



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM MINISTRY OF PUBLIC HEALTH AND POPULATION. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

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

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Region: Region 1 Governorate Region 2 District Region 3 Auzla Region 4 Village / city Census Building No	
HH8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (specify) 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH12. No. of women eligible for interview: _____		HH11. Total number of household members: _____
HH13. No. of women questionnaires completed: _____		HH14. No. of children under age 5: _____
HH15. No. of under-5 questionnaires completed: _____		
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM											HL	
FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. <i>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).</i> Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 16 household members. Tick here if continuation sheet used <input type="checkbox"/>												
For all household members						Eligible for:			For children age 0-17 years ask HL9-HL12			
						WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW				
HL1. <i>Line no.</i>	HL2. <i>Name</i>	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 00=under 1 year 98=DK*	HL5.A <small>FOR HOUSEHOLD MEMBERS 15+ YEARS</small> WHAT IS (NAME'S) MARITAL STATUS? 1 SINGLE 2 MARRIED 3 DIVORCED 4 WIDOWED	HL6. <i>Circle Line no. if woman is age 15-49 and ever-married</i>	HL7. <i>For each child age 5-14:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL8. <i>For each child under 5:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. <i>If alive:</i> DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. <i>If alive:</i> DOES (name's) FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i>
LINE	NAME	REL.	M F	AGE	15+	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	___ _	___	01	___ _	___ _	1 2 8	___ _	1 2 8	___ _
02		___ _	1 2	___ _	___	02	___ _	___ _	1 2 8	___ _	1 2 8	___ _
03		___ _	1 2	___ _	___	03	___ _	___ _	1 2 8	___ _	1 2 8	___ _
04		___ _	1 2	___ _	___	04	___ _	___ _	1 2 8	___ _	1 2 8	___ _
05		___ _	1 2	___ _	___	05	___ _	___ _	1 2 8	___ _	1 2 8	___ _
06		___ _	1 2	___ _	___	06	___ _	___ _	1 2 8	___ _	1 2 8	___ _
07		___ _	1 2	___ _	___	07	___ _	___ _	1 2 8	___ _	1 2 8	___ _
08		___ _	1 2	___ _	___	08	___ _	___ _	1 2 8	___ _	1 2 8	___ _
09		___ _	1 2	___ _	___	09	___ _	___ _	1 2 8	___ _	1 2 8	___ _

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LINE	NAME	REL.	M F	AGE	15+	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
10		___ _	1 2	___ _	___	10	___ _	___ _	1 2 8	___ _	1 2 8	___ _
11		___ _	1 2	___ _	___	11	___ _	___ _	1 2 8	___ _	1 2 8	___ _
12		___ _	1 2	___ _	___	12	___ _	___ _	1 2 8	___ _	1 2 8	___ _
13		___ _	1 2	___ _	___	13	___ _	___ _	1 2 8	___ _	1 2 8	___ _
14		___ _	1 2	___ _	___	14	___ _	___ _	1 2 8	___ _	1 2 8	___ _
15		___ _	1 2	___ _	___	15	___ _	___ _	1 2 8	___ _	1 2 8	___ _
16		___ _	1 2	___ _	___	15	___ _	___ _	1 2 8	___ _	1 2 8	___ _

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*
Then, complete the totals below.

	Ever-Married Women 15-49	Children 5-14	Under-5s		
Totals	___ _	___ _	___ _		

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

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

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.

You should now have a separate questionnaire for each eligible woman and each child under five in the household.

** Codes for HL3: Relationship to head of household:*

01 = Head

02 = Wife or Husband

03 = Son or Daughter

04 = Son or Daughter In-Law

05 = Grandchild

06 = Parent

07 = Brother or Sister

08 = Other Relative

09 = Not Related

98 = Don't Know

EDUCATION MODULE					ED							
For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 BASIC 2 DIPLOMA BEFORE SECONDARY 3 SECONDARY 4 DIPLOMA AFTER SECONDARY 5 BSC 6 POSTGRADUATE 7 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00.		ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 BASIC 2 DIPLOMA BEFORE SECONDARY 3 SECONDARY 4 DIPLOMA AFTER SECONDARY 5 BSC 6 POSTGRADUATE 7 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00.		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL 1 BASIC 2 DIPLOMA BEFORE SECONDARY 3 SECONDARY 4 DIPLOMA AFTER SECONDARY 5 BSC 6 POSTGRADUATE 7 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK If less than 1 grade, enter 00.		
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE	
01		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
02		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
03		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
04		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
05		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
06		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
07		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
08		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
09		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
10		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
11		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
12		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
13		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
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15		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	

16		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8 : ____	1 2	____	0 1 2 3 4 5 6 7 8 : ____	1 2 8	0 1 2 3 4 5 6 7 8 : ____
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WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling 11	11⇒WS5
	Piped into yard or plot 12	12⇒WS5
	Public tap/standpipe..... 13	} ⇒WS3
	Tubewell/borehole..... 21	
	Dug well	
	Protected well..... 31	
	Unprotected well 32	
	Water from spring	
	Protected spring..... 41	
	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		
Bottled water 91		
Other (<i>specify</i>) 96	96⇒WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling 11	11⇒WS5
	Piped into yard or plot 12	12⇒WS5
	Public tap/standpipe..... 13	
	Tubewell/borehole..... 21	
	Dug well	
	Protected well..... 31	
	Unprotected well 32	
	Water from spring	
	Protected spring..... 41	
	Unprotected spring..... 42	
	Rainwater collection..... 51	
	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		
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes _ _ _	
	Water on premises..... 995	995⇒WS5
	DK 998	
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1	
	Adult man..... 2	
	Female child (under 15)..... 3	
	Male child (under 15) 4	
	DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes 1	2⇒WS7
	No..... 2	8⇒WS7
	DK 8	

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i></p> <p>WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where..... 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Bucket 41</p> <p>No facilities or bush or field..... 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) ____ ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC																														
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms — —																															
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand 11 Mud earth/rock/mud soil..... 12 Rudimentary floor Wood planks 21 Palm/bamboo 22 Finished floor Vinyl or asphalt strips 32 Ceramic tiles 33 Cement..... 34 Carpet 35 Other (<i>specify</i>) 96																															
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity..... 01 Liquid Propane Gas (LPG)..... 02 Kerosene..... 05 Charcoal..... 07 Wood..... 08 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96																															
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house 1 In a separate building..... 2 Outdoors 3 Other (<i>specify</i>) 6																															
HC9. DOES YOUR HOUSEHOLD HAVE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY?</td> <td>Electricity..... 1</td> <td>2</td> </tr> <tr> <td>A RADIO?</td> <td>Radio..... 1</td> <td>2</td> </tr> <tr> <td>A TELEVISION?</td> <td>Television 1</td> <td>2</td> </tr> <tr> <td>A MOBILE TELEPHONE?</td> <td>Mobile Telephone 1</td> <td>2</td> </tr> <tr> <td>A NON-MOBILE TELEPHONE?</td> <td>Non-Mobile Telephone..... 1</td> <td>2</td> </tr> <tr> <td>A REFRIGERATOR?</td> <td>Refrigerator 1</td> <td>2</td> </tr> <tr> <td>A SATELLITE?</td> <td>Satellite 1</td> <td>2</td> </tr> <tr> <td>AN ELECTRIC GENERATOR?</td> <td>Electric Generator 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ELECTRICITY?	Electricity..... 1	2	A RADIO?	Radio..... 1	2	A TELEVISION?	Television 1	2	A MOBILE TELEPHONE?	Mobile Telephone 1	2	A NON-MOBILE TELEPHONE?	Non-Mobile Telephone..... 1	2	A REFRIGERATOR?	Refrigerator 1	2	A SATELLITE?	Satellite 1	2	AN ELECTRIC GENERATOR?	Electric Generator 1	2				
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CHILD LABOUR MODULE													CL		
To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.															
Now I would like to ask about any work children in this household may do.															
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then ⇒ CL6	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇒ TO CL8		CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE		CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO			NO. HOURS	YES PAID UNPAID NO			YES NO	NO. HOURS	YES NO	NO. HOURS			
01		1	2	3	___	1	2	3	1	2	___	1	2	___	
02		1	2	3	___	1	2	3	1	2	___	1	2	___	
03		1	2	3	___	1	2	3	1	2	___	1	2	___	
04		1	2	3	___	1	2	3	1	2	___	1	2	___	
05		1	2	3	___	1	2	3	1	2	___	1	2	___	
06		1	2	3	___	1	2	3	1	2	___	1	2	___	
07		1	2	3	___	1	2	3	1	2	___	1	2	___	
08		1	2	3	___	1	2	3	1	2	___	1	2	___	
09		1	2	3	___	1	2	3	1	2	___	1	2	___	
10		1	2	3	___	1	2	3	1	2	___	1	2	___	
11		1	2	3	___	1	2	3	1	2	___	1	2	___	
12		1	2	3	___	1	2	3	1	2	___	1	2	___	
13		1	2	3	___	1	2	3	1	2	___	1	2	___	
14		1	2	3	___	1	2	3	1	2	___	1	2	___	
15		1	2	3	___	1	2	3	1	2	___	1	2	___	

16		1	2	3	___	___	1	2	3	1	2	___	___	1	2	___	___
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CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__ __	

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the questionnaire number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child from table 2 above

Rank number of child __ __

CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No..... 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes 1 No..... 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No..... 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No..... 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No..... 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No..... 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No..... 2 Don't know/no opinion..... 8	

Disability												DA
To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, use the eligible line numbers of the child from the household listing form (HL1, HL2, HL5).												
I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.												
DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC- IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): Is (name)'s SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2- year- olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SI2. *Does any eligible woman age 15-49 reside in the household?*

Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ *Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN
to administer the questionnaire to the first eligible woman.*

☐ *No. ⇒ Continue.*

SI3. *Does any child under the age of 5 reside in the household?*

Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE
to administer the questionnaire to mother or caretaker of the first eligible child.*

☐ *No. ⇒ End the interview by thanking the respondent for his/her cooperation.
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.*