



**MULTIPLE INDICATOR CLUSTER  
SURVEY (MICS) 2014**

***HOUSEHOLD QUESTIONNAIRE***

**ENGLISH**

PROVINCE CODE:  CLUSTER NO:  HHOLD NO:

IDENTIFICATION PANEL		HH	
<b>HH1.</b> Cluster name and number: Name _____		<b>HH2.</b> Household number: _____	
<b>HH3.</b> Interviewer name and number: Name _____		<b>HH4.</b> Supervisor's name and number: Name _____	
<b>HH5.</b> Day / Month / Year of interview: ____ / ____ / 2 0 1 ____		<b>HH7.</b> Province _____	
<b>HH6.</b> Area: Urban .....1 Rural .....2		<b>HH7A.</b> District _____	
<b>HH 8.</b> Is the household selected for Questionnaire for Men? Yes.....1 No.....2			
<p>GOOD .....! MY NAME IS ..... AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. FIRSTLY, I WOULD LIKE TO SPEAK WITH A KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD FOR ABOUT <b>35</b> MINUTES AND LATER ON WOMEN (<i>AND MEN</i>) AS WELL AS MOTHERS OR PRIMARY CARE GIVERS OF CHILDREN IN THE HOUSEHOLD. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW? IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p> <p><i>After all questionnaires for the household have been completed, fill in the following information (HH9 to HH16A).</i></p>			
<b>HH9.</b> Result of household interview: Completed ..... 01 Not at home ..... 02 Household absent for an extended period..... 03 Refused ..... 04 Dwelling vacant ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07 Other( <i>specify</i> ) ..... 96		<b>HH10.</b> Respondent to household questionnaire: Name _____	
		<b>HH11.</b> Total number of household members: ____ ____	
		<b>HH12.</b> No. of women 15-49 eligible for interview: ____ ____	
<b>HH13.</b> No. of women's questionnaires completed: ____		<b>HH13A.</b> No. of men 15-54 eligible for interview: ____ ____	
<b>HH13B.</b> No. of men's questionnaires completed: ____ ____		<b>HH14.</b> No. of children under age 5: _____	
<b>HH15.</b> No. of under-5 questionnaires completed: ____ ____		<b>HH16A.</b> Team Leader and number: Name _____	
<b>HH17.</b> Main data entry Clerk's name and number: Name _____		<b>HH18.</b> Record interview start time ____ ____ ____ ____ ( <i>hour and minute</i> )	

**LIST OF HOUSEHOLD MEMBERS**

**HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).  
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?  
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.  
 Use an additional questionnaire if all rows in the List of Household Members have been used.

HL1 Line no.	HL2 Name Record the name(s) of the member(s) of the household in the following order: 1. Head 2. Spouse 3. Unmarried children 4. Married children, their spouses and their children 5. Relatives of head 6. Non relatives	HL3 Relation*	HL4		HL5		HL6 Record in completed years. If age is less than 1 year record 00 and if 95 years or above, record '95'	HL6A 1 Yes 2 No	HL7 Circle line no. if woman age 15-49	HL7A Circle line no. if man age 15-54 and the household is selected for Questionnaire for Men	HL7B Circle line no. if age 0-4	For children age 0-17 years					HL15 Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:							
			M	F	98 DK	9998 DK						HL11 1 YES 2 NO 8 DK HL13	HL12 IF "YES" RECORD LINE NO. OF MOTHER AND GO TO HL13 IF "NO" RECORD 00	HL12A 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13 1 Yes 2 No 8 DK HL15	HL14 If "Yes" Record line no. of father and go to HL15. If "No" record 00		HL14A 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK						
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-54	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother
01		01	1	2	___	_____	___	1	2	01	01	01	1	2	8	___	1	2	8	___	1	2	8	___
02		___	1	2	___	_____	___	1	2	02	02	02	1	2	8	___	1	2	8	___	1	2	8	___
03		___	1	2	___	_____	___	1	2	03	03	03	1	2	8	___	1	2	8	___	1	2	8	___
04		___	1	2	___	_____	___	1	2	04	04	04	1	2	8	___	1	2	8	___	1	2	8	___
05		___	1	2	___	_____	___	1	2	05	05	05	1	2	8	___	1	2	8	___	1	2	8	___
06		___	1	2	___	_____	___	1	2	06	06	06	1	2	8	___	1	2	8	___	1	2	8	___
07		___	1	2	___	_____	___	1	2	07	07	07	1	2	8	___	1	2	8	___	1	2	8	___
08		___	1	2	___	_____	___	1	2	08	08	08	1	2	8	___	1	2	8	___	1	2	8	___
09		___	1	2	___	_____	___	1	2	09	09	09	1	2	8	___	1	2	8	___	1	2	8	___
10		___	1	2	___	_____	___	1	2	10	10	10	1	2	8	___	1	2	8	___	1	2	8	___
11		___	1	2	___	_____	___	1	2	11	11	11	1	2	8	___	1	2	8	___	1	2	8	___

							For women age 15-49	For men age 15-54	For children age 0-4	For children age 0-17 years						For children age 0-14
HL1 Line no.	HL2. Name Record the name(s) of the member(s) of the household in the following order: 1. Head 2. Spouse 3. Unmarried children 4. Married children, their spouses and their children 5. Relatives of head 6. Non relatives	HL3.	HL4. 1 Male 2 Female	HL5. 98 DK 9998 DK	HL6. Record in completed years. If age is less than 1 year record 00 and if 95 years or above, record '95'	HL6A. 1 Yes 2 No	HL7. Circle line no. if woman age 15-49	HL7A. Circle line no. if man age 15-54 and the house- hold is selected for Questionnai re for Men	HL7B. Circle line no. if age 0-4	HL11. 1 YES 2 No HL13 8 DK HL13	HL12. IF "YES" RECORD LINE NO. OF MOTHER AND GO TO HL13 IF "NO" RECORD 00	HL12A. 1 In another househol d in this country 2 Institution in this country 3 Abroad 8 DK	HL13. 1 Yes 2 No HL15 8 DK HL15	HL14. If "Yes" Record line no. of father and go to HL15. If "No" record 00	HL14A. 1 In another househ old in this country 2 Instituti on in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:
Line	Name	Relation*	M F	Month	Year	Age	Y N	15-49	15-54	0-4	Y N DK	Mother	Y N DK	Father	Mother	
12		__ __	1 2	__ __	__ __	__ __	1 2	12	12	12	1 2 8	__ __	1 2 8	__ __	1 2 3 8	
13		__ __	1 2	__ __	__ __	__ __	1 2	13	13	13	1 2 8	__ __	1 2 8	__ __	1 2 3 8	
14		__ __	1 2	__ __	__ __	__ __	1 2	14	14	14	1 2 8	__ __	1 2 8	__ __	1 2 3 8	
15		__ __	1 2	__ __	__ __	__ __	1 2	15	15	15	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 Woman's Questionnaire.

For each man age 15-54 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: Relationship to head of household:	01 Head	04 Son-In-Law/ daughter-In-Law/	07 Parent-In-Law	10 Uncle/Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse/Partner	05 grandchild	08 Brother / Sister	11 Niece/Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

EDUCATION			ED														
			For household members age 3 and above						For household members age 3-24 years								
ED1. Line number	ED2. Name and age  Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?  Codes: 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 attended/currently attending higher education 31- completed higher education  Grade: 98 DK  <i>If the first grade at this level is not completed record 00.</i>	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013/2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK  <i>If level=0, skip to ED7</i>	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, DID (name) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?  Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK  <i>If level=0, go to next line</i>								
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No DK	Level	Grade						
01			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
02			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
03			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
04			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
05			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
06			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
07			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
08			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
09			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
10			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
11			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
12			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
13			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
14			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							
15			1 2	0 1 2 3 8		1 2	0 1 2 3 8		1 2 8	0 1 2 3 8							

**SELECTION OF ONE CHILD FOR CHILD DISCIPLINE**

**SL**

**SL1.** Check HL6 in the List of Household Members and write the total number of children age 1-14 years.

Total number ..... —

**SL2.** Check the number of children age 1-14 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
- Two or more ⇒ Continue with SL2A

**SL2A.** List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.

<b>SL3.</b> Rank number	<b>SL4.</b> Line number from HL1	<b>SL5.</b> Name from HL2	<b>SL6.</b> Sex from HL4		<b>SL7.</b> Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —

**SL8.** Check the last digit of the household number (HH2). This is the number of the row you should go to in the table below.

Check the total number of children age 1-14 years in SL1 above. This is the number of the column you should go to in the table below

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

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

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

Rank number ..... —  
 Line number ..... — —  
 Name \_\_\_\_\_  
 Age ..... — —

**CHILD DISCIPLINE**

**CD**

**CD2.** Write the line number and name of the child from SL9.

Line number ..... \_ \_

Name \_\_\_\_\_

**CD3.** ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.

Yes No

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

[A] Took away privileges ..... 1 2

[B] EXPLAINED WHY *(name)*'S BEHAVIOUR WAS WRONG.

[B] Explained wrong behaviour..... 1 2

[C] SHOOK HIM/HER.

[C] Shook him/her ..... 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

[D] Shouted, yelled, screamed ..... 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO.

[E] Gave something else to do ..... 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

[F] Spanked, hit, slapped on 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.

[G] Hit with belt, hairbrush, stick, or other hard object ..... 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

[H] Called dumb, lazy, or another name ..... 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

[I] Hit/slapped on the face, head or ears ..... 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

[J] Hit/slapped on hand, arm or leg . 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.

[K] Beat up, hit over and over as hard as one could ..... 1 2

<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.</b> WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic..... 11 Protestant..... 12 Pentecostal..... 13 Apostolic Sect ..... 14 Other Christian ..... 15 Islam..... 16 Traditional..... 17  Other religion ( <i>specify</i> ) _____ 96 No religion ..... 97	
<b>HC1B.</b> WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Shona ..... 1 Ndebele ..... 2 English..... 3  Other language ( <i>specify</i> ) _____ 6	
<b>HC2.</b> HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... _ _	
<b>HC3.</b> <i>Main material of the dwelling floor.</i>  <i>Record observation.</i>	<b>Natural floor</b> Earth / Sand ..... 11 Dung ..... 12 <b>Rudimentary floor</b> Wood planks..... 21 <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	
<b>HC3A.</b> <i>Type of Dwelling Unit</i>  <i>Record observation.</i>	Traditional..... 11 Mixed ..... 12 Detached ..... 13 Semi-detached ..... 14 Flat/Town house..... 15 Shack ..... 16  Other ( <i>specify</i> ) _____ 96	
<b>HC4.</b> <i>Main material of the roof.</i>  <i>Record observation.</i>	<b>Natural roofing</b> No Roof ..... 11 Thatch ..... 12 <b>Rudimentary roofing</b> Rustic mat ..... 21 Wood planks..... 23 Cardboard ..... 24 <b>Finished roofing</b> Metal/Tin..... 31 Wood ..... 32 Tiles..... 34 Cement..... 35 Roofing shingles..... 36 Asbestos..... 37  Other ( <i>specify</i> ) _____ 96	

<p><b>HC5. Main material of the exterior walls.</b></p> <p><i>Record observation.</i></p>	<p><b>Natural walls</b></p> <p>No walls ..... 11</p> <p>Cane / Trunks ..... 12</p> <p>Mud (Pole and dagga) ..... 14</p> <p><b>Rudimentary walls</b></p> <p>Stone with mud ..... 22</p> <p>Plywood ..... 24</p> <p>Carton/Cardboard ..... 25</p> <p>Reused wood ..... 26</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>Wood planks / shingles ..... 36</p> <p>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</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Natural gas ..... 03</p> <p>Biogas ..... 04</p> <p>Kerosene ..... 05</p> <p>Coal / Lignite ..... 06</p> <p>Charcoal ..... 07</p> <p>Wood ..... 08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal waste ..... 10</p> <p>Agricultural crop residue ..... 11</p> <p>Saw dust ..... 12</p> <p>Gel ..... 13</p> <p>No food cooked in household ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>															
<p><b>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</b></p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>    In a separate room used as kitchen ..... 1</p> <p>    Elsewhere in the house ..... 2</p> <p>In a separate building ..... 3</p> <p>Outdoors ..... 4</p> <p>Other (<i>specify</i>) ..... 6</p>																
<p><b>HC8. DOES YOUR HOUSEHOLD HAVE:</b></p> <p>[A] ELECTRICITY THAT IS CONNECTED?</p> <p>[B] A RADIO IN WORKING CONDITION?</p> <p>[C] A TELEVISION IN WORKING CONDITION?</p> <p>[D] A NON-MOBILE TELEPHONE IN WORKING CONDITION?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] Television .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] Non-mobile telephone .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] Electricity.....	1	2	[B] Radio.....	1	2	[C] Television .....	1	2	[D] Non-mobile telephone .....	1	2	
	Yes	No															
[A] Electricity.....	1	2															
[B] Radio.....	1	2															
[C] Television .....	1	2															
[D] Non-mobile telephone .....	1	2															

[E] A REFRIGERATOR IN WORKING CONDITION?	[E] Refrigerator ..... 1	2	
[F] SATELLITE DISH IN WORKING CONDITION?	[F] Satellite dish..... 1	2	
[G] COMPUTER/LAPTOP IN WORKING CONDITION?	[G] Computer/ Laptop..... 1	2	
[H] DEEP FREEZER IN WORKING CONDITION?	[H] Deep freezer ..... 1	2	
[I] DVD/VCD PLAYER IN WORKING CONDITION?	[I] DVD/VCD Player ..... 1	2	
[J] A BATTERY/GENERATOR FOR POWER IN WORKING CONDITION?	[J] Battery/Generator ..... 1	2	
[K] A SOLAR PANEL FOR POWER IN WORKING CONDITION?	[K] Solar panel..... 1	2	
<b>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</b>			
		Yes No	
[A] A WRIST WATCH?	[A] Wrist Watch ..... 1	2	
[B] MOBILE TELEPHONE?	[B] Mobile telephone ..... 1	2	
[C] A BICYCLE?	[C] Bicycle ..... 1	2	
[D] A MOTORCYCLE OR SCOOTER?	[D] Motorcycle / Scooter ..... 1	2	
[E] AN ANIMAL-DRAWN CART?	[E] Animal drawn-cart..... 1	2	
[F] A CAR OR TRUCK?	[F] Car / Truck..... 1	2	
[G] A BOAT WITH A MOTOR?	[G] Boat with motor ..... 1	2	
[H] WHEEL BARROW?	[H] Wheel Barrow ..... 1	2	
<b>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</b>	Own ..... 1		
	Rent..... 2		
	Tied Accommodation ..... 3		
<i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD OR THE DWELLING IS PROVIDED BY EMPLOYER?</i>	Other ( <i>specify</i> ) _____ 6		
<i>If "Rented from someone else", circle "2". If provided by employer, circle "3". For other responses, circle "6".</i>			
<b>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</b>	Yes ..... 1		
	No..... 2		2⇒HC13

<p><b>HC12.</b> HOW MANY ACRES/ HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Acres ..... 1 ___ ___</p> <p>Hectares ..... 2 ___ ___</p>	
<p><b>HC13.</b> DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2⇒HC15
<p><b>HC14.</b> HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p><i>IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. If unknown, record '98'.</i></p>	<p>[A] Cattle, milk cows, or bulls ..... ___ ___</p> <p>[B] Horses, donkeys, or mules ..... ___ ___</p> <p>[C] Goats ..... ___ ___</p> <p>[D] Sheep ..... ___ ___</p> <p>[E] Chickens ..... ___ ___</p> <p>[F] Pigs ..... ___ ___</p>	
<p><b>HC15.</b> DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	

INSECTICIDE TREATED NETS		TN
<b>TN1.</b> DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No ..... 2	2⇒Next Module
<b>TN2.</b> HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____	
<b>TN3.</b> Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net
<b>TN4.</b> Mosquito net observed?	Observed ..... 1 Not observed ..... 2	Observed..... 1 Not observed..... 2	Observed ..... 1 Not observed ..... 2
<b>TN5.</b> Observe or ask the brand/type of mosquito net.  <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	Long-lasting treated nets <i>Olyset</i> ..... 11 <i>Permanet</i> ..... 12 Other (specify) _____ 16 DK brand ..... 18  Pre-treated nets <i>Ko Tab 123</i> ..... 21 <i>Iconet</i> ..... 22 Other (specify) _____ 26 DK brand ..... 28  Other net (specify) _____ 36  DK brand / type ..... 98	Long-lasting treated nets <i>Olyset</i> ..... 11 <i>Permanet</i> ..... 12 Other (specify) _____ 16 DK brand ..... 18  Pre-treated nets <i>Ko Tab 123</i> ..... 21 <i>Iconet</i> ..... 22 Other (specify) _____ 26 DK brand ..... 28  Other net (specify) _____ 36  DK brand / type ..... 98	Long-lasting treated nets <i>Olyset</i> ..... 11 <i>Permanet</i> ..... 12 Other (specify) _____ 16 DK brand ..... 18  Pre-treated nets <i>Ko Tab 123</i> ..... 21 <i>Iconet</i> ..... 22 Other (specify) _____ 26 DK brand ..... 28  Other net (specify) _____ 36  DK brand / type ..... 98
<b>TN6.</b> HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET?  <i>If less than one month, record "00"</i>	Months ago ..... ____  More than 36 mo. ago... 95  DK / Not sure ..... 98	Months ago ..... ____  More than 36 mo. ago... 95  DK / Not sure ..... 98	Months ago ..... ____  More than 36 mo. ago... 95  DK / Not sure ..... 98
<b>TN7.</b> Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11  <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9  <input type="checkbox"/> Else ⇒ Continue
<b>TN8.</b> WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	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>TN9.</b> SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11	Yes ..... 1 No ..... 2 ⇒ TN11 DK / Not sure ..... 8 ⇒ TN11

<p><b>TN10.</b> HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than one month, record "00"</i></p>	<p>Months ago.....__ __</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure ..... 98</p>	<p>Months ago .....__ __</p> <p>More than 24 mo. ago ...95</p> <p>DK / Not sure..... 98</p>	<p>Months ago.....__ __</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure ..... 98</p>
<p><b>TN11.</b> DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure ..... 8</p> <p style="text-align: center;">⇒ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure..... 8</p> <p style="text-align: center;">⇒ TN13</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p style="text-align: center;">⇒ TN13</p> <p>DK / Not sure ..... 8</p> <p style="text-align: center;">⇒ TN13</p>
<p><b>TN12.</b> WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00"</i></p>	<p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p>	<p>Name _____</p> <p>Line number .....__ __</p> <p>Name _____</p> <p>Line number .....__ __</p> <p>Name _____</p> <p>Line number .....__ __</p> <p>Name _____</p> <p>Line number .....__ __</p> <p>Name _____</p> <p>Line number .....__ __</p>	<p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p> <p>Name _____</p> <p>Line number.....__ __</p>
<p><b>TN13.</b></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>

*Tick here if additional questionnaire used*

INDOOR RESIDUAL SPRAYING		IR
<b>IR1.</b> AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes .....	1
	No.....	2
	DK .....	8
		2⇒Next Module 8⇒Next Module
<b>IR2.</b> WHO SPRAYED THE DWELLING?  <i>Circle all that apply.</i>	Government worker / program .....	A
	Private company .....	B
	Non-governmental organization.....	C
	Other ( <i>specify</i> ) .....	X
	DK .....	Z

WATER AND SANITATION		WS
<b>WS1.</b> WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	<b>Piped water</b>	
	Piped into dwelling .....	11 ⇨ WS6
	Piped into yard or plot .....	12 ⇨ WS6
	Piped to Neighbour .....	13 ⇨ WS6
	Public tap / standpipe .....	14 ⇨ WS3
	Tube Well, Borehole .....	21 ⇨ WS3
	<b>Dug well</b>	
	Protected well .....	31 ⇨ WS3
	Unprotected well .....	32 ⇨ WS3
	<b>Water from spring</b>	
	Protected spring .....	41 ⇨ WS3
	Unprotected spring .....	42 ⇨ WS3
	Rainwater collection .....	51 ⇨ WS3
	Tanker-truck .....	61 ⇨ WS3
Cart with small tank / drum .....	71 ⇨ WS3	
<b>Surface water</b> (river, stream, dam, lake, pond, canal, irrigation channel) .....	81 ⇨ WS3	
Bottled water .....	91	
Other ( <i>specify</i> ) .....	96 ⇨ WS3	
<b>WS2.</b> WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	<b>Piped water</b>	
	Piped into dwelling .....	11 ⇨ WS6
	Piped into yard or plot .....	12 ⇨ WS6
	Piped to Neighbour .....	13 ⇨ WS6
	Public tap / standpipe .....	14
	Tube Well, Borehole .....	21
	<b>Dug well</b>	
	Protected well .....	31
	Unprotected well .....	32
	<b>Water from spring</b>	
	Protected spring .....	41
	Unprotected spring .....	42
	Rainwater collection .....	51
	Tanker-truck .....	61
Cart with small tank / drum .....	71	
<b>Surface water</b> (river, stream, dam, lake, pond, canal, irrigation channel) .....	81	
Other ( <i>specify</i> ) .....	96	
<b>WS3.</b> WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling .....	1 ⇨ WS6
	In own yard / plot .....	2 ⇨ WS6
	Elsewhere .....	3
<b>WS4.</b> HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes .....	_____
	DK .....	998
<b>WS4A.</b> WHAT IS THE DISTANCE OF THE WATER SOURCE FROM YOUR HOUSEHOLD (IN METERS)?	Less than 500 metres .....	1
	500 metres to 1km .....	2
	More than 1km .....	3
	DK .....	8



<p><b>WS5.</b> WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years)..... 1          Adult man (age 15+ years) ..... 2          Female child (under 15)..... 3          Male child (under 15) ..... 4          DK ..... 8</p>	
<p><b>WS6.</b> DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1          No ..... 2            DK ..... 8</p>	<p>2⇒WS8  8⇒WS8</p>
<p><b>WS7.</b> WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil ..... A          Add bleach / chlorine(jik/water guard) ..... B          Strain it through a cloth ..... C          Use water filter (ceramic, sand, composite, etc.) ..... D          Solar disinfection..... E          Let it stand and settle..... F          Add water treatment tablet..... G          Other (<i>specify</i>) _____ X          DK ..... Z</p>	
<p><b>WS8.</b> WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush          Flush to piped sewer system ..... 11          Flush to septic tank ..... 12          Flush to pit (latrine) ..... 13          Flush to somewhere else ..... 14          Flush to unknown place / Not sure / DK where ..... 15          Pit latrine          Ventilated Improved Pit latrine (VIP) .... 21          Pit latrine with slab ..... 22          Pit latrine without slab / Open pit ..... 23          Upgradable Blair Ventilated Improved Pit latrine (UBVIP) ..... 24          Composting toilet ..... 31          Bucket ..... 41          No facility, Bush, Field ..... 95          Other (<i>specify</i>) _____ 96</p>	<p>95⇒Next Module</p>
<p><b>WS9.</b> DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes ..... 1          No ..... 2</p>	<p>2⇒Next Module</p>
<p><b>WS10.</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>Other households only (not public)..... 1          Public facility ..... 2</p>	<p>2⇒Next Module</p>
<p><b>WS11.</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 THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard ..... 2</p> <p>No permission to see ..... 3</p> <p>Run to waste ..... 4</p> <p>Other reason (specify) _____ 6</p>	<p>2 ⇨ HW4</p> <p>3 ⇨ HW4</p> <p>4 ⇨ HW4</p> <p>6 ⇨ HW4</p>
<p><b>HW2.</b> <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available ..... 1</p> <p>Water is not available ..... 2</p>	
<p><b>HW3A.</b> <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p>	<p>Yes, present ..... 1</p> <p>No, not present ..... 2</p>	<p>2⇨HW4</p>
<p><b>HW3B.</b> <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap ..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap ..... C</p> <p>Ash / Mud / Sand ..... D</p>	<p>A⇨HH19</p> <p>B⇨HH19</p> <p>C⇨HH19</p> <p>D⇨HH19</p>
<p><b>HW4.</b> DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇨HH19</p>
<p><b>HW5A.</b> CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown ..... 1</p> <p>No, not shown ..... 2</p>	<p>2⇨HH19</p>
<p><b>HW5B.</b> <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Bar soap ..... A</p> <p>Detergent (Powder / Liquid / Paste) ..... B</p> <p>Liquid soap ..... C</p> <p>Ash / Mud / Sand ..... D</p>	

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

<b>SALT IODIZATION</b>		<b>SI</b>
<p><b>SI1.</b> WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO <u>COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized - 0 PPM ..... 1            More than 0 PPM &amp; less than 15 PPM..... 2            15 PPM or more ..... 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested            (specify reason)_____ 5</p>	

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

A separate *QUESTIONNAIRE FOR INDIVIDUAL WOMAN* 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 MAN*:

A separate *Questionnaire for Individual Man* has been issued for each man age 15-54 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**

**Team Leader's Observations**

**Supervisor's Observations**