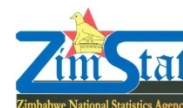


The questionnaires of the Zimbabwe MICS are presented in Appendix E:



HOUSEHOLD QUESTIONNAIRE: ENGLISH
2019 MICS



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. Province:
HH6. Area:	URBAN 1 RURAL 2	MANICALAND 1 MASHONALAND CENTRAL 2 MASHONALAND EAST 3 MASHONALAND WEST 4 MATABELELAND NORTH 5 MATABELELAND SOUTH 6 MIDLANDS 7 MASVINGO 8 HARARE 9 BULAWAYO 0
HH7A. District..... _____		
HH8. Is the household selected for Questionnaire for Men?	YES 1 NO 2	
HH9. Is the household selected for Water Quality Testing?	YES 1 NO 2	
HH10. Is the household selected for blank testing?	YES 1 NO 2	
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>). We are from ZIMSTAT. 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 35 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 you want to stop the interview, please let me know. May I start now?		
YES, PERMISSION IS GIVEN 1		1 ⇨ LIST OF HOUSEHOLD MEMBERS
NO, NOT ASKED 2		2 ⇨ HH46
HH46. Result of Household Questionnaire interview: Discuss any result not completed with Supervisor.	COMPLETED01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT.....02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME03 REFUSED.....04 DWELLING VACANT OR ADDRESS NOT A DWELLING05 DWELLING DESTROYED.....06 DWELLING NOT FOUND.....07 OTHER (specify) _____ 96	

HH47. Name and line number of the respondent to Household Questionnaire interview:
NAME _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49
CHILDREN UNDER AGE 5
CHILDREN AGE 5-17

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
HH48	__ __
HH49	__ __
HH50	__ __
HH51	__ __
HH52	__ __

<i>To be filled after <u>all</u> the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	__ __
HH54	__ __
HH55	__ __
HH56	ZERO 0 ONE 1

LIST OF HOUSEHOLD MEMBERS

HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.

Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box:

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. Probe for additional household members.	HL3. What is the relationship of (name) to (name of the head of household)?	HL4. Is (name) male or female? 1 MALE 2 FEMALE	HL5. What is (name)'s date of birth?	HL6. How old is (name)? Record in completed years. If age is 95 or above, record '95'.	HL7. Did (name) stay here last night?	HL8. Record line number if woman age 15-49 and woman age 15-49 and HH8 is yes.	HL9. Record line number if man, if age 0-4.	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?	HL16. Is (name)'s natural father alive?	HL17. Does (name)'s natural father live in this household?	HL18. Record the line number of father and go to HL20.	HL19. Where does (name)'s natural father live?	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'.	
				98 DK	9998 DK															
							W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER				FATHER			
01		0_1	1 2			1 2	01	01	01	1 2	1 2 8	1 2		1 2 3 4 8		Y N DK	1 2 8	1 2 8	1 2 8	1 2 3 4 8
02			1 2			1 2	02	02	02	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
03			1 2			1 2	03	03	03	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
04			1 2			1 2	04	04	04	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
05			1 2			1 2	05	05	05	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
06			1 2			1 2	06	06	06	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
07			1 2			1 2	07	07	07	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
08			1 2			1 2	08	08	08	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
09			1 2			1 2	09	09	09	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
10			1 2			1 2	10	10	10	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
11			1 2			1 2	11	11	11	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
12			1 2			1 2	12	12	12	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
13			1 2			1 2	13	13	13	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
14			1 2			1 2	14	14	14	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8
15			1 2			1 2	15	15	15	1 2	1 2 8	1 2		1 2 3 4 8		1 2		1 2 8	1 2 8	1 2 3 4 8

* Codes for HL3: Relationship to head of household:	01 HEAD	02 SPOUSE / PARTNER	03 SON / DAUGHTER	04 SON-IN-LAW / DAUGHTER-IN-LAW	05 GRANDCHILD	06 PARENT	07 PARENT-IN-LAW	08 BROTHER / SISTER	09 BROTHER-IN-LAW / SISTER-IN-LAW	10 UNCLE/AUNT	11 NIECE / NEPHEW	12 OTHER RELATIVE	13 ADOPTED / FOSTER / STEPCHILD	14 SERVANT (LIVE-IN)	96 OTHER (NOT RELATED)	98 DK
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EDUCATION 2										ED		
ED1. Line number	ED2. Name and age.	ED9. At any time during the 2018/2019 school year did (name) attend school or any Early Childhood Education programme?	ED10. During this 2018/2019 school year, which level and grade/form/year is (name) attending?	ED11. Is (he/she) attending a public school?	ED12. In the 2018/2019 school year, has (name) received any school tuition support?	ED13. Who provided the tuition support?	ED14. For the 2018/2019 school year, has (name) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?	ED14A. For the 2018/2019 school year, has (name) received any supplementary feeding at school?	ED14B. At any time during the 2018/2019 school year, has (name) ever been turned away from school for non-payment of fees or levies?	ED15. At any time during the 2017/2018 school year did (name) attend school or any Early Childhood Education programme?	ED16. During that 2017/2018 school year, which level and grade/form/year did (name) attend?	
LINE	NAME	AGE	LEVEL	AUTHORITY	YES NO DK	TUITION	YES NO DK	YES NO DK	YES NO DK	YES NO DK	LEVEL	GRADE/ FORM/YEAR
01		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
02		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
03		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
04		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
05		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
06		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
07		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
08		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
09		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
10		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
11		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
12		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
13		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
14		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---
15		---	01-10	1 2 3 6 8	1 2 8	A B C X Z	1 2 8	1 2 8	1 2 8	1 2 8	0 1 2 3 4 5 6 7 8 9 10 98	---

HOUSEHOLD CHARACTERISTICS

HC

<p>HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?</p>	<p>ROMAN CATHOLIC.....11 PROTESTANT.....12 PENTECOSTAL.....13 APOSTOLIC SECT.....14 ZION.....15 OTHER CHRISTIAN (<i>specify</i>).....16 ISLAM.....17 TRADITIONAL.....18 NO RELIGION.....19 OTHER RELIGION (<i>specify</i>) 96 DK.....98</p>	
<p>HC3. How many rooms do members of this household usually use for sleeping?</p>	<p>NUMBER OF ROOMS _ _ _</p>	
<p>HC4. <i>Main material of the dwelling floor.</i></p> <p><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i></p>	<p>NATURAL FLOOR EARTH / SAND..... 11 DUNG..... 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS..... 32 CERAMIC TILES..... 33 CEMENT..... 34 CARPET..... 35 OTHER (<i>specify</i>) 96</p>	
<p>HC5. <i>Main material of the roof.</i></p> <p><i>Record observation.</i></p>	<p>NO ROOF..... 11 NATURAL ROOFING THATCH..... 12 SOD..... 13 RUDIMENTARY ROOFING RUSTIC MAT..... 21 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL / TIN..... 31 WOOD..... 32 CERAMIC TILES..... 34 CEMENT..... 35 ROOFING SHINGLES..... 36 ASBESTOS..... 37 OTHER (<i>specify</i>) 96</p>	

