER .....__ __  NAME #2 _____  LINE NUMBER.....__ __  NAME #3 _____  LINE NUMBER.....__ __  NAME #4 _____  LINE NUMBER .....__ __	NAME #1 _____  LINE NUMBER .....__ __  NAME #2 _____  LINE NUMBER .....__ __  NAME #3 _____  LINE NUMBER .....__ __  NAME #4 _____  LINE NUMBER .....__ __
<b>TN16.</b> Is there another net?	YES ..... 1 ✎ <div style="text-align: right;">Next Net</div> NO .....2 ✎ <div style="text-align: right;">End</div>	YES.....1 ✎ <div style="text-align: right;">Next Net</div> NO .....2 ✎ <div style="text-align: right;">End</div>	YES..... 1 ✎ <div style="text-align: right;">Next Net</div> NO..... 2 ✎ <div style="text-align: right;">End</div>
			Tick here if additional questionnaire used: ..... <input type="checkbox"/>

WATER AND SANITATION		WS
<p><b>WS1.</b> What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<b>PIPED WATER</b>	
	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
	<b>TUBE WELL / BOREHOLE</b>	
	PROTECTED TUBE WELL / BOREHOLE .....22	22 ⇨ WS3
	UNPROTECTED TUBE WELL / BOREHOLE .....23	23 ⇨ WS3
	<b>DUG WELL</b>	
	PROTECTED WELL.....31	31 ⇨ WS3
	UNPROTECTED WELL .....32	32 ⇨ WS3
	<b>SPRING</b>	
	PROTECTED SPRING.....41	41 ⇨ WS3
	UNPROTECTED SPRING .....42	42 ⇨ WS3
	<b>RAINWATER</b>	
	PROTECTED RAINWATER.....52	52 ⇨ WS3
	UNPROTECTED RAINWATER .....53	53 ⇨ WS3
	SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) .....81	81 ⇨ WS3
	<b>PACKAGED WATER</b>	
	BOTTLED WATER.....91	
	OTHER ( <i>specify</i> ).....96	96 ⇨ WS3

<p><b>WS2.</b> What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING .....11</p> <p>PIPED TO YARD / PLOT .....12</p> <p>PIPED TO NEIGHBOUR .....13</p> <p>PUBLIC TAP / STANDPIPE.....14</p> <p><b>TUBE WELL / BOREHOLE</b></p> <p>PROTECTED TUBE WELL / BOREHOLE .....22</p> <p>UNPROTECTED TUBE WELL / BOREHOLE .23</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL.....31</p> <p>UNPROTECTED WELL .....32</p> <p><b>SPRING</b></p> <p>PROTECTED SPRING.....41</p> <p>UNPROTECTED SPRING .....42</p> <p><b>RAINWATER</b></p> <p>PROTECTED RAINWATER .....52</p> <p>UNPROTECTED RAINWATER .....53</p> <p> SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) .....81</p> <p>OTHER (specify) .....96</p>	<p>11 ⇨ WS7</p> <p>12 ⇨ WS7</p>
<p><b>WS3.</b> Where is that water source located?</p>	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD / PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>1 ⇨ WS7</p> <p>2 ⇨ WS7</p>
<p><b>WS4.</b> How long does it take for members of your household to go there, get water, and come back?</p>	<p>MEMBERS DO NOT COLLECT .....000</p> <p>NUMBER OF MINUTES ..... _ _ _</p> <p>DK .....998</p>	<p>000 ⇨ WS7</p>
<p><b>WS5.</b> Who usually goes to this source to collect the water for your household?</p> <p><i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i></p>	<p>NAME _____</p> <p>LINE NUMBER..... _ _</p>	
<p><b>WS6.</b> Since last (<i>day of the week</i>), how many times has this person collected water?</p>	<p>NUMBER OF TIMES..... _ _</p> <p>DK .....98</p>	
<p><b>WS7.</b> In the last month, has there been any time when your household did not have sufficient quantities of drinking water?</p>	<p>YES, AT LEAST ONCE..... 1</p> <p>NO, ALWAYS SUFFICIENT ..... 2</p> <p>DK ..... 8</p>	<p>2 ⇨ WS9</p> <p>8 ⇨ WS9</p>



<b>WS8.</b> 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  OTHER ( <i>specify</i> ) ..... 6  DK ..... 8	
<b>WS9.</b> Do you or any other member of this household do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2  DK ..... 8	2 ⇒ WS11  8 ⇒ WS11
<b>WS10.</b> What do you usually do to make the water safer to drink?  <i>Probe:</i> Anything else?  <i>Record all methods mentioned.</i>	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	
<b>WS11.</b> What kind of toilet facility do members of your household usually use?  <i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?  <i>If not possible to determine, ask permission to observe the facility.</i>	<b>FLUSH / POUR FLUSH</b> FLUSH TO SEPTIC TANK.....12 FLUSH TO PIT LATRINE .....13 FLUSH TO OPEN DRAIN .....14 FLUSH TO DK WHERE .....18 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE.....21 PIT LATRINE WITH SLAB .....22 PIT LATRINE WITHOUT SLAB / OPEN PIT.....23  BUCKET .....41  NO FACILITY / BUSH / FIELD/CREEK/ OCEAN .....95  OTHER ( <i>specify</i> ) .....96	14 ⇒ WS14 18 ⇒ WS14      41 ⇒ WS14  95 ⇒ End  96 ⇒ WS14
<b>WS12.</b> Has your ( <i>answer from WS11</i> ) ever been emptied?	YES, EMPTIED ..... 1  NO, NEVER EMPTIED ..... 4  DK ..... 8	4 ⇒ WS14  8 ⇒ WS14

<p><b>WS13.</b> 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><b>REMOVED BY SERVICE PROVIDER</b>          TO A TREATMENT PLANT ..... 1          BURIED IN A COVERED PIT ..... 2          TO DON'T KNOW WHERE..... 3</p> <p><b>EMPTIED BY HOUSEHOLD</b>          BURIED IN A COVERED PIT ..... 4          TO UNCOVERED PIT, OPEN GROUND,          WATER BODY OR ELSEWHERE ..... 5</p> <p>OTHER (<i>specify</i>) ..... 6</p> <p>DK ..... 8</p>	
<p><b>WS14.</b> Where is this toilet facility located?</p>	<p>IN OWN DWELLING ..... 1          IN OWN YARD / PLOT..... 2          ELSEWHERE ..... 3</p>	
<p><b>WS15.</b> Do you share this facility with others who are not members of your household?</p>	<p>YES ..... 1          NO ..... 2</p>	2 ⇒ End
<p><b>WS16.</b> 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>SHARED WITH KNOWN HOUSEHOLDS          (NOT PUBLIC) ..... 1          SHARED WITH GENERAL PUBLIC ..... 2</p>	2 ⇒ End
<p><b>WS17.</b> 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><b>HW1.</b> 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><b>OBSERVED</b></p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING .....1</p> <p>IN YARD / PLOT .....2</p> <p>MOBILE OBJECT OBSERVED</p> <p>(BUCKET / JUG / KETTLE) .....3</p> <p><b>NOT OBSERVED</b></p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT .....4</p> <p>NO PERMISSION TO SEE .....5</p> <p>OTHER REASON (<i>specify</i>) .....6</p>	<p>4 ⇨ HW5</p> <p>5 ⇨ HW4</p> <p>6 ⇨ HW5</p>
<p><b>HW2.</b> 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><b>HW3.</b> Is soap or hand washing liquid present at the place for handwashing?</p>	<p>YES, PRESENT .....1</p> <p>NO, NOT PRESENT .....2</p>	<p>1 ⇨ HW7</p> <p>2 ⇨ HW5</p>
<p><b>HW4.</b> 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 DWELLING .....1</p> <p>IN YARD / PLOT .....2</p> <p>MOBILE OBJECT</p> <p>(BUCKET / JUG / KETTLE) .....3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT .....4</p> <p>OTHER (<i>specify</i>) .....6</p>	
<p><b>HW5.</b> Do you have any soap or hand washing liquid in your house for washing hands?</p>	<p>YES .....1</p> <p>NO .....2</p>	<p>2 ⇨ End</p>
<p><b>HW6.</b> Can you please show it to me?</p>	<p>YES, SHOWN .....1</p> <p>NO, NOT SHOWN .....2</p>	<p>2 ⇨ End</p>
<p><b>HW7.</b> Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP .....A</p> <p>HANDWASHING LIQUID (POWDER / LIQUID / PASTE) .....B</p>	

POST EMERGENCY		PE
<p><b>PE1.</b> We want to talk to you about the Cyclone Judy and Kevin</p> <p>Did anyone who was not a member of this household before the Cyclone Judy and Kevin come to live in this household because of the Cyclone Judy and Kevin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>2⇒PE3</p> <p>8⇒PE3</p>
<p><b>PE.2</b> How many persons came to live in this household?</p>	<p>NUMBER OF PERSONS ..... _ _</p>	
<p><b>PE3.</b> At any time during the Cyclone Judy and Kevin, did all the members of this household have to move somewhere else because of the Cyclone Judy and Kevin?</p> <p><i>If 'No', probe if all the members of the household stayed one night or more in another location. If so, record 1 for 'Yes'.</i></p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>2⇒PE5</p>
<p><b>PE4.</b> How long did all the members of this household live in another place?</p> <p><i>If household members returned at different times, report when the first person returned.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>If less than one month, record weeks.</i></p> <p><i>Otherwise, record months.</i></p>	<p>DAYS ..... <b>1</b> _ _</p> <p>WEEKS ..... <b>2</b> _ _</p> <p>MONTHS ..... <b>3</b> _ _</p> <p>NOT YET RETURNED ..... 995</p> <p>DON'T KNOW / NOT SURE ..... 998</p>	
<p><b>PE5.</b> Due to the Cyclone Judy and Kevin, was your house damaged or destroyed?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p><b>PE6.</b> Did anyone who was living in the household during the Cyclone Judy and Kevin die as a direct result of the Cyclone Judy and Kevin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW / NOT SURE ..... 8</p>	
<p><b>PE7.</b> Did any of the members of this household need medical care for any reason at the time of the Cyclone Judy and Kevin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW / NOT SURE ..... 8</p>	<p>2⇒PE9</p> <p>8⇒PE9</p>
<p><b>PE8.</b> Did all members that needed medical care receive this care?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW / NOT SURE ..... 8</p>	
<p><b>PE9.</b> Now I would like to ask you about serious illnesses caused by the Cyclone Judy and Kevin. These can include, for example, water-borne diseases (such as diarrhoea); respiratory infections (including coughs) and other communicable infections such as scabies, yaws, leptospirosis and dengue fever</p> <p>Did any member of this household become seriously ill at the time of the Cyclone Judy and Kevin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW / NOT SURE ..... 8</p>	<p>2⇒PE11</p> <p>8⇒PE11</p>

<b>PE10.</b> As a result of the illness(es), (was this person/were these persons) unable to perform usual daily activities, such as going to work or school for more than 3 months at a time?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
<b>PE11.</b> Did anyone in this household become seriously injured due to the Cyclone Judy and Kevin?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
<b>PE12.</b> Due to the Cyclone Judy and Kevin, were any household members separated from the household, even if it was temporary?  <i>If 'No', probe: Did any household member move to live with relatives or neighbours, or were detained or got lost, even if temporarily? If any, record 1 for 'Yes'.</i>	YES ..... 1 NO ..... 2	2 ⇒ PE15
<b>PE13</b> How many members were separated?	NUMBER OF SEPERATED ..... — —	
<b>PE14.</b> Were any members who were separated less than 18 old at the time of separation?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
<b>PE15.</b> Were there any children age 5-17 years living in this household during the Cyclone Judy and Kevin?  <i>Probe: Please include both children who still live with the household and children who no longer live with the household, including ones who were separated.</i>	YES ..... 1 NO ..... 2	2 ⇒ PE18
<b>PE16.</b> Before the Cyclone Judy and Kevin, were any of these children attending school?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	2 ⇒ PE18 8 ⇒ PE18
<b>PE17.</b> During the Cyclone Judy and Kevin, did any of these children age 5 to 17 years stop attending school due to the Cyclone Judy and Kevin, even if temporarily?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
<b>PE18.</b> During the Cyclone Judy and Kevin, was the household's main source of drinking water unusable because of the Cyclone Judy and Kevin, even if temporarily?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8	
<b>PE19.</b> During the Cyclone Judy and Kevin, was the household's main toilet facility unusable due to the Cyclone Judy and Kevin, even if temporarily?	YES ..... 1 NO ..... 2 DON'T KNOW / NOT SURE ..... 8 NO TOILET FACILITY ..... 9	
<b>PE20.</b> Was household income affected by the Cyclone Judy and Kevin?  <i>If 'Yes', probe to find whether the income increased or decreased.</i>	YES, INCREASED ..... 1 YES, DECREASED ..... 2 NO CHANGE ..... 3 DON'T KNOW / NOT SURE ..... 8	1 ⇒ PE22 3 ⇒ PE22 8 ⇒ PE22

<p><b>PE21.</b> Why did your household's income decrease?</p> <p><i>Probe. Anything else?</i></p> <p><i>Record all that apply.</i></p>	<p>LOST JOB..... A</p> <p>REDUCTION IN WORK HOURS / EARNINGS . B</p> <p>UNABLE TO HARVEST OR PLANT..... C</p> <p>UNABLE TO MAINTAIN LIVESTOCK ..... D</p> <p>COULD NOT GO TO WORK.....E</p> <p>COULD NOT OPEN BUSINESS.....F</p> <p>LOSS OF BUSINESS LOCATION..... G</p> <p>LOSS OF BUSINESS INVENTORY ..... H</p> <p>LOSS OF BUSINESS EQUIPMENT/ASSETS .....I</p> <p>DEATH/INJURY / INJURY OF FAMILY MEMBER..... J</p> <p>OTHER (specify) ..... X</p>	
<p><b>PE22.</b> During the Cyclone Judy and Kevin, were any items of value in the home, farm or business, either damaged, destroyed or stolen?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SALT IODISATION		SA
<p><b>SA1.</b> We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household?</p> <p><i>Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b></p> <p>0 PPM (NO REACTION)..... 1</p> <p>REACTION ..... 5</p> <p><b>SALT NOT TESTED</b></p> <p>NO SALT IN THE HOUSE..... 4</p> <p>OTHER REASON (specify) ..... 6</p>	<p>5 ⇒ HH13</p> <p>4 ⇒ HH13</p> <p>6 ⇒ HH13</p>
<p><b>SA2.</b> I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1 or 5) that corresponds to test outcome.</i></p>	<p><b>SALT TESTED</b></p> <p>0 PPM (NO REACTION)..... 1</p> <p>REACTION ..... 5</p> <p><b>SALT NOT TESTED</b></p> <p>OTHER REASON (specify) ..... 6</p>	

<b>HH13.</b> Record the time.	HOUR AND MINUTES ..... : ..																																																													
<b>HH14.</b> Language of the Questionnaire.	ENGLISH ..... 1 BISLAMA ..... 2 FRENCH ..... 3																																																													
<b>HH15.</b> Language of the Interview.	ENGLISH ..... 1 BISLAMA ..... 2 FRENCH ..... 3  OTHER LANGUAGE (specify) ..... 6																																																													
<b>HH16.</b> Native language of the Respondent.	ENGLISH ..... 1 BISLAMA ..... 2 FRENCH ..... 3  OTHER LANGUAGE (specify) ..... 6																																																													
<b>HH17.</b> Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE ..... 1 YES, PART OF QUESTIONNAIRE ..... 2 NO, NOT USED ..... 3																																																													
<b>HH18.</b> 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																																																												
<b>HH19.</b> 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.																																																														
<table border="1"> <thead> <tr> <th>HH20. Rank number</th> <th>HH21. Line number from HL1</th> <th>HH22. Name from HL2</th> <th colspan="2">HH23. Sex from HL4</th> <th>HH24. Age from HL6</th> </tr> <tr> <th>RANK</th> <th>LINE</th> <th>NAME</th> <th>M</th> <th>F</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td>1</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>2</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>3</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>4</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>5</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>6</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>7</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> <tr><td>8</td><td>_____</td><td></td><td>1</td><td>2</td><td>_____</td></tr> </tbody> </table>	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	_____		
HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6																																																									
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6	_____		1	2	_____																																																									
7	_____		1	2	_____																																																									
8	_____		1	2	_____																																																									

**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 .....

LINE 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.

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  
NO..... 2

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 15-17 ..... 1  
NO..... 2

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≠90 ..... 1  
NO, HL20=90 FOR ALL GIRLS AGE 15-17..... 2








2 ⇒ HH34



<p><b>HH33.</b> 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.</p> <p>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.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> '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.</p> <p><input type="checkbox"/> '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.</p>		
<p><b>HH34.</b> Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for QUESTIONNAIRE FOR MEN?</p>	<p>YES, HH8=1 ..... 1</p> <p>NO, HH8=2 ..... 2</p>	2 ⇒ HH40
<p><b>HH35.</b> Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?</p>	<p>YES, AT LEAST ONE MAN AGE 15-49 ..... 1</p> <p>NO ..... 2</p>	2 ⇒ HH40
<p><b>HH36.</b> Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.</p>		
<p><b>HH37.</b> Check HL6 and HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-17 ..... 1</p> <p>NO ..... 2</p>	2 ⇒ HH40
<p><b>HH38.</b> Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?</p>	<p>YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 ..... 1</p> <p>NO, HL20=90 FOR ALL BOYS AGE 15-17 ..... 2</p>	2 ⇒ HH40
<p><b>HH39.</b> 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.</p> <p>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.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><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.</p> <p><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.</p>		
<p><b>HH40.</b> Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?</p>	<p>YES, AT LEAST ONE ..... 1</p> <p>NO ..... 2</p>	2 ⇒ HH42
<p><b>HH41.</b> Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.</p>		
<p><b>HH42.</b> Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for WATER QUALITY TESTING QUESTIONNAIRE?</p>	<p>YES, HH9=1 ..... 1</p> <p>NO, HH9=2 ..... 2</p>	2 ⇒ HH44A
<p><b>HH43.</b> Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household</p>		

<p><b>HH44.</b> 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>
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MICS PLUS CONSENT			
<b>HH44A.</b> Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1 ..... 1 NO, HC7[A]=2 AND HC12=2..... 2	2 ⇒ HH45	
<b>HH44B.</b> Thank you for your participation.  The Vanuatu Bureau of Statistics will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 15 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?			
YES..... 1 NO..... 2		2 ⇒ HH45	
<b>HH44C.</b> Do you have a personal phone number or does your household have a communal number where you can be reached?	YES..... 1 NO ..... 2	2 ⇒ HH45	
<b>HH44D.</b> You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.			
	[P1] BEST NUMBER	[P2] 2 <sup>ND</sup> NUMBER	[P3] 3 <sup>RD</sup> NUMBER
<b>HH44E.</b> Ask for and record phone number.	_____	_____	_____
<b>HH44F.</b> Just to confirm, the number is (number recorded in HH44E)?  If no, return to HH44E and correct entry.	YES..... 1 NO ..... 2 ⇨ HH44E	YES ..... 1 NO..... 2 ⇨ HH44E	YES..... 1 NO ..... 2 ⇨ HH44E
<b>HH44G.</b> Is this a fixed line or a mobile phone number?	FIXED LINE ..... 1 MOBILE ..... 2	FIXED LINE ..... 1 MOBILE ..... 2	FIXED LINE ..... 1 MOBILE ..... 2
<b>HH44H1.</b> Usually, what time of the day would be best to call you on this number?	<b>PERIOD</b> BETWEEN ..... AND.....  ANY TIME..... 95 OTHER (specify) ..... 96	<b>PERIOD</b> BETWEEN..... AND .....  ANY TIME ..... 95 OTHER (specify)..... 96	<b>PERIOD</b> BETWEEN ..... AND.....  ANY TIME ..... 95 OTHER (specify) ..... 96
<b>HH44H2.</b> Usually, what days of the week are best to call you on this number?  Probe: Any other day?  If X is recorded, no other answer is possible	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X	MONDAY ..... A TUESDAY ..... B WEDNESDAY ..... C THURSDAY ..... D FRIDAY ..... E SATURDAY ..... F SUNDAY ..... G  DK/NO PREF ..... X

<b>HH44I.</b> Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES..... 1  <i>[P2]</i>	YES ..... 1  <i>[P3]</i>	YES..... 1  <i>[P4]</i>
	NO ..... 2  <i>HH45</i>	NO ..... 2  <i>HH45</i>	NO ..... 2  <i>HH45</i>
			<i>Tick here if additional questionnaire used:..... </i>

**HH45.** 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 – HH52,
- 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**



## WATER QUALITY TESTING QUESTIONNAIRE

Vanuatu MICS 2023



WATER QUALITY TESTING INFORMATION PANEL		WQ
WQ1. Cluster number: _____	WQ2. Household number: _____	
WQ3. Measurer's name and number: NAME _____	WQ4. Interviewer's name and number: NAME _____	
WQ5. Day / Month / Year: _____ / _____ / 2 0 2 _____		
WQ6. Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?	YES ..... 1 NO ..... 2	
WQ7. Name of the respondent to WATER QUALITY TESTING QUESTIONNAIRE: NAME _____		
WQ8. Check HH44. Is permission given to test water?	YES, PERMISSION IS GIVEN ..... 1 NO, PERMISSION IS NOT GIVEN ..... 2	1 ⇒ WQ10 2 ⇒ WQ31
WQ31. Result of WATER QUALITY TESTING QUESTIONNAIRE.  Discuss any result not completed with Supervisor.	COMPLETED ..... 01 PERMISSION NOT GIVEN ..... 02 GLASS OF WATER NOT GIVEN ..... 03 PARTLY COMPLETED ..... 04 OTHER (specify) _____ 96	

WATER QUALITY TESTING		
<b>WQ10.</b> Record the time:	HOURS: ..... ____ ____ MINUTES: ..... ____ ____	
<b>WQ11.</b> Could you please provide me with a glass of the water that members of your household usually drink?	YES.....1 NO.....2	2⇒ WQ31 and record '03'
<b>WQ12.</b> Observe and record whether the water was collected directly from the source or from a separate storage container.	DIRECT FROM SOURCE .....1 COVERED CONTAINER.....2 UNCOVERED CONTAINER.....3 UNABLE TO OBSERVE.....8	
<b>WQ13.</b> Label sample <b>H-XXX-YY</b> , where <b>XXX</b> is the cluster number (WQ1) and <b>YY</b> is the household number (WQ2).		
<b>WQ14.</b> Have you or any other member of this household done anything to this water to make it safer to drink?	YES.....1 NO.....2 DK.....8	2⇒WQ17 8⇒WQ17
<b>WQ15.</b> What has been done to the water to make it safer to drink?  <i>Probe:</i> Anything else?  <i>Record all items mentioned.</i>	BOILED IT .....A ADDED BLEACH/CHLORINE .....B STRAINED IT THROUGH A CLOTH .....C USED A WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) .....D SOLAR DISINFECTION .....E LET IT STAND AND SETTLE .....F  OTHER (specify) .....X DK.....Z	

<b>WQ17.</b> What source was this water collected from?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD / PLOT ..... 12 PIPED TO NEIGHBOUR..... 13 PUBLIC TAP / STANDPIPE ..... 14  <b>TUBE WELL / BOREHOLE</b> PROTECTED TUBE WELL / BOREHOLE..... 22 UNPROTECTED TUBE WELL / BOREHOLE ..... 23  <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL..... 32 <b>SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING..... 42  <b>RAINWATER</b> PROTECTED RAINWATER..... 52 UNPROTECTED RAINWATER..... 53  SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) ..... 81  <b>PACKAGED WATER</b> BOTTLED WATER ..... 91  OTHER (specify) ..... 96	
<b>WQ18.</b> Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?  <i>If 'No' probe to find out why this is not possible?</i>	YES, SHOWN ..... 1  NO WATER SOURCE WAS NOT FUNCTIONAL ..... 2 WATER SOURCE TOO FAR..... 3 UNABLE TO ACCESS SOURCE ..... 4 DO NOT KNOW WHERE SOURCE IS LOCATED ..... 5  OTHER REASON (specify) ..... 6	2 ⇒ WQ20 3 ⇒ WQ20 4 ⇒ WQ20 5 ⇒ WQ20 6 ⇒ WQ20
<b>WQ19.</b> Record whether source water sample collected.  <i>Label sample S-XXX-YY, where XXX is the cluster number (WQ1) and YY is the household number (WQ2).</i>	SOURCE WATER COLLECTED ..... 1  SOURCE WATER NOT COLLECTED (specify) ..... 2	
<b>WQ20.</b> Check WQ6: Is the household selected for blank testing?	YES..... 1 NO..... 2	2 ⇒ WQ22



<b>WQ21.</b> Take out the sample of sterile/mineral water that you got from your supervisor.  Label <b>B-XXX-YY</b> , where <b>XXX</b> is the cluster number (WQ1) and <b>YY</b> is the household number (WQ2).  Record whether the sample is available.	BLANK WATER SAMPLE AVAILABLE ..... 1  BLANK WATER SAMPLE NOT AVAILABLE (specify) ..... 2	
<b>WQ22.</b> Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.		
<b>WQ23.</b> Record the time.	HOURS AND MINUTES..... :	

WATER QUALITY TESTING RESULTS		
Following 24-48 hours of incubation the results from the water quality tests should be recorded.		
<b>WQ24.</b> Day / Month / Year of recording test results:	____ / ____ / 20____	
<b>WQ25.</b> Record the time:	HOUR AND MINUTES..... :	
<b>WQ26.</b> <u>Household</u> water test (100ml):  Record 3-digit count of colonies. If 101 or more colonies are counted, record '101' If it is not possible to read results, record '991' If the results are lost, record '992'	NUMBER OF BLUE COLONIES.....	
<b>WQ26A.</b> Check WQ19: Was a source water sample collected?	YES, WQ19=1 ..... 1 NO, WQ19=2 OR BLANK ..... 2	2 ⇒ WQ28
<b>WQ27.</b> <u>Source</u> water test (100ml):	NUMBER OF BLUE COLONIES.....	
<b>WQ28.</b> Check WQ21: Was a blank water sample available?	YES, WQ21=1 ..... 1 NO, WQ21=2 OR BLANK ..... 2	2 ⇒ WQ31
<b>WQ29.</b> <u>Blank</u> water test (100ml):	NUMBER OF BLUE COLONIES.....	⇒ WQ31

MEASURER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS