

# APPENDIX F1. Household Questionnaire

In the Kosovo\* MICS four different questionnaires were administered, the: Household questionnaire; Questionnaire for Individual Women (age 15-49); Questionnaire for Individual Men (age 15-49); Questionnaire for Children Under Five. In addition a Questionnaire Form for Vaccination Records at Health Facility was administered for all children age 0-2 years with a completed Questionnaire for Children Under Five.

HOUSEHOLD QUESTIONNAIRE		Kosovo*
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: _____ / _____ / 2 0 1 _____	HH7. REGION:	
HH6. AREA: Urban ..... 1 Rural ..... 2	Gjakova .....1 Gjilan .....2 Mitrovica.....3 Peja .....4 Prizren .....5 Pristina .....6 Ferizaj .....7	
HH8. Is the household selected for Questionnaire for Men? Yes ..... 1 No ..... 2		
<p>WE ARE FROM THE Kosovo* AGENCY 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. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>		
<p>HH9. Result of household interview:</p> <p>Completed .....01            No household member or no competent respondent at home at time of visit.....02            Entire household absent for extended period of time.....03            Refused .....04            Dwelling vacant / Address not a dwelling .....05            Dwelling destroyed.....06            Dwelling not found.....07            Other (specify) _____ 96</p>		

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire:

Name \_\_\_\_\_

HH11. Total number of household members: \_\_\_\_\_

HH12. Number of women age 15-49 years: \_\_\_\_\_

If the household is selected for Questionnaire for Men:

HH13A. Number of men age 15-49 years: \_\_\_\_\_

HH14. Number of children under age 5: \_\_\_\_\_

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's questionnaires completed: \_\_\_\_\_

If the household is selected for Questionnaire for Men:

HH13B. Number of men's questionnaires completed: \_\_\_\_\_

HH15. Number of under-5 questionnaires completed: \_\_\_\_\_

HH16. Field editor's name and number:

Name \_\_\_\_\_

HH17. Main data entry clerk's name and number:

Name \_\_\_\_\_

**HH18. Record the time.**  
 Hour .....  
 Minutes .....  
**LIST OF HOUSEHOLD MEMBERS**  
 FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.  
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).  
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?  
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.  
 Use an additional questionnaire if all rows in the List of Household Members have been used.

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record "95"	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S BIOLOGICAL MOTHER ALIVE?	HL12. DOES (name)'S BIOLOGICAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S BIOLOGICAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8DK	HL13. IS (name)'S BIOLOGICAL FATHER ALIVE?	HL14. DOES (name)'S BIOLOGICAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S BIOLOGICAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?
01		01	1 2			15-49	15-49	0-4	Y N DK	Mother	1 2 3 8	Y N DK	Father	1 2 3 8	Mother
02			1 2			02	02	02	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
03			1 2			03	03	03	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
04			1 2			04	04	04	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
05			1 2			05	05	05	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
06			1 2			06	06	06	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
07			1 2			07	07	07	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
08			1 2			08	08	08	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
09			1 2			09	09	09	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
10			1 2			10	10	10	1 2 8		1 2 3 8	1 2 8		1 2 3 8	
11			1 2			11	11	11	1 2 8		1 2 3 8	1 2 8		1 2 3 8	

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	For women age 15-49		For men age 15-49		For children age 0-4		For children age 0-17 years					For children age 0-14
				HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men	HL7B. Circle line no. if age 0-4	HL11. IS (name)'S BIOLOGICAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S BIOLOGICAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13 Record 00 for "No"	HL12A. WHERE DOES (name)'S BIOLOGICAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S BIOLOGICAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S BIOLOGICAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15 Record 00 for "No"	HL14A. WHERE DOES (name)'S BIOLOGICAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?		
Line	Name	Relation*	M F	Month	Year	Age	15-49	0-4	Y N DK	Mother	Y N DK	Father	Y N DK	Mother	
12		0 1	1 2				12	12	1 2 8		1 2 8	1 2 8	1 2 8	1 2 3 8	
13			1 2				13	13	1 2 8		1 2 8	1 2 8	1 2 8	1 2 3 8	
14			1 2				14	14	1 2 8		1 2 8	1 2 8	1 2 8	1 2 3 8	
15			1 2				15	15	1 2 8		1 2 8	1 2 8	1 2 8	1 2 3 8	

Tick here if additional questionnaire used

Probe for additional household members.

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

For each man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire. You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

\* Codes for HL3:

- 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
- 96 Other (Not related)
- 98 DK

EDUCATION												
For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED2. Name and age	ED3. HAS (name) EVER ATTENDED SCHOOL OR PREPRIMARY SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE / YEAR (name) COMPLETED AT THIS LEVEL?	ED4C. Check ED4A ■ If level is 4 or 8 ⇒ Go to ED5 ■ If level is 1, 2 or 3 ⇒ Continue with ED4D	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR IS (name) ATTENDING?	ED6C. Check ED6 ■ If level is 4 or 8 ⇒ Go to ED7 ■ If level is 1, 2 or 3 ⇒ Continue with ED6D	ED7. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR DID (name) ATTEND?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE / YEAR DID (name) ATTEND?	ED8C. Check ED8 ■ If level is 4 or 8 ⇒ Go to next line ■ If level is 1, 2 or 3 ⇒ Continue with ED8D	
Line	Name	Yes No	Level	Grade / Year	0 N DK	Yes No	Level	Grade / Year	0 N DK	Level	Grade / Year	0 N DK
01		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
02		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
03		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
04		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
05		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
06		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
07		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8
08		1 2	0 1 2 3 4 8	___	1 2 8	1 2	0 1 2 3 4 8	___	1 2 8	0 1 2 3 4 8	___	1 2 8

ED1. Line no.		For household members age 5 and above										For household members age 5-24 years															
ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-PRIMARY SCHOOL? 1 Yes 2 No ⇄ Next line		EDA4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED5		ED4B. WHAT IS THE HIGHEST GRADE/YEAR (name) COMPLETED AT THIS LEVEL? Grade / Year: 98 DK If the first grade/year at this level is not completed, enter "00".		ED4C. Check ED4A ■ If level is 4 or 8 ⇒ Go to ED5 ■ If level is 1, 2 or 3 ⇒ Continue with ED4D		ED4D. IS THE HIGHEST LEVEL (name) HAS ATTENDED PART OF THE OLD OR THE NEW SCHOOL SYSTEM? 1 Old 2 New 8 DK		ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME? 1 Yes 2 No ⇄ ED7		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR IS (name) ATTENDING? Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, skip to ED7		ED6C. Check ED6 ■ If level is 4 or 8 ⇒ Go to ED7 ■ If level is 1, 2 or 3 ⇒ Continue with ED6D		ED6D. IS THE HIGHEST LEVEL (name) IS ATTENDING PART OF THE OLD OR THE NEW SCHOOL SYSTEM? 1 Old 2 New 8 DK		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRE-PRIMARY SCHOOL AT ANY TIME? 1 Yes 2 No ⇄ Next line 8 DK ⇄ Next line		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/YEAR DID (name) ATTEND? Level: 0 Pre-primary 1 Primary 2 Lower secondary 3 Upper secondary 4 Higher 8 DK If level=0, go to next line		ED8C. Check ED8 ■ If level is 4 or 8 ⇒ Go to next line ■ If level is 1, 2 or 3 ⇒ Continue with ED8D		ED8D. IS THE HIGHEST LEVEL (name) HAS ATTENDED PART OF THE OLD OR THE NEW SCHOOL SYSTEM? 1 Old 2 New 8 DK	
Line	Name	Age	Yes	No	Level	Grade / Year	0	N	DK	Yes	No	Level	Grade / Year	0	N	DK	Yes	No	DK	Level	Grade / Year	0	N	DK			
09			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		0	N	DK			
10			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			
11			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			
12			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			
13			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			
14			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			
15			1	2	0 1 2 3 4 8		1	2	8	1	2	0 1 2 3 4 8		1	2	8	1	2	8	0 1 2 3 4 8		1	2	8			

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE					SL						
<b>SL1.</b> Check HL6 in the List of Household Members and write the total number of children age 1-17 years.				Total number .....							
<p><b>SL2.</b> Check the number of children age 1-17 years in SL1:</p> <p><input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.</p> <p><input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.</p> <p><input type="checkbox"/> Two or more ⇒ Continue with SL2A.</p>											
<p><b>SL2A.</b> List each of the children aged 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.</p>											
<b>SL3.</b> <i>Rank number</i>	<b>SL4.</b> <i>Line number from HL1</i>	<b>SL5.</b> <i>Name from HL2</i>	<b>SL6.</b> <i>Sex from HL4</i>		<b>SL7.</b> <i>Age from HL6</i>						
<b>Rank</b>	<b>Line</b>	<b>Name</b>	<b>M</b>	<b>F</b>	<b>Age</b>						
1	_____		1	2	_____						
2	_____		1	2	_____						
3	_____		1	2	_____						
4	_____		1	2	_____						
5	_____		1	2	_____						
6	_____		1	2	_____						
7	_____		1	2	_____						
8	_____		1	2	_____						
<p><b>SL8.</b> Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below. Check the total number of children age 1-17 years in SL1 above. This is the number of the column you should go to in the table below. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.</p>											
<b>Last digit of household number (from HH2)</b>	<b>Total Number of Eligible Children in the Household (from SL1)</b>										
	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8+</b>				
<b>0</b>	2	2	4	3	6	5	4				
<b>1</b>	1	3	1	4	1	6	5				
<b>2</b>	2	1	2	5	2	7	6				
<b>3</b>	1	2	3	1	3	1	7				
<b>4</b>	2	3	4	2	4	2	8				
<b>5</b>	1	1	1	3	5	3	1				
<b>6</b>	2	2	2	4	6	4	2				
<b>7</b>	1	3	3	5	1	5	3				
<b>8</b>	2	1	4	1	2	6	4				
<b>9</b>	1	2	1	2	3	7	5				
<p><b>SL9.</b> Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.</p>		Rank number .....				Line number .....		Name .....		Age .....	

CHILD LABOUR		CL
<b>CL1.</b> Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module. <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.		
<b>CL2.</b> NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?	Yes No [A] DID ( <i>name</i> ) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS? Worked on plot / farm / food garden / looked after animals ..... 1 2 [B] DID ( <i>name</i> ) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? Helped in family / relative's business/ran own business ..... 1 2 [C] DID ( <i>name</i> ) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? Produce / sell articles / handicrafts / clothes / food or agricultural products ..... 1 2 [D] SINCE LAST ( <i>day of the week</i> ), DID ( <i>name</i> ) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? If "No", Probe: PLEASE INCLUDE ANY ACTIVITY ( <i>name</i> ) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM. Any other activity ..... 1 2	
<b>CL3.</b> Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ Go to CL4 <input type="checkbox"/> All answers are 'No' ⇒ Continue with CL3A		
<b>CL3A.</b> EVEN THOUGH ( <i>name</i> ) DID NOT DO ANY OF THESE ACTIVITIES SINCE LAST ( <i>day of the week</i> ), DOES HE/SHE HAVE A JOB, BUSINESS, OR OTHER ECONOMIC OR FARMING ACTIVITY THAT HE/SHE WILL DEFINITELY RETURN TO? ( <i>For agricultural activities, the off season in agriculture is not a temporary absence</i> )	Yes ..... 1 No ..... 2	2 ⇒ CL8
<b>CL3B.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes ..... 1 No ..... 2	1 ⇒ CL7A
<b>CL3C.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes ..... 1 No ..... 2	1 ⇒ CL7A 2 ⇒ CL7
<b>CL4.</b> SINCE LAST ( <i>day of the week</i> ) ABOUT HOW MANY HOURS DID ( <i>name</i> ) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? ( <i>If less than one hour, record "00"</i> )	Number of hours..... ____	
<b>CL5.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes ..... 1 No ..... 2	1 ⇒ CL7A
<b>CL6.</b> DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes ..... 1 No ..... 2	1 ⇒ CL7A

<p><b>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</b></p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>Yes ..... 1</p> <p>No ..... 2</p> <p>Yes ..... 1</p> <p>No ..... 2</p> <p>Yes ..... 1</p> <p>No ..... 2</p> <p>Yes ..... 1</p> <p>No ..... 2</p>	<p>1⇒ CL7A</p> <p>1⇒ CL7A</p> <p>1⇒ CL7A</p> <p>1⇒ CL7A</p> <p>1⇒ CL7A</p>																								
<p><b>CL7A. DESCRIBE THE MAIN JOB/TASK (name) WAS PERFORMING SINCE LAST (day of the week).</b></p> <p>Probe:</p> <p>BY JOBS/TASKS I MEAN, FOR EXAMPLE, CUTTING TREES, SELLING ITEMS, HARVESTING FOOD, ETC.</p> <p>(Main refers to the work on which (name) spent most of the time during the week.)</p>	<p>Response _____</p> <p>Occupation code ..... _____</p> <p><i>Do not fill in code - for Central Office only</i></p>																									
<p><b>CL7B. DESCRIBE BRIEFLY THE MAIN ACTIVITY I.E. GOODS PRODUCED AND SERVICES RENDERED WHERE (name) IS WORKING SINCE LAST (day of the week).</b></p> <p>(Main refers to the work on which (name) spent most of the time during the week.)</p>	<p>Response _____</p> <p>Industrial code..... _____</p> <p><i>Do not fill in code - for Central Office only</i></p>																									
<p><b>CL7C. WHEN DID (name) USUALLY CARRY OUT HIS/HER MAIN WORK SINCE LAST (day of the week)?</b></p> <p>(Main refers to the work on which (name) spent most of the time during the week.)</p>	<p>During the day (between 6 a.m. and 6 p.m.) ..... 1</p> <p>In the evening or at night (after 6 p.m.) ..... 2</p> <p>During both the day and the evening (for the entire day) ..... 3</p> <p>On the week-end ..... 4</p> <p>Sometimes during the day, sometimes in the evening ..... 5</p>																									
<p><b>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</b></p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒ CL10</p>																								
<p><b>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _____</p>																									
<p><b>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</b></p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Shopping for household .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Repair household equipment.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Cooking / cleaning utensils / house.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Washing clothes .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for children.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for old / sick.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other household tasks.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Yes	No	Shopping for household .....	1	2	Repair household equipment.....	1	2	Cooking / cleaning utensils / house.....	1	2	Washing clothes .....	1	2	Caring for children.....	1	2	Caring for old / sick.....	1	2	Other household tasks.....	1	2	
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<p><b>CL11. Check CL10, A to G</b></p> <p><input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12</p> <p><input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module</p>																										
<p><b>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES IN TOTAL?</b></p> <p><i>If less than one hour, record "00"</i></p>	<p>Number of hours..... _____</p>																									



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

HOUSEHOLD CHARACTERISTICS		HC
<b>HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?</b>	Islamic ..... 1 Orthodox ..... 2 Catholic..... 3  Prefer not to answer ..... 4 Other religion ( <i>specify</i> ) ..... 6 No religion ..... 0	
<b>HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?</b>	Albanian ..... 1 Serbian ..... 2 Turkish ..... 3 Bosnian..... 4 Romani ..... 5 Other language ( <i>specify</i> ) ..... 6	
<b>HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?</b>	Albanian ..... 01 Serb ..... 02 Turk..... 03 Bosniak..... 04 Roma ..... 05 Ashkali ..... 06 Egyptian ..... 08 Goran..... 09 Other ethnic group ( <i>specify</i> ) ..... 96	
<b>HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?</b>	Number of rooms.....	
<b>HC3. Main material of the dwelling floor.</b> <i>Record observation.</i>	Natural floor Earth / Sand..... 11 Rudimentary floor Wood planks ..... 21 Finished floor Linoleum ..... 32 Ceramic tiles..... 33 Cement..... 34 Carpet..... 35 Parquet..... 36 Polished wood (laminated) ..... 37 Other ( <i>specify</i> ) ..... 96	
<b>HC4. Main material of the roof.</b> <i>Record observation.</i>	Natural roofing No Roof..... 11 Rudimentary roofing Rustic mat ..... 21 Wood planks ..... 23 Cardboard..... 24 Nylon..... 25 Tent material ..... 26 Finished roofing Metal / Tin..... 31 Wood ..... 32 Calamine / Cement fibre..... 33 Cement..... 35 Roofing shingles..... 36 Clay tiles ..... 37 Other ( <i>specify</i> ) ..... 96	

<p><b>HC5. Main material of the exterior walls.</b> <i>Record observation.</i></p>	<p>Natural walls                      No walls.....11                      Dirt .....13                      Rudimentary walls                      Stone with mud.....22                      Uncovered adobe .....23                      Plywood .....24                      Cardboard.....25                      Reused wood.....26                      Tent material .....27                      Wood with mud .....28                      Finished walls                      Cement.....31                      Stone with lime / cement .....32                      Bricks.....33                      Cement blocks.....34                      Covered adobe.....35                      Wood planks / shingles .....36                      Plaster .....37                      Other (<i>specify</i>) .....96</p>																																														
<p><b>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</b></p>	<p>Electricity .....01                      Liquefied Petroleum Gas (LPG).....02                      Coal / Lignite .....06                      Charcoal.....07                      Wood .....08                      Straw / Shrubs / Grass .....09                      Agricultural crop residue / Corn stalk .....11                      No food cooked in household .....95                      Other (<i>specify</i>) .....96</p>	<p>01⇒ HC8                      02⇒ HC8                      95⇒ HC8</p>																																													
<p><b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b>  <i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house                      In a separate room used as kitchen ..... 1                      Elsewhere in the house ..... 2                      In a separate building..... 3                      Outdoors..... 4                      Other (<i>specify</i>) ..... 6</p>																																														
<p><b>HC8. DOES YOUR HOUSEHOLD HAVE:</b></p> <p>[E] A REFRIGERATOR?                      [F] A BED?                      [G] A TABLE AND CHAIRS?                      [H] INTERNET?                      [I] A CLOTHES DRYER?                      [J] A VACUUM CLEANER?                      [K] AN AIR CONDITIONER?                      [L] A JACUZZI TUB?                      [M] A WATER HEATER?                      [N] A LAPTOP COMPUTER?                      [O] A PC COMPUTER?                      [P] A DISH WASHER?                      [Q] A CLOTHES WASHING MACHINE?                      [R] A FLAT SCREEN / LCD TV?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Refrigerator .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table and chairs.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Internet .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clothes dryer .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vacuum cleaner .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Jacuzzi tub.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water heater.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Laptop computer.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PC computer .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Dish washer .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clothes washing machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Flat screen / LCD television.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Refrigerator .....	1	2	Bed .....	1	2	Table and chairs.....	1	2	Internet .....	1	2	Clothes dryer .....	1	2	Vacuum cleaner .....	1	2	Air conditioner.....	1	2	Jacuzzi tub.....	1	2	Water heater.....	1	2	Laptop computer.....	1	2	PC computer .....	1	2	Dish washer .....	1	2	Clothes washing machine.....	1	2	Flat screen / LCD television.....	1	2	
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	Yes	No	
<b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b>			
[D] A MOTORCYCLE OR SCOOTER?	Motorcycle / Scooter .....	1 2	
[E] AN ANIMAL-DRAWN CART?	Animal-drawn cart .....	1 2	
[H] A CAR?	Car .....	1 2	
[I] A TRUCK?	Truck .....	1 2	
[J] A TRACTOR?	Tractor .....	1 2	
[K] A CELL PHONE?	Cell phone.....	1 2	
[L] A PHONE WITH A TOUCH SCREEN OR KEYBOARD?	Smart phone.....	1 2	
<b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b>	Own .....	1	
	Rent .....	2	
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i>	Temporary Housing (No rent paid) .....	3	
<i>If "Rented from someone else", circle "2". If "Temporary housing", circle 3. For other responses, circle "6".</i>	Other (specify) .....	6	
<b>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</b>	Yes .....	1	
	No .....	2	2⇒ HC13
<b>HC12. HOW MANY HECTARES OR ARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</b> (1 HECTARE =100 ARES)	Hectares .....	1 _____	
	Ares.....	2 _____	
<i>If 1 hectare or more, circle "1" and record hectares.</i>	DK .....	99998	
<i>If 95 or more hectares, circle "1" and record "95".</i>			
<i>If less than 1 hectare, circle "2" and record in ares.</i>			
<i>If 1 are or more, circle "2" and record ares.</i>			
<i>If 9950 or more ares, circle "2" record "9950"</i>			
<i>If less than 1 are, circle "2" and record "0000".</i>			
<i>If unknown, circle "99998".</i>			
<b>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</b>	Yes .....	1	
	No .....	2	2⇒ HC15
<b>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</b>			
[A] CATTLE, MILK COWS, OR BULLS?	Cattle, milk cows, or bulls.....	_____	
[B] HORSES?	Horses.....	_____	
[C] GOATS?	Goats .....	_____	
[D] SHEEP?	Sheep.....	_____	
[E] CHICKEN?	Chicken .....	_____	
[F] PIGS?	Pigs.....	_____	
[G] TURKEY?	Turkey.....	_____	
[H] DONKEYS OR MULES?	Donkeys or mules .....	_____	
<i>If none, record "00". If 95 or more, record "95".</i>			
<i>If unknown, record "98".</i>			
<b>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</b>	Yes .....	1	
	No .....	2	

WATER AND SANITATION		WS
<b>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</b>	Piped water	
	Piped into dwelling.....11	11⇒ WS6
	Piped into compound, yard or plot.....12	12⇒ WS6
	Piped to neighbour .....13	13⇒ WS6
	Public tap / standpipe.....14	14⇒ WS3
	Tube Well, Borehole .....21	21⇒ WS3
	Dug well	
	Protected well .....31	31⇒ WS3
	Unprotected well .....32	32⇒ WS3
	Water from spring	
	Protected spring.....41	41⇒ WS3
	Unprotected spring.....42	42⇒ WS3
	Rainwater collection.....51	51⇒ WS3
	Tanker-truck .....61	61⇒ WS3
	Cart with small tank / drum .....71	71⇒ WS3
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81	81⇒ WS3
Bottled water .....91		
Other ( <i>specify</i> ) .....96	96⇒ WS3	
<b>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</b>	Piped water	
	Piped into dwelling.....11	11⇒ WS6
	Piped into compound, yard or plot.....12	12⇒ WS6
	Piped to neighbour .....13	13⇒ WS6
	Public tap / standpipe.....14	
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	Unprotected spring.....42	
	Rainwater collection.....51	
	Tanker-truck .....61	
	Cart with small tank / drum .....71	
	Surface water (river, stream, dam, lake, pond, canal, irrigation channel) .....81	
Other ( <i>specify</i> ) .....96		
<b>WS3. WHERE IS THAT WATER SOURCE LOCATED?</b>	In own dwelling.....1	1⇒ WS6
	In own yard / plot.....2	2⇒ WS6
	Elsewhere.....3	
<b>WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</b>	Number of minutes.....	
	DK.....998	
<b>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</b>  <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years).....1	
	Adult man (age 15+ years).....2	
	Female child (under 15).....3	
	Male child (under 15).....4	
	DK.....8	
<b>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</b>	Yes.....1	
	No.....2	2⇒ WS8
	DK.....8	8⇒ WS8

<p><b>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</b></p> <p><i>Probe:</i>                  ANYTHING ELSE?  <i>Record all items mentioned.</i></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><b>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</b></p> <p><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></p>	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine)..... 13 Flush to somewhere else ..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / Open pit..... 23  Bucket..... 41 No facility, Bush, Field ..... 95 Other ( <i>specify</i> ) ..... 96	95⇒ Next Module
<p><b>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</b></p>	Yes ..... 1 No ..... 2	2⇒ Next Module
<p><b>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</b></p>	Other households only (not public) ..... 1 Public facility ..... 2	2⇒ Next Module
<p><b>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</b></p>	Number of households (if less than 10) ..... 0 ___ Ten or more households ..... 10 DK ..... 98	

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

<b>HH19.</b> Record the time.	Hour and minutes..... ____: ____	
-------------------------------	----------------------------------	--

**HH20.** Thank the respondent for his/her cooperation and check the List of Household Members:

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

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MEN:

A separate QUESTIONNAIRE FOR INDIVIDUAL MEN has been issued for each man age 15-49 years in the List of Household Members (HL7A)

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

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

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

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**