<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS..... 11</p> <p>NATURAL WALLS</p> <p>CANE / TRUNKS..... 12</p> <p>DIRT / MUD (POLE AND DAGGA)..... 13</p> <p>RUDIMENTARY WALLS</p> <p>STONE WITH MUD..... 22</p> <p>PLYWOOD..... 24</p> <p>CARDBOARD/CARTON..... 25</p> <p>REUSED WOOD..... 26</p> <p>FINISHED WALLS</p> <p>CEMENT..... 31</p> <p>STONE WITH LIME / CEMENT..... 32</p> <p>BRICKS..... 33</p> <p>CEMENT BLOCKS..... 34</p> <p>WOOD PLANKS / SHINGLES..... 36</p> <p>OTHER (<i>specify</i>) _____ 96</p>																												
<p>HC7. Does your household have:</p> <p>[A] A fixed telephone line?</p> <p>[B] A radio?</p> <p>[C] A sofa?</p> <p>[D] A table?</p> <p>[E] A chair?</p> <p>[F] A bed?</p> <p>[G] A cupboard/kitchen unit?</p> <p>[H] A wardrobe?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>FIXED TELEPHONE LINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOFA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHAIR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CUPBOARD/KITCHEN UNIT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WARDROBE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	FIXED TELEPHONE LINE.....	1	2	RADIO.....	1	2	SOFA.....	1	2	TABLE.....	1	2	CHAIR.....	1	2	BED.....	1	2	CUPBOARD/KITCHEN UNIT.....	1	2	WARDROBE.....	1	2	
	YES	NO																											
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BED.....	1	2																											
CUPBOARD/KITCHEN UNIT.....	1	2																											
WARDROBE.....	1	2																											

HC8. Does your household have electricity?	YES, INTERCONNECTED GRID 1 YES, OFF-GRID (GENERATOR/ISOLATED SYSTEM). 2 NO 3	3 ⇒ HC10																																	
HC9. Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>[A] A television?</td> <td>TELEVISION 1</td> <td>2</td> </tr> <tr> <td>[B] A refrigerator?</td> <td>REFRIGERATOR 1</td> <td>2</td> </tr> <tr> <td>[C] DVD/VCD Player?</td> <td>DVD/VCD PLAYER..... 1</td> <td>2</td> </tr> <tr> <td>[D] Water heater?</td> <td>WATER HEATER 1</td> <td>2</td> </tr> <tr> <td>[E] Electric iron?</td> <td>ELECTRIC IRON..... 1</td> <td>2</td> </tr> <tr> <td>[F] Microwave?</td> <td>MICROWAVE..... 1</td> <td>2</td> </tr> <tr> <td>[G] Deep freezer?</td> <td>DEEP FREEZER..... 1</td> <td>2</td> </tr> <tr> <td>[H] Fan?</td> <td>FAN 1</td> <td>2</td> </tr> <tr> <td>[I] Water pump?</td> <td>WATER PUMP 1</td> <td>2</td> </tr> <tr> <td>[J] Electric jug?</td> <td>ELECTRIC JUG..... 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	[A] A television?	TELEVISION 1	2	[B] A refrigerator?	REFRIGERATOR 1	2	[C] DVD/VCD Player?	DVD/VCD PLAYER..... 1	2	[D] Water heater?	WATER HEATER 1	2	[E] Electric iron?	ELECTRIC IRON..... 1	2	[F] Microwave?	MICROWAVE..... 1	2	[G] Deep freezer?	DEEP FREEZER..... 1	2	[H] Fan?	FAN 1	2	[I] Water pump?	WATER PUMP 1	2	[J] Electric jug?	ELECTRIC JUG..... 1	2	
	YES	NO																																	
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[I] Water pump?	WATER PUMP 1	2																																	
[J] Electric jug?	ELECTRIC JUG..... 1	2																																	

	YES	NO	
HC10. Does any member of your household own:			
[A] A wristwatch?	WRISTWATCH1	2	
[B] A bicycle?	BICYCLE1	2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER1	2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART1	2	
[E] A car, truck or van?	CAR / TRUCK / VAN1	2	
[F] A boat with a motor?	BOAT WITH MOTOR1	2	
[G] A wheel barrow?	WHEEL BARROW.....1	2	
[H] A animal drawn plough?	ANIMAL DRAWN PLOUGH.....1	2	
HC11. Does any member of your household have a computer or a tablet?	YES..... 1		
	NO 2		
HC12. Does any member of your household have a mobile telephone?	YES..... 1		
	NO 2		
HC13. Does your household have access to internet at home?	YES..... 1		
	NO 2		
HC14. Do you or someone living in this household own this dwelling?	OWN 1		
	RENT..... 2		
<i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i>	OTHER (<i>specify</i>) _____ 6		
<i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i>			
HC15. Does any member of this household own any land that can be used for agriculture?	YES..... 1		
	NO 2		2 ⇒ HC17

<p>HC16. How many hectares or acres of agricultural land do members of this household own?</p> <p><i>First record the unit of measurement. If size is less than 1, record '00'. If 95 or more, record '95'. If unknown, circle '998'.</i></p>	<p>HECTARES 1 ____</p> <p>ACRES..... 2 ____</p> <p>DK..... 998</p>	
<p>HC17. Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 ⇒ HC18K</p>
<p>HC18. 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, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Turkeys</p> <p>[I] Guinea fowls?</p> <p>[J] Rabbits?</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, DONKEYS OR MULES..... ____</p> <p>GOATS ____</p> <p>SHEEP ____</p> <p>CHICKENS ____</p> <p>PIGS..... ____</p> <p>TURKEYS ____</p> <p>GUINEA FOWLS ____</p> <p>RABBITS ____</p>	

HC18K. Does any member of this household have a mobile phone money account, such as ecocash, telecash, onemoney, etc?	YES..... 1 NO..... 2	
HC19. Does any member of this household have a bank account?	YES..... 1 NO..... 2	

SOCIAL TRANSFERS

ST

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

	[A] CASH TRANSFER SUCH AS HSCT OR USUALLY PROVIDED TO POOR HOUSEHOLDS, OR THOSE WITH ELDERLY, DISABLED PEOPLE OR ORPHANS	[B] ASSISTANCE FOR FOOD SUCH AS DROUGHT RELIEF, COMMUNAL GARDENS OR AGRICULTURAL INPUTS	[C] VOUCHERS FOR HEALTH SERVICES SUCH AS AMTIO AND MATERNAL VOUCHERS	[D] ANY RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (<i>name of programme</i>)?	YES 1 NO 2 [B]	YES 1 NO 2 [C]	YES 1 NO 2 [D]	YES 1 NO 2 [X]	YES (specify) 1 NO 2 End
ST3. Has your household or anyone in your household received assistance through (<i>name of programme</i>)?	YES 1 ST4 NO 2 [B] DK 8 [B]	YES 1 ST4 NO 2 [C] DK 8 [C]	YES 1 ST4 NO 2 [D] DK 8 [D]	YES 1 ST4 NO 2 [X] DK 8 [X]	YES 1 ST4 NO 2 End DK 8 End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (<i>name of programme</i>)? If less than one month, record '1' and record '00' in Months. If less than 12 months, record '1' and record in Months. If 1 year/12 months or more, record '2' and record in Years.	MONTHS AGO 1 [B] YEARS AGO 2 [B] DK 998 [B]	MONTHS AGO 1 [C] YEARS AGO 2 [C] DK 998 [C]	MONTHS AGO 1 [D] YEARS AGO 2 [D] DK 998 [D]	MONTHS AGO 1 [X] YEARS AGO 2 [X] DK 998 [X]	MONTHS AGO 1 End YEARS AGO 2 End DK 998 End

HOUSEHOLD ENERGY USE

EU

<p>EU1. In your household, what type of cookstove is <u>mainly</u> used for <u>cooking</u>?</p>	<p>ELECTRIC STOVE 01</p> <p>SOLAR COOKER 02</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03</p> <p>PIPED NATURAL GAS STOVE 04</p> <p>BIOGAS STOVE 05</p> <p>LIQUID FUEL STOVE 06</p> <p>MANUFACTURED SOLID FUEL STOVE 07</p> <p>TRADITIONAL SOLID FUEL STOVE 08</p> <p>THREE STONE STOVE / OPEN FIRE 09</p> <p>OTHER (<i>specify</i>) _____ 96</p> <p style="text-align: right;">NO FOOD COOKED IN HOUSEHOLD 97</p>	<p>01 ⇨ EU5</p> <p>02 ⇨ EU5</p> <p>03 ⇨ EU5</p> <p>04 ⇨ EU5</p> <p>05 ⇨ EU5</p> <p>06 ⇨ EU4</p> <p>09 ⇨ EU4</p> <p>96 ⇨ EU4</p> <p>97 ⇨ EU6</p>
<p>EU2. Does it have a chimney?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU3. Does it have a fan?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU4. What type of fuel or energy source is used in this cookstove?</p> <p><i>If more than one, record the main energy source for this cookstove.</i></p>	<p>ALCOHOL / ETHANOL 01</p> <p>GASOLINE / DIESEL 02</p> <p>KEROSENE / PARAFFIN 03</p> <p>COAL / LIGNITE 04</p> <p>CHARCOAL 05</p> <p>WOOD 06</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 07</p> <p>ANIMAL DUNG / WASTE 08</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ... 09</p> <p>GARBAGE / PLASTIC 10</p> <p>SAWDUST 11</p> <p>OTHER (<i>specify</i>) _____ 96</p>	

<p>EU5. Is the cooking usually done in the house, in a separate building, or outdoors?</p> <p><i>If in main house, probe to determine if cooking is done in a separate room.</i></p> <p><i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i></p>	<p>IN MAIN HOUSE</p> <p>NO SEPARATE ROOM 1</p> <p>IN A SEPARATE ROOM 2</p> <p>IN A SEPARATE BUILDING 3</p> <p>OUTDOORS</p> <p>OPEN AIR 4</p> <p>ON VERANDA OR COVERED PORCH..... 5</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>EU6. What does your household <u>mainly</u> use for <u>space heating</u> when needed?</p>	<p>CENTRAL HEATING 01</p> <p>MANUFACTURED SPACE HEATER 02</p> <p>TRADITIONAL SPACE HEATER 03</p> <p>MANUFACTURED COOKSTOVE 04</p> <p>TRADITIONAL COOKSTOVE 05</p> <p>THREE STONE STOVE / OPEN FIRE 06</p> <p>OTHER (<i>specify</i>) 96</p> <p>NO SPACE HEATING IN HOUSEHOLD 97</p>	<p>01 ⇨ EU8</p> <p>06 ⇨ EU8</p> <p>96 ⇨ EU8</p> <p>97 ⇨ EU9</p>
<p>EU7. Does it have a chimney?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>EU8. What type of fuel and energy source is used in this heater?</p> <p><i>If more than one, record the main energy source for this heater.</i></p>	<p>SOLAR AIR HEATER..... 01</p> <p>ELECTRICITY 02</p> <p>PIPED NATURAL GAS 03</p> <p>LIQUEFIED PETROLEUM GAS (LPG)/ COOKING GAS. 04</p> <p>BIOGAS 05</p> <p>ALCOHOL / ETHANOL..... 06</p> <p>GASOLINE / DIESEL..... 07</p> <p>KEROSENE / PARAFFIN..... 08</p> <p>COAL / LIGNITE..... 09</p> <p>CHARCOAL..... 10</p> <p>WOOD 11</p> <p>CROP RESIDUE / GRASS / STRAW / SHRUBS 12</p> <p>ANIMAL DUNG / WASTE 13</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS... 14</p> <p>GARBAGE / PLASTIC 15</p> <p>SAWDUST 16</p> <p>OTHER (<i>specify</i>) 96</p>	

<p>EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?</p>	<p>ELECTRICITY 01 SOLAR LANTERN..... 02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN 03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN 04 BIOGAS LAMP..... 05 GASOLINE LAMP 06 KEROSENE OR PARAFFIN LAMP 07 CHARCOAL..... 08 WOOD 09 CROP RESIDUE / GRASS / STRAW / SHRUBS 10 ANIMAL DUNG / WASTE 11 OIL LAMP..... 12 CANDLE 13 OTHER (<i>specify</i>) _____ 96 NO LIGHTING IN HOUSEHOLD 97</p>	
<p>EU10. Check EU4, EU8 and EU9: Does household use wood for cooking, heating or lighting?</p>	<p>YES, EU4=06 OR EU8=11 OR EU9=09 1 NO 2</p>	<p>2 ⇨END</p>
<p>EU11. Who usually fetches the wood 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 _____ LINE NUMBER ____ MEMBERS DO NOT FETCH.....00</p>	

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 ST NET	2 ND NET	3 RD 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? <i>If less than one month, record '00'.</i>	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. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PERMANET 12 DAWA PLUS 13 INTERCEPTOR 14 DURANET 15 LIFENET 16 MAGNET 17 NETPROTECT 18 ROYAL SENTRY 19 OTHER BRAND (specify) 26 DK BRAND 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PERMANET 12 DAWA PLUS 13 INTERCEPTOR 14 DURANET 15 LIFENET 16 MAGNET 17 NETPROTECT 18 ROYAL SENTRY 19 OTHER BRAND (specify) 26 DK BRAND 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) OLYSET 11 PERMANET 12 DAWA PLUS 13 INTERCEPTOR 14 DURANET 15 LIFENET 16 MAGNET 17 NETPROTECT 18 ROYAL SENTRY 19 OTHER BRAND (specify) 26 DK BRAND 28 OTHER TYPE (specify) 36 DK BRAND/TYPE 98

TN10. Did you get the net through a Malaria Control Programme campaign, during an antenatal care visit, or during an immunization visit?	YES, MALARIA CONTROL PROGRAMME CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8	YES, MALARIA CONTROL PROGRAMME CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8	YES, MALARIA CONTROL PROGRAMME CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 NO 4 DK 8
TN11. Check TN10: Is TN10=4 or 8?	YES 1 NO 2 ☹ TN13	YES 1 NO 2 ☹ TN13	YES 1 NO 2 ☹ TN13
TN12. 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
TN13. 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
TN14. Check TN13: Did anyone sleep under the net (TN13=1)?	YES 1 NO 2 ☹ TN16	YES 1 NO 2 ☹ TN16	YES 1 NO 2 ☹ TN16

<p>TN15. 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 #1 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #2 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #3 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #4 _____</p> <p>LINE NUMBER..... ____</p>	<p>NAME #1 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #2 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #3 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #4 _____</p> <p>LINE NUMBER..... ____</p>	<p>NAME #1 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #2 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #3 _____</p> <p>LINE NUMBER..... ____</p> <p>NAME #4 _____</p> <p>LINE NUMBER..... ____</p>
<p>TN16. <i>Is there another net?</i></p>	<p>YES1 <input type="checkbox"/></p> <p style="text-align: right;"><i>Next Net</i></p> <p>NO2 <input type="checkbox"/></p> <p style="text-align: right;"><i>End</i></p>	<p>YES1 <input type="checkbox"/></p> <p style="text-align: right;"><i>Next Net</i></p> <p>NO2 <input type="checkbox"/></p> <p style="text-align: right;"><i>End</i></p>	<p>YES 1 <input type="checkbox"/></p> <p style="text-align: right;"><i>Next Net</i></p> <p>NO 2 <input type="checkbox"/></p> <p style="text-align: right;"><i>End</i></p>

Tick here if additional questionnaire used:

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

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

PIPED WATER

PIPED INTO DWELLING	11	11 ⇨WS7
PIPED TO YARD / PLOT	12	12 ⇨WS7
PIPED TO NEIGHBOUR.....	13	13 ⇨WS3
PUBLIC TAP / STANDPIPE.....	14	14 ⇨WS3

TUBE WELL / BOREHOLE	21	21 ⇨WS3
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DUG WELL

PROTECTED WELL.....	31	31 ⇨WS3
UNPROTECTED WELL.....	32	32 ⇨WS3

SPRING

PROTECTED SPRING	41	41 ⇨WS3
UNPROTECTED SPRING	42	42 ⇨WS3

RAINWATER	51	51 ⇨WS3
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TANKER-TRUCK.....	61	61 ⇨WS4
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CART WITH SMALL TANK	71	71 ⇨WS4
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SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	81 ⇨WS3
--	----	---------

PACKAGED WATER

BOTTLED WATER	91	
SACHET WATER	92	

OTHER (specify) _____	96	
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		96 ⇨WS3
--	--	---------

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

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

PIPED WATER

PIPED INTO DWELLING	11	11 ⇨WS7
PIPED TO YARD / PLOT	12	12 ⇨WS7
PIPED TO NEIGHBOUR.....	13	
PUBLIC TAP / STANDPIPE.....	14	

TUBE WELL / BOREHOLE	21	
----------------------------	----	--

DUG WELL

PROTECTED WELL.....	31	
UNPROTECTED WELL.....	32	

SPRING

PROTECTED SPRING	41	
UNPROTECTED SPRING	42	

RAINWATER	51	
-----------------	----	--

TANKER-TRUCK.....	61	61 ⇨WS4
-------------------	----	---------

CART WITH SMALL TANK	71	71 ⇨WS4
----------------------------	----	---------

SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)	81	
--	----	--

OTHER (specify) _____	96	
-----------------------	----	--

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

<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	BOILA ADD BLEACH / CHLORINE (JIK/WATER GUARD/WATER TREATMENT TABLETS) 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>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH</p> FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO OPEN DRAIN 14 FLUSH TO DK WHERE 18 <p>PIT LATRINE</p> VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT 23 COMPOSTING TOILET 31 BUCKET 41 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>) _____ 96	11 ⇌ WS14 12 ⇌ WS12 13 ⇌ WS12 14 ⇌ WS14 18 ⇌ WS14 23 ⇌ WS12 31 ⇌ WS12 41 ⇌ WS14 95 ⇌ End 96 ⇌ WS14
<p>WS11A. Observe or ask if the (<i>answer from WS11</i>) is an Upgradable Blair Ventilated Improved Pit Latrine (UBVIP)?</p>	YES 1 NO..... 2 DK 8	
<p>WS12. Has your (<i>answer from WS11</i>) ever been emptied?</p>	YES, EMPTIED WITHIN THE LAST 5 YEARS 1 MORE THAN 5 YEARS AGO 2 DON'T KNOW WHEN 3 NO, NEVER EMPTIED 4 DK 8	4 ⇌ WS14 8 ⇌ WS14

<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> <p>TO A TREATMENT PLANT 1</p> <p>BURIED IN A COVERED PIT 2</p> <p>TO DON'T KNOW WHERE 3</p> <p>EMPTIED BY HOUSEHOLD</p> <p>BURIED IN A COVERED PIT 4</p> <p>TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE 5</p> <p>OTHER (<i>specify</i>) _____ 6</p> <p>DK 8</p>	
<p>WS14. Where is this toilet facility located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD / PLOT 2</p> <p>ELSEWHERE 3</p>	
<p>WS15. Do you share this facility with others who are not members of your household?</p>	<p>YES 1</p> <p>NO..... 2</p>	2 ⇒ End
<p>WS16. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)..... 1</p> <p>SHARED WITH GENERAL PUBLIC..... 2</p>	2 ⇒ End
<p>WS17. How many households in total use this toilet facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS (IF LESS THAN 10) <u>0</u> ..</p> <p>TEN OR MORE HOUSEHOLDS..... 10</p> <p>DK 98</p>	

HANDWASHING		HW
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (DISH/ BUCKET / JUG / KETTLE) 3</p> <p>NOT OBSERVED</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>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. Is soap or detergent or ash/mud/sand 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>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (DISH/ BUCKET / JUG / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. 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 ⇨End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇨End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p> <p>ASH / MUD / SAND C</p>	

SALT IODIZATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodized. 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 response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE 4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇨HH13 3 ⇨HH13 4 ⇨HH13 6 ⇨HH13</p>
<p>SA2. 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 response (1, 2 or 3) that corresponds to test outcome.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION)..... 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)..... 2 ABOVE 15 PPM (AT LEAST 15 PPM)..... 3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

HH13. Record the time.	HOUR AND MINUTES..... ____ : ____	
HH14. Language of the Questionnaire.	ENGLISH 1 SHONA 2 NDEBELE 3	
HH15. Language of the Interview.	ENGLISH 1 SHONA 2 NDEBELE 3 OTHER LANGUAGE (specify) _____ 6	
HH16. Native language of the Respondent.	ENGLISH 1 SHONA 2 NDEBELE 3 OTHER LANGUAGE (specify) _____ 6	
HH17. Was a translator used for any parts of this questionnaire?	YES, ENTIRE QUESTIONNAIRE..... 1 YES, PART OF QUESTIONNAIRE 2 NO, NOT USED 3	
HH18. Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:	NO CHILDREN..... 0 1 CHILD..... 1 2 OR MORE CHILDREN (NUMBER)..... ____	<p>0 ⇨HH29A 1 ⇨HH27</p>

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

HH20. Rank number	HH21. Line number from HL1	HH22. Name from HL2	HH23. Sex from HL4		HH24. Age from HL6
RANK	LINE	NAME	M	F	AGE
1	___		1	2	___
2	___		1	2	___
3	___		1	2	___
4	___		1	2	___
5	___		1	2	___
6	___		1	2	___
7	___		1	2	___
8	___		1	2	___

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

<p>HH26. Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.</p> <p>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.</p>	RANK NUMBER __ LINE NUMBER __ __ NAME AGE __ __
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HH28. Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.

<p>HH29A. Check HL8 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of women age 15-49:</p>	NO WOMEN 0 1 WOMAN 1 2 OR MORE WOMEN (NUMBER) __	0 ⇨ HH34 1 ⇨ HH30H
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HH30. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.

HH30A. List each of the women age 15-49 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 15-49 years. Record the line number, name and age for each woman.

HH30B. Rank number	HH30C. Line number from HL1	HH30D. Name from HL2	HH30E. Age from HL6
RANK	LINE	NAME	AGE
1	__ __		__ __
2	__ __		__ __
3	__ __		__ __
4	__ __		__ __
5	__ __		__ __
6	__ __		__ __
7	__ __		__ __
8	__ __		__ __

HH30F. 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 women age 15-49 years in HH29A 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 woman.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD (FROM HH29A)						
	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

HH30G. Record the rank number (HH30B), line number (HH30C), name (HH30D) and age (HH30E) of the selected woman.

RANK NUMBER _ _

LINE NUMBER..... _ _

NAME _____

AGE _ _

HH30H. (When HH29A=1 or when there is a single woman age 15-49 in the household): Record the rank number as '1' and record the line number (HL1), the name (HL2) and age (HL6) of this woman from the LIST OF HOUSEHOLD MEMBERS.

HH30I. This woman has been selected to be administered the Domestic Violence module in the QUESTIONNAIRE FOR INDIVIDUAL WOMEN.

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

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

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

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

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

HH34. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?	YES, HH8=1..... 1 NO, HH8=2 2	2 ⇒HH40
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HH35. Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?	YES, AT LEAST ONE MAN AGE 15-49 1 NO 2	2 ⇒HH40
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HH36. Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.

HH37. Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 1 NO 2	2 ⇒HH40
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HH38. Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 1 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2 ⇒HH40
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HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.

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

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

- 'Yes' for all boys age 15-17 ⇒ Continue with HH40.
- '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.
- 'No' for all boys age 15-17 ⇒ Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.

HH40. Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?	YES, AT LEAST ONE..... 1 NO 2	2 ⇒HH42
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HH41. Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.

HH42. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?	YES, HH9=1..... 1 NO, HH9=2 2	2 ⇨ HH45
HH43. Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household		
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? <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>	YES, PERMISSION IS GIVEN1 NO, PERMISSION IS NOT GIVEN.....2	2 ⇨ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • 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. <i>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.</i>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS