

HOUSEHOLD QUESTIONNAIRE

Key Identifier:	
HHID	Household

1. Control

You are using the questionnaire file for: _____

IF THIS IS NOT CORRECT, GO BACK TO DASHBOARD AND IMPORT THE CORRECT QUESTIONNAIRE

This Structure Observation is intended for: Household _____

IF THIS IS NOT CORRECT, GO BACK TO DASHBOARD AND SELECT THE CORRECT HOUSEHOLD

replacement	For replacement households only: THIS IS A REPLACEMENT HOUSEHOLD, WHICH HOUSEHOLD IS IT REPLACING?	
replacementHouseholdOther	If replacement household is in another village: SPECIFY OTHER VILLAGE AND HOUSEHOLD ID	
interviewer	INTERVIEWER	
timeBegun1	TIME BEGUN - FIRST VISIT	DD/MM/YYYY HH:MM:SS
timeBegun2	TIME BEGUN - SECOND VISIT	DD/MM/YYYY HH:MM:SS
timeBegun3	TIME BEGUN - THIRD VISIT	DD/MM/YYYY HH:MM:SS
gps	COPY GPS COORDINATES FROM BLUETOOTH GPS READER	
gps2	ENSURE YOU ARE IN THE CORRECT HOUSEHOLD - COPY THE GPS COORDINATES FROM BLUETOOTH GPS READER AGAIN	
Kitongoji	Kitongoji	
inVillageYN	Has this household lived in this village since February 2009 ?	YES.....1 NO.....2
telephone	Please provide telephone number or other form of contact information	
Consent	INTERVIEWER: have you read the consent form and acquired signature of the respondent?	YES - AGREED.....1 NO - REFUSED.....2

2. Household Listing

timeHouseholdListing		TIME BEGUN - HOUSEHOLD LISTING	DD/MM/YYYY HH:MM:SS
<p>PLEASE LIST ALL HOUSEHOLD MEMBERS AS WELL AS ANY NON-RESIDENT CAREGIVERS FOR HOUSEHOLD MEMBERS UNDER 5 YEARS OF AGE. HOUSEHOLD MEMBERS INCLUDE ALL PERSONS WHO LIVE HERE AND SHARE MEALS TOGETHER, INCLUDING FAMILY AND NON-FAMILY MEMBERS.</p> <p>LIST HEAD OF HOUSEHOLD FIRST, THEN SPOUSE OF HEAD, THEN OTHER ADULT FAMILY MEMBERS, THEN CHILDREN, THEN NON-FAMILY MEMBERS AND NON-RESIDENT CAREGIVERS.</p> <p>READ TO RESPONDENT: A HOUSEHOLD IS A GROUP OF PEOPLE WHO LIVE TOGETHER AND EAT AT LEAST ONE MEAL TOGETHER EACH DAY, EXCEPT FOR SPECIAL DAYS. THE HEAD OF HOUSEHOLD IS THE PERSON RESPONSIBLE FOR KEEPING UP THE DAILY NEEDS OF THE HOUSEHOLD, OR A PERSON WHOM THE OTHER HOUSEHOLD MEMBERS CONSIDER THE HEAD.</p> <p>THE NUMBER OF HOUSEHOLD MEMBERS RECORDED IN THE LISTING WAS: _____</p>			
PID	G_1_1	G_1_2	
	FULL NAME OF HOUSEHOLD MEMBER	SEX MALE.....1 FEMALE...2	
1		1 2	
2		1 2	
3		1 2	
4		1 2	
5		1 2	
6		1 2	
7		1 2	
8		1 2	
9		1 2	
10		1 2	
11		1 2	
12		1 2	

2. Household Listing (Cont)

	G_1_5	G_1_4_day	G_1_4_month	G_1_4_year	nonResidentCaregiver	G_1_12	householdMembership	G_1_10	secondCaregiver	
PID	How old was [NAME] in years at his/her last birthday?	What is [NAME]'s birth date?			IS THIS PERSON A HOUSEHOLD MEMBER OR A NON-RESIDENT CAREGIVER? HH...1 NON-RESIDENT CAREGIVER...2 [>next member]	Out of the past 12 months, how many months has this household member lived here? 0 = <1	[For G_1_12<6] Do you expect this member to still be living here in 6 month from now? YES.....1 NO.....2	For children below 5 years:		
		IF CANNOT REMEMBER, ASK TO SEE BIRTH CERTIFICATE OR DOCUMENT WITH BIRTH DATE. IF DOCUMENT NOT AVAILABLE, PROBE FOR SEASON OR HOLIDAY TO ESTIMATE MONTH OF BIRTH. MONTH AND YEAR OF BIRTH MUST BE ESTIMATED FOR ALL CHILDREN. IF CHILD IS 5 YEARS OR YOUNGER, DAY, MONTH AND YEAR OF BIRTH MUST ALL BE ESTIMATED. -99 DON'T KNOW						Who is the primary caregiver of (CHILD)?		If the primary caregiver of (NAME) is less than 16 years of age, who is their next main caregiver?
		DAY	MONTH	YEAR				THE PRIMARY CAREGIVER IS THE PERSON WITH WHOM THE CHILD SPENDS THE MOST TIME. THIS IS USUALLY THE MOTHER. IF PRIMARY CAREGIVER NOT IN ROSTER, ADD CAREGIVER TO ROSTER AND ENTER INFO		
1					1 2		1 2			
2					1 2		1 2			
3					1 2		1 2			
4					1 2		1 2			
5					1 2		1 2			
6					1 2		1 2			
7					1 2		1 2			
8					1 2		1 2			
9					1 2		1 2			
10					1 2		1 2			
11					1 2		1 2			
G_1_confirm		INTERVIEWER: CAN YOU CONFIRM THAT THERE IS NO OTHER INDIVIDUAL LIVING IN THE HOUSEHOLD, INCLUDING YOUNG CHILDREN, ELDERLY, OR NON-FAMILY RESIDENTS?						YES.....1 NO.....2		

2. Household Listing (Cont)

religionHouseholdHead	What is the religion of the household head?	Catholic Protestant Other Christian Muslim Traditionalist No Religion Don't Know Other (Specify)	1 2 3 4 5 6 -96 -99
Child	Select youngest child between 1 and 4 (i.e. 1, 2 or 3 years of age)		
Caregiver	Confirm caregiver of child		
INTERVIEWER: IF THIS HOUSEHOLD HAS BEEN SELECTED FOR STRUCTURED OBSERVATION, ENSURE THAT [Caregiver] AND [Child] WILL BE AVAILABLE FOR THE EXERCISE. IF THERE IS NO CAREGIVER WHO IS 16 YEARS OR OLDER, THEN USE THE MAIN RESPONDENT FOR THE STRUCTURED OBSERVATION AND OTHER CAREGIVER QUESTIONS.			
timeCaregiverAwakes	What time does [Caregiver] usually get up in the morning?	500 525 550 575 600 625 650 675 700 725 750 775 800	5am 5:15am 5:30am 5:45am 6am 6:15am 6:30am 6:45am 7am 7:15am 7:30am 7:45am 8am

3. Structured Observation

Only for households with HHID ending in 1 or 2

consentSO		INTERVIEWER: Has the caregiver agreed to taking part in the Structured Observation exercise?				YES.....1 NO.....2			
timeObservationBegun		TIME OBSERVATION STARTED				DD/MM/YYYY HH:MM:SS			
EID	SO_2	SO_3	SO_4	SO_5	SO_6	SO_7	SO_8	SO_10	SO_9
	Household member: PID	Exposure Before obtaining water from a wide-mouthed storage container...1 Before cutting or preparing food...2 Before serving food...3 Before eating...4 After eating...5 Before feeding child under 5 ...6 Before breastfeeding child...7 After defecation...8 After toileting...9 After cleaning child post-toileting...10 Bathing...11	Time of exposure	Did (CARETAKER) wash his/her hands OR were (CHILD's) hands washed by (CARETAKER)? Yes.... 1 No....2 [>>SO_10] Could not observe....-99 [>> SO_10]	Were both hands washed? Yes.... 1 No....2 Could not observe....-99	Hand washing materials Beauty / Toilet Bar soap...1 Other bar soap...2 Powder soap...3 Liquid soap...4 None, only water...7 Other....-96 Could not observe....-99	How were hands dried? Air dried...1 Clean towel...2 Dirty towel...3 Clothing...4 Did not dry...5 Other....-96 Could not observe....-99	[For SO_3 = 1, 2, 3, 4, 6, 7 and SO_5 = 1] Did any contamination occur between the washing of hands and the exposure event? Specify in comment box. Yes.... 1 No....2 Could not observe....-99	Comments (optional)
1		1 2 3 4 5 6 7 8 9 10 11	DD/MM/YYYY HH:MM:SS	1 2 -99	1 2 -99	1 2 3 4 7 -96 -99	1 2 3 4 5 -96 -99	1 2 -99	
2		1 2 3 4 5 6 7 8 9 10 11	DD/MM/YYYY HH:MM:SS	1 2 -99	1 2 -99	1 2 3 4 7 -96 -99	1 2 3 4 5 -96 -99	1 2 -99	
3		1 2 3 4 5 6 7 8 9 10 11	DD/MM/YYYY HH:MM:SS	1 2 -99	1 2 -99	1 2 3 4 7 -96 -99	1 2 3 4 5 -96 -99	1 2 -99	
4		1 2 3 4 5 6 7 8 9 10 11	DD/MM/YYYY HH:MM:SS	1 2 -99	1 2 -99	1 2 3 4 7 -96 -99	1 2 3 4 5 -96 -99	1 2 -99	
5		1 2 3 4 5 6 7 8 9 10 11	DD/MM/YYYY HH:MM:SS	1 2 -99	1 2 -99	1 2 3 4 7 -96 -99	1 2 3 4 5 -96 -99	1 2 -99	
timeObservationEnded		TIME OBSERVATION ENDED				DD/MM/YYYY HH:MM:SS			

4. Household Roster

Part A: Details

timeHouseholdRoster		TIME BEGUN - HOUSEHOLD ROSTER		DD/MM/YYYY HH:MM:SS				
G_1_0 SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD):_____								
PID	G_1_3	G_1_6	G_1_7	G_1_8	G_1_9	G_1_11	T_1_13_years	T_1_13_months
	FOR ALL HOUSEHOLD MEMBERS	FOR > 12 YEARS		FOR < 18 YEARS		FOR ALL HOUSEHOLD MEMBERS		
	Relationship to Head of Household:	What is the present marital status of [NAME]?	Who is the spouse/partner of [NAME]?	Who is the father of [NAME]?	Who is the mother of [NAME]?	IS THIS PERSON PRESENT AT HOME DURING THIS INTERVIEW?	How long has [NAME] been living in this village?	
	HEAD OF HOUSEHOLD...1 WIFE / HUSBAND / PARTNER... 2 CHILD / ADOPTED CHILD...3 GRANDCHILD...4 NIECE / NEPHEW...5 FATHER / MOTHER...6 SISTER / BROTHER...7 SON-IN-LAW / DAUGHTER-IN-LAW...8 BROTHER-IN-LAW / SISTER-IN-LAW...9 GRANDFATHER / GRANDMOTHER...10 FATHER-IN-LAW / MOTHER-IN-LAW...11 CO-WIFE ...12 OTHER RELATIVE...13 NOT RELATED....14 OTHER (SPECIFY)... -96	MARRIED.....1 LIVING TOGETHER...2 SEPARATED.....3 [>> G_1_8] DIVORCED.....4 [>> G_1_8] WIDOWED.....5 [>> G_1_8] SINGLE.....6 [>> G_1_8] OTHER (SPECIFY)...-96	NOT IN HOUSEHOLD ...-88 IF MULTIPLE PARTNERS, RECORD ONLY FIRST WIFE.	DECEASED...-77 NOT IN HOUSEHOLD...-88	DECEASED...-77 NOT IN HOUSEHOLD...-88	YES.....1 NO.....2 (FOR EACH PERSON)	IF BORN HERE, RECORD -88 (ENTER YEARS AND MONTHS IF LESS THAN 2 YEARS)	
							YEARS	MONTHS
1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
3	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
4	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
6	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
7	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
9	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		
10	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96	1 2 3 4 5 6 -96				1 2		

4. Household Roster

Part A1: Under 5 mortality

PID	FOR FEMALES AGED 5-55 YEARS	LIST ALL CHILDREN OF [NAME] WHO WERE BORN ALIVE BUT DIED BEFORE HIS/HER 5th BIRTHDAY						
	u5DeathYN	U5D	u5DeathYear	u5DeathMonth	u5Sex	u5AgeYears	u5AgeMonths	u5DeathCause
	Have you ever given birth to a child who was born alive but later died before his/her 5th birthday? Yes.... 1 No.....2 [<i>>> readWriteYN</i>] Don't know...-99 [<i>>> readWriteYN</i>]		In which year did (CHILD) die? Don't know ...-99	In which month did (CHILD) die?	Sex of (CHILD)? MALE.....1 FEMALE...2	How old was (CHILD) when he/she died? YEARS Don't know ...-99	How old was (CHILD) when he/she died? MONTHS Don't know ...-99	What was the cause of death? Illness...1 Accident...2 OTHER (SPECIFY)...-96 DON'T KNOW...-99
1	1 2 -99	1			1 2			1 2 -96 -99
		2			1 2			1 2 -96 -99
		3			1 2			1 2 -96 -99
2	1 2 -99	1			1 2			1 2 -96 -99
		2			1 2			1 2 -96 -99
		3			1 2			1 2 -96 -99
3	1 2 -99	1			1 2			1 2 -96 -99
		2			1 2			1 2 -96 -99
		3			1 2			1 2 -96 -99
4	1 2 -99	1			1 2			1 2 -96 -99
		2			1 2			1 2 -96 -99
		3			1 2			1 2 -96 -99
5	1 2 -99	1			1 2			1 2 -96 -99
		2			1 2			1 2 -96 -99
		3			1 2			1 2 -96 -99

4. Household Roster

Part B: Education

PID	readWriteYN	G_2_3	ageSchoolStart	EDUCATION LEVEL CODES							
	Can (NAME) read and write? Yes.... 1 No.....2	Has (NAME) ever attended school? Yes.... 1 No.....2 [>>Next member] Don't know....-99 [>>Next member]	How old was (NAME) when he/she started school? Don't know....-99	<div> None...0 Pre-Primary...1 Adult...2 Standard I...11 Standard II...12 Standard III...13 Standard IV...14 </div> <div> Standard V...15 Standard VI...16 Standard VII...17 Standard VIII...18 Primary + Course...19 Form I...20 Form II...21 </div> <div> Form III...22 Form IV...23 Form IV + Course...24 Form V...25 Form VI...26 Form VI+ Course...27 Ordinary Diploma...28 </div> <div> University I...41 University II...42 University III...43 University IV...44 University V & +...45 DON'T KNOW...-99 </div>							
				G_2_4	G_2_5	enrolledLastYear	grade2012	grade2011	annualExam2011	grade2010	annualExam2010
				What is the highest level of education completed by (NAME)?	Is (NAME) currently in school? Yes.... 1 [>> grade2012] No.....2	Was (NAME) enrolled in school during the past 12 months? Yes.... 1 No.....2 [>> grade2011]	In which grade was (NAME) in 2012? SELECT NONE IF (NAME) NOT AT SCHOOL THIS YEAR	In which grade was (NAME) in 2011? [0 >> grade2010]	Did (NAME) sit for the annual exam in 2011? Yes.... 1 No.....2 Don't know....-99	In which grade was (NAME) in 2010? [0 >> grade2009]	Did (NAME) sit for the annual exam in 2010? Yes.... 1 No.....2 Don't know....-99
1	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
2	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
3	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
4	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
5	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
6	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99
7	1 2	1 2 -99			1 2	1 2			1 2 -99		1 2 -99

4. Household Roster

Part B: Education (Cont)

PID	grade2009	annualExam2009	gradeRepeatedYN	gradeRepeat dFreq	Skip if G.2.4 = 0, 1, 11, 12 or 13				For G_2_5=1	absentWhy
					nationalExamYN	nationalExamLevel	nationalExam PassYN	natExamScore	absentYN	
	In which grade was (NAME) in 2009? [0 >> gradeRepeatYN]	Did (NAME) sit for the annual exam in 2009? Yes.... 1 No.....2 Don't know...-99	Has (NAME) ever repeated a grade? Yes.... 1 No.....2 [>> nationalExamYN] Don't know...-99 [>> nationalExamYN]	How many times has (NAME) repeated grades?	Did (NAME) ever sit for a national examination for which results are out? Yes.... 1 No.....2 [>> absentYN] Don't know...-99 [>> absentYN]	For which level was the last national examination that (NAME) took? Darasa la IV...1 Darasa la VII...2 Kidato cha II...3 Kidato cha IV...4 Kidato cha VI...5 OTHER (SPECIFY)...96 DON'T KNOW...-99	Did (NAME) pass this exam? Yes.... 1 No.....2	[For nationalExam level=4 or 5 and nationalExamPassYN=1] What was (NAME)'s score in this examination?	Has (NAME) Missed school in the last schooling week? Yes.... 1 No.....2 [>>Next member] Don't Know...-99 [>>Next member]	Why was (NAME) absent from school? Public Holiday...1 School closed not in break...2 School closed in break...3 Absence teacher...4 Illness child...5 Illness HH member...6 Funeral...7 Disciplinary action...8 Cannot meet costs...9 Child refused...10 Child had to work...11 OTHER (SPECIFY)...-96
1		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
2		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
3		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
4		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
5		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
6		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
7		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
8		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96
9		1 2 -99	1 2 -99		1 2 -99	1 2 -99	1 2	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 10 11 -96

5. Income/Assets

Part A: Household Labour and Income

timeStartLabour		TIME BEGUN - LABOUR MODULE	DD/MM/YYYY HH:MM:SS
respondentLabour SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____			
T6aQ01a	What is the most important activity for satisfying your daily needs now? [17 >> T6aQ04a]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Paid Employee: Formal Employment...1 Paid Employee: Informal Employment...2
T6aQ01b	What is the 2nd most important activity for satisfying your daily needs now? [17 >> T6aQ04a]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Non-agricultural: Self-employed With Employees...3 Non-agricultural: Self-employed Without Employees...4
T6aQ01c	What is the 3rd most important activity for satisfying your daily needs now?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Farming: Self-employed With Employees...5 Farming: Self-employed Without Employees...6 Livestock Keeping: Self-employed With Employees...7 Livestock Keeping: Self-employed Without Employees...8
T6aQ04a	Thinking back to February 2009 (about 3 years ago), what was the most important activity for satisfying the daily needs then? [17 >> next section]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Fishing: Self-employed With Employees...9 Fishing: Self-employed Without Employees...10 Trade: Agricultural...11
T6aQ04b	Thinking back to February 2009 (about 3 years ago), what was the 2nd most important activity for satisfying the daily needs then? [17 >> next section]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Trade: Non-agricultural...12 Casual Labourer...13 Savings...14 Remittances...15
T6aQ04c	Thinking back to February 2009 (about 3 years ago), what was the 3rd most important activity for satisfying the daily needs then?	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 88 17	Pensions...16 Other (specify)...88 None...17

5. Income/Assets

Part B: Household Durable Goods

timeHouseholdDurableGoods		TIME BEGUN - HOUSEHOLD DURABLE GOODS		DD/MM/YYYY HH:MM:SS	
G_5_0 SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____					
Do you or does any member of your household own at least one [GOOD]?					YES.....1 NO.....2 DON'T KNOW...-99
G_5_1_G1	Radio / CD / cassette	1	2	-99	
G_5_1_G2	Television	1	2	-99	
G_5_1_G5	Bicycle	1	2	-99	
G_5_1_G6	Motorcycle	1	2	-99	
G_5_1_G7	Automobile or truck	1	2	-99	
G_5_1_G8	Electric/Gas Stove	1	2	-99	
G_5_1_G9	Other Stove (Excluding Mafiga)	1	2	-99	
G_5_1_G16	Other house / other buildings	1	2	-99	
G_5_1_T17	Refrigerator	1	2	-99	
G_5_1_T18	Mattress	1	2	-99	
G_5_1_T19	Sewing machine	1	2	-99	
G_5_1_T20	Mosquito net	1	2	-99	
G_5_1_T21	Cell (mobile) phone	1	2	-99	
G_5_1_T22	Non-mobile phone	1	2	-99	
G_5_1_T24	Clothes Iron	1	2	-99	
G_5_1_T25	Bed frame	1	2	-99	
G_5_1_T26	Jewellery (gold, silver, etc)	1	2	-99	
G_5_1_T27	Land/field (other than the plot your residence is on)	1	2	-99	
G_5_1_T28	Agricultural equipment and others (example: farm machines, generator, tractor, sawing machine, fork, ox plough, hoe, power tiller, wheel barrow, cart, boat, etc)	1	2	-99	
G_5_1_T29	Electric Generator	1	2	-99	
G_5_1_T30	Solar Panel	1	2	-99	
G_5_1_T31	Sponged sofa	1	2	-99	
G_5_1_T32	Non-sponged sofa	1	2	-99	
G_5_1_T33	Fan	1	2	-99	
G_5_1_T34	Camera	1	2	-99	

5. Income/Assets

Part C: Animals

timeAnimals		TIME BEGUN - ANIMALS			DD/MM/YYYY HH:MM:SS	
respondentAnimals		SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____				
G_5_15		Does your household own any animals, even small animals or birds that are not to buy/sell or trade? DO NOT INCLUDE ANY CASES WHERE THE HOUSEHOLD IS A TRADER OF ANIMALS			YES 1 NO2 [>>timeSocialCapital]	
AID	ANIMALS	G_5_16			G_5_17	G_5_other
		Does your household own [ANIMAL]? YES.....1 NO.....2 [>> NEXT ANIMAL] DON'T KNOW.....-99 [>> NEXT ANIMAL]			How many [ANIMAL] does your household own?	Other (specify)
61	Cow	1	2	-99		
62	Bull	1	2	-99		
65	Donkey	1	2	-99		
66	Goat	1	2	-99		
67	Sheep	1	2	-99		
68	Pig	1	2	-99		
69	Chicken	1	2	-99		
70	Duck	1	2	-99		
71	Turkey	1	2	-99		
72	Goose	1	2	-99		
721	Rabbit	1	2	-99		
722	Guinea Fowl	1	2	-99		
73	Other animals (Specify)	1	2	-99		

5. Income/Assets

Part D: Social Capital and community participation – Community Participation

timeSocialCapital		TIME BEGUN - SOCIAL CAPITAL			DD/MM/YYYY HH:MM:SS
respondentAnimals		SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD):_____			
CPID	GROUP	L_1	L_2	L_3	L_other
		Do you have [OPTION] active in your settlement? YES.....1 NO.....2 [>> NEXT GROUP] DON'T KNOW.....-99 [>> NEXT GROUP]	Does anybody from this household participate in [OPTION]? YES...1 NO.... 2 [>> NEXT GROUP] DON'T KNOW.....-99 [>> NEXT GROUP]	Are you one of the leaders of [OPTION]? YES...1 NO.... 2 DON'T KNOW.....-99	SPECIFY OTHER
1	A neighbourhood improvement group	1 2 -99	1 2 -99	1 2 -99	
2	Volunteers	1 2 -99	1 2 -99	1 2 -99	
3	A sports club	1 2 -99	1 2 -99	1 2 -99	
4	A neighbourhood security watch organisation	1 2 -99	1 2 -99	1 2 -99	
5	Local politics	1 2 -99	1 2 -99	1 2 -99	
6	Religious groups	1 2 -99	1 2 -99	1 2 -99	
7	Women or youth groups	1 2 -99	1 2 -99	1 2 -99	
8	Stokvel/community savings group	1 2 -99	1 2 -99	1 2 -99	
9	Parent-teacher associations	1 2 -99	1 2 -99	1 2 -99	
10	Other (specify)	1 2 -99	1 2 -99	1 2 -99	
11	Other (specify)	1 2 -99	1 2 -99	1 2 -99	

In the <u>past three years</u> have you or any member of the household done any of the following?		YES...1	NO.... 2	DON'T KNOW.....-99
L_4_1	Voted in elections	1	2	-99
L_4_2	Contacted your elected representative	1	2	-99
L_4_3	Contacted newspapers, radio, or TV to generate interest in a problem	1	2	-99
L_4_4	Actively participated in an information campaign (e.g. HIV awareness etc.)	1	2	-99
L_4_5	Made a personal contact with an influential person (not your elected representative) about a community problem	1	2	-99
L_4_6	Talked with other people in your area about a problem	1	2	-99

5. Income/Assets

Part D: Social Capital and community participation - Neighbour support (Cont)

NHRID	NEIGHBOURHOOD HELP	L_5_rely	L_5_help	L_5_other
		Does your household rely on your neighbours for any of the following? YES.....1 NO.....2 DON'T KNOW.....-99	Does your household help your neighbours for any of the following? YES...1 NO.... 2 DON'T KNOW.....-99	SPECIFY OTHER
1	Child care	1 2 -99	1 2 -99	
2	Transport	1 2 -99	1 2 -99	
3	Sharing of food	1 2 -99	1 2 -99	
4	Medical care or emergency	1 2 -99	1 2 -99	
5	Job search	1 2 -99	1 2 -99	
6	Security (eg. watching home while away)	1 2 -99	1 2 -99	
7	Women or youth groups	1 2 -99	1 2 -99	
8	Other (specify)	1 2 -99	1 2 -99	

Did any household member do any of the following in the <u>past week (7 days)</u> ?		YES...1	NO.... 2	DON'T KNOW.....-99
L_6_1	Attend community meetings			1 2 -99
L_6_2	Conduct maintenance on own property/stand			1 2 -99
L_6_3	Conduct maintenance on public property (unpaid)			1 2 -99

L_7	Imagine that you are missing an animal (chicken or goat) in the village. Out of 10 neighbors in the village, how many would go out with you to look for the animal?	1 2 3 4 5 6 7 8 9 10 -99
L_8	Imagine that one of your neighbors in the village has a baby and has to travel to the ward urgently, and cannot take the baby with her. Out of 10 neighbors in the village, how many would offer to take care of her baby while she is away?	1 2 3 4 5 6 7 8 9 10 -99
L_9	Suppose you need money to pay for a trip to see doctor and you do not have. Out of 10 people in your neighborhood that you know had some money, how many would lend you 5000 TSH for this emergency?	1 2 3 4 5 6 7 8 9 10 -99

5. Income/Assets

Part E1: Retrospective Questions - Ownership of goods

timeGoodsRetrospective	TIME BEGUN - OWNERSHIP OF GOODS	DD/MM/YYYY HH:MM:SS
respondentGoodsRetro	SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____	
R_1_9_G1	You said you currently 'own/do not own/do not know if you own' a Radio / CD / cassette. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G2	You said you currently 'own/do not own/do not know if you own' a Television. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G5	You said you currently 'own/do not own/do not know if you own' a Bicycle. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G6	You said you currently 'own/do not own/do not know if you own' a Motorcycle. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G7	You said you currently 'own/do not own/do not know if you own' an Automobile or truck. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G8	You said you currently 'own/do not own/do not know if you own' an Electric/Gas Stove. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G9	You said you currently 'own/do not own/do not know if you own' an Other Stove (Excluding Mafiga). Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_G16	You said you currently 'own/do not own/do not know if you own' an Other house / other buildings. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T17	You said you currently 'own/do not own/do not know if you own' a Refrigerator. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T18	You said you currently 'own/do not own/do not know if you own' a Mattress. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T19	You said you currently 'own/do not own/do not know if you own' a Sewing machine. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T20	You said you currently 'own/do not own/do not know if you own' a Mosquito net. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T21	You said you currently 'own/do not own/do not know if you own' a Cell (mobile) phone. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T22	You said you currently 'own/do not own/do not know if you own' a Non-mobile phone. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T24	You said you currently 'own/do not own/do not know if you own' a Clothes Iron. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T25	You said you currently 'own/do not own/do not know if you own' a Bed frame. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T26	You said you currently 'own/do not own/do not know if you own' Jewellery (gold, silver, etc). Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T27	You said you currently 'own/do not own/do not know if you own' Land/field (other than the plot your residence is on). Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T28	You said you currently 'own/do not own/do not know if you own' Agricultural equipment and others (example: farm machines, tractor, sawing machine, fork, ox plough, hoe, power tiller, wheel barrow, cart, boat etc). Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T29	You said you currently 'own/do not own/do not know if you own' an Electric Generator. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T30	You said you currently 'own/do not own/do not know if you own' a Solar Panel. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T31	You said you currently 'own/do not own/do not know if you own' a Sponged sofa. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T32	You said you currently 'own/do not own/do not know if you own' a Non-sponged sofa. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T33	You said you currently 'own/do not own/do not know if you own' a Fan. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99
R_1_9_T34	You said you currently 'own/do not own/do not know if you own' a Camera. Did your household own this in February 2009 (about 3 years ago)?	1 2 -99

5. Income/Assets

Part E2: Retrospective Questions - Ownership of Animals

timeAnimalsRetrospective	TIME BEGUN - OWNERSHIP OF GOODS	DD/MM/YYYY HH:MM:SS
respondentAnimalsRetro	SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____	

You said you currently own the following number of each ANIMAL. How many DID you own in February 2009 (about 3 years ago)?

INTERVIEWER: READ ALL ANIMALS IN THE LIST

DO NOT INCLUDE ANY CASES WHERE THE HOUSEHOLD IS A TRADER OF ANIMALS

AID	ANIMALS	Number of [ANIMAL] currently owned	R_1_10
			How many of this animal did your household own in February 2009 (about 3 years ago) ? If none, enter zero
61	Cow	[G_5_17]	
62	Bull	[G_5_17]	
65	Donkey	[G_5_17]	
66	Goat	[G_5_17]	
67	Sheep	[G_5_17]	
68	Pig	[G_5_17]	
69	Chicken	[G_5_17]	
70	Duck	[G_5_17]	
71	Turkey	[G_5_17]	
72	Goose	[G_5_17]	
721	Rabbit	[G_5_17]	
722	Guinea Fowl	[G_5_17]	
73	Other animals (Specify)	[G_5_17]	

6. Dwelling / Facilities

Part A: Dwelling Characteristics

timeDwellingCharacteristics		TIME BEGUN - DWELLING CHARACTERISTICS		DD/MM/YYYY HH:MM:SS	
G_6_0 SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____					
G_6_1	How many rooms does your dwelling have? TOTAL NUMBER OF ROOMS:		_____		
<p>How many years has your household lived in this house?</p> <p>IF LESS THAN ONE YEAR, RECORD 0 IN YEARS AND RECORD MONTHS</p> <p>-99 DON'T KNOW</p>					
T_6_1B _years	YEARS				
T_6_1B _months	MONTHS				
	<p>Are [ANIMAL] allowed in the house?</p> <p>YES1</p> <p>NO.....2</p> <p>DON'T KNOW.....-99</p>	G_6_7_G1	Dog(s)	1	2 -99
		G_6_7_G2	Cat(s)	1	2 -99
		G_6_7_G3	Chicken(s)	1	2 -99
		G_6_7_G4	Goat(s)/Sheep(s)	1	2 -99
		G_6_7_G5	Pig(s)	1	2 -99
		G_6_7_T8	Duck(s)	1	2 -99
		G_6_7_T7	Rabbit(s)	1	2 -99
		G_6_7_T1	Cow(s)	1	2 -99
		G_6_7_G9	Other Animals (Specify)	1	2 -99
		G_6_7_G9_other	SPECIFY OTHER ANIMALS		

6. Dwelling / Facilities

Part A: Dwelling Characteristics (Cont)

G_6_11	What fuel do you use most often to light your dwelling?	NO LIGHTING..... ELECTRICITY..... GAS..... PARAFFIN LAMP..... FIREWOOD..... CANDLES..... SOLAR..... OTHER (SPECIFY _____).....	0 1 2 3 4 5 6 -96	
G_6_12	What fuel do you use most often for cooking?	NO FUEL FOR COOKING..... ELECTRICITY..... BOTTLED GAS..... PARAFFIN/KEROSENE..... CHARCOAL FIREWOOD..... PEAT / CROP RESIDUALS, STRAW, GRASS..... MANURE (ANIMAL DUNG)..... OTHER (SPECIFY _____).....	0 1 2 3 4 5 6 7 -96	
G_6_14	The dwelling that you live in is:	Owned by a household member, and is in process of paying off. Fully owned by a household member, and fully paid for..... Rented Loaned by family or friends..... OTHER (SPECIFY _____) DON'T KNOW.....	1 2 3 4 -96 -99	[\gg timeWaterSources] [\gg timeWaterSources] [\gg timeWaterSources] [\gg timeWaterSources]
T_6_16A	How much did it cost your household to build or buy your dwelling? AMOUNT (TSH) -98 BUILD IT OURSELVES -97 INHERITED/RECEIVED FOR FREE -99 DON'T KNOW			

6. Dwelling / Facilities

Part B: Water Sources

timeWaterSources		TIME BEGUN - WATER SOURCES	DD/MM/YYYY HH:MM:SS	
T_7_0 SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____				
G_7_0	Do you use the same source for drinking water year round, i.e. during the rainy and dry season?	Yes, same source all year round.....	1	
		No, changes with the season	2	
		DON'T KNOW.....	-99	
G_7_1	What is the main source of <u>DRINKING</u> water for members of your household?	PIPED WATER INTO DWELLING	1	[>> G_7_6C]
		PIPED WATER INTO YARD / PLOT.....	2	[>> G_7_6C]
		PIPED WATER: PUBLIC TAP / STANDPIPE.....	3	
		PROTECTED DUG WELL.....	4	
		UNPROTECTED DUG WELL	5	
		WATER FROM PROTECTED SPRING.....	6	
		WATER FROM UNPROTECTED SPRING.....	7	
		TUBE WELL OR BOREHOLE.....	8	
		RAINWATER.....	9	
		TANKER TRUCK.....	10	
		CART WITH SMALL TANK.....	11	
		SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANEL)	12	
		BOTTLED WATER.....	13	
OTHER (Specify, _____)	-96			
G_7_1B	[skip if G_7_0=1] How many months per year does your household use water from this source? MONTHS -99 DON'T KNOW			

G_7_3	Is this water source covered?	COVERED..... OPEN..... BOTH COVERED AND OPEN..... DON'T KNOW.....	1 2 3 -99	
G_7_2	<i>[skip if G_7_1=3]</i> Where is that water source located?	IN OWN DWELLING..... IN OWN YARD / PLOT/COMPOUND..... ELSEWHERE.....	1 2 3	
<i>[Skip if G.7.2 = 1 or 2]</i> How often does your household collect water from this source? COUNT EACH TIME THAT ONE PERSON MAKES A TRIP AS 1 TRIP. FOR INSTANCE, IF 5 PEOPLE GO FOR 1 TRIP, THIS MUST BE RECORDED AS 5 TRIPS, NOT 1. -99 DON'T KNOW				
G_7_5_trips	TRIPS			
G_7_5_unit	UNIT	PER DAY ...1 PER WEEK ... 2 PER MONTH ... 3		
G_7_6	Who usually goes to this source to fetch water for your household?	HOUSEHOLD MEMBERS WILL BE AVAILABLE IN DROPDOWN MENU NO SPECIFIC PERSON..... NOT A HOUSEHOLD MEMBER OTHER (Specify, _____)	-1 -2 -96	
G_7_6_other	<i>[Answer if G_7_6=-2 or -96]</i> SPECIFY OTHER PERSON			
G_7_6B	How much water is brought to your dwelling/yard from this source each time? LITERS -99 DON'T KNOW			
G_7_6C	In the last10 times you visited this source, how many times was there no water at the source? WRITE THE NUMBER OF TIMES OUT OF 10 -99 DON'T KNOW			

How much did you initially pay (in cash, kind and own labour) for this water source? (connection or construction)				
G_7_7B_cash	In cash AMOUNT (TSH) 0 DID NOT PAY -99 DON'T KNOW			
G_7_7B_inkind	In kind AMOUNT (TSH) 0 DID NOT PAY -99 DON'T KNOW			
G_7_7B_ownLabour	Own labour AMOUNT (TSH) 0 DID NOT PAY -99 DON'T KNOW			
G_7_8	Does your household pay (bill, tax, fee) for water from [G_7_1]?	YES..... NO..... DON'T KNOW.....	1 2 -99	

6. Dwelling / Facilities

Part C: Drinking Water

timeDrinkingWater	TIME BEGUN - DRINKING WATER		DD/MM/YYYY HH:MM:SS	
G_8_0	SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____			
G_8_1	Do you store drinking water in your home?	Yes..... No	1 2	
G_8_4	Do you do anything to your water before you drink it? To clean it, or to make it safer for drinking?	Yes..... Sometimes No	1 2 3	[>>timeSanitationFacilities]
	What do you do to your water to prepare it for drinking ? DO NOT READ OUT THE ANSWERS. TICK ALL THAT APPLY. PROMPT 1 or 2 TIMES.			
G_8_5_1	BOILING THE WATER			1
G_8_5_2	ADDING CHLORINE/BLEACH			1
G_8_5_3	ADDING IODINE			1
G_8_5_4	SOLAR DISINFECTION			1
G_8_5_5	FILTER (MECHANICAL / CERAMIC / SAND / ETC)			1
G_8_5_6	STRAIN THROUGH A CLOTH			1
G_8_5_7	LET IT STAND AND SETTLE			1
G_8_5_96	Other (Specify)			1
G_8_5_96_other	SPECIFY OTHER TREATMENT METHOD			

6. Dwelling / Facilities

Part D: Sanitation Facilities

timeSanitationFacilities		TIME BEGUN - SANITATION FACILITIES	DD/MM/YYYY HH:MM:SS
G_9_0 SELECT RESPONDENT (MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD): _____			
G_9_1	Where do members of your household usually go to defecate? SHOW PICTURES	Flush / Pour Flush: to Piped Sewer System.....	1 [>> T_9A_10]
		Flush / Pour Flush: to Septic Tank.....	2 [>> T_9A_10]
		Flush / Pour Flush: to Pit Latrine	3
		Flush / Pour Flush: to Elsewhere.....	4 [>> T_9A_10]
		Flush / Pour Flush: to Don't Know Where	5 [>> T_9A_10]
		Ventilated Improved Pit Latrine (VIP).....	6
		Pit Latrine with Slab.....	7
		Composting Latrine	8
		Pit Latrine without Slab / Open Pit	9
		Bucket Latrine	10
		Hanging Toilet.....	11 [>> T_9A_10]
		No Facilities (Bush, Open Field, River).....	12 [>> T_9B_21C]
		Other (Specify, _____)	-96 [>> T_9A_10]

Part 6D1.1: For Pit Latrine With Slab

Which slab materials are there around the drophole (1 foot radius around the hole)? (TICK NO MORE THAN TWO)		
slabConcrete	Concrete	1
slabEarthenPolished	Earthen: Polished/Compacted	1
slabEarthLoose	Earth: Loose	1
slabWooden	Wooden	1
slabMetal	Metal	1
slabPlastic	Plastic	1
slabOther	Other (specify)	1
slabSpecifyOther	Specify other slab material	

slabStateOfRepair	What is the state of repair of the slab?	Solid slab..... Slightly cracked - not exposing content..... Cracked - exposing content..... Collapsing..... Don't Know.....	1 2 3 4 -99
otherHoleReportedYN	Is the drophole the only hole in the slab? SHOW PICTURES	YES..... NO..... DON'T KNOW.....	1 2 -99

FOR LATRINE (ANY TYPE) OWNERS/USERS

timeLatrine		TIME BEGUN - LATRINE	DD/MM/YYYY HH:MM:SS	
T_9A_1C	Have you or anyone else ever emptied the pit in this latrine?	YES..... NO..... DON'T KNOW.....	1 2 -99	[>> T_9A_1D] [>> T_9A_1D]
T_9A_1C_person	Who usually empties the latrine?	HOUSEHOLD MEMBERS WILL BE AVAILABLE IN DROPDOWN MENU NO SPECIFIC PERSON NOT A HOUSEHOLD MEMBER OTHER (SPECIFY, _____)	-1 -2 -96	[>> T_9A_1D] [>> T_9A_1D] [>> T_9A_1D]
T_9A_1C_other	SPECIFY OTHER			
T_9A_1D	Have you or anyone else ever cleaned this latrine?	YES..... NO..... DON'T KNOW.....	1 2 -99	[>> T_9A_4_years] [>> T_9A_4_years]
T_9A_1D_person	Who usually cleans the latrine?	HOUSEHOLD MEMBERS WILL BE AVAILABLE IN DROPDOWN MENU NO SPECIFIC PERSON NOT A HOUSEHOLD MEMBER OTHER (SPECIFY, _____)	-1 -2 -96	[>> T_9A_4_years] [>> T_9A_4_years] [>> T_9A_4_years]
T_9A_1D_other	SPECIFY OTHER			
How many years ago was the latrine constructed? IF LESS THAN ONE YEAR, RECORD 0 IN YEARS AND RECORD MONTHS -99 DON'T KNOW				

T_9A_4_years	YEARS			
Y_9A_4_months	MONTHS			
T_9A_5	How much did the materials to build the latrine cost? COST OF MATERIALS (AMOUNT IN TSH): 0 FREE / DONATED MATERIALS -99 DON'T KNOW			
T_9A_6	Did you pay somebody to construct the latrine? If yes, approximately what were these costs? YES (AMOUNT IN TSH): -98 NO, BUILD OURSELVES -99 DON'T KNOW			[>> T_9A_7B_1]
Whose services did your household use to build the latrine? TICK ALL THAT APPLY:				
T_9A_7A_1	Builder in your village		1	
T_9A_7A_2	Builder outside the village		1	
T_9A_7A_3	Community labour		1	
T_9A_7A_96	Other (specify)		1	
T_9A_7A_96_other	SPECIFY OTHER			
What source of information did you use about options for types of facilities, supplies and costs? TICK ALL THAT APPLY:				
T_9A_7B_1	Masons		1	
T_9A_7B_2	Local vendors		1	
T_9A_7B_3	Neighbors/Family		1	

T_9A_7B _4	Sanitarian	1		
T_9A_7B _5	Village CLTS	1		
T_9A_7B _6	Radio	1		
T_9A_7B _7	Health Worker	1		
T_9A_7B _96	Other (specify,	1		
T_9A_7B _96_other	SPECIFY OTHER			
What were the main reasons your household decided to construct the latrine? DO NOT READ ANSWERS OUT LOUD TICK UP TO FIRST THREE RESPONSES GIVEN:				
T_9A_8_1	FOR PRIVACY OR PERSONAL DISCRETION	1		
T_9A_8_2	FOR SAFETY	1		
T_9A_8_3	FOR CONVENIENCE OR COMFORT	1		
T_9A_8_4	FOR PRIDE OR STATUS	1		
T_9A_8_5	FOR MY FAMILY'S HEALTH, HYGIENE OR CLEANLINESS	1		
T_9A_8_6	FOR MY COMMUNITY'S HEALTH OR AVOID CONTAMINATING THE ENVIRONMENT	1		
T_9A_8_7	TO BE ACCEPTED OR AVOID HUMILIATION/SHAME	1		
T_9A_8_8	ALREADY PRESENT OR PAID / BUILT BY OTHERS	1		
T_9A_8_96	OTHER (SPECIFY)	1		
T_9A_8_96_other	SPECIFY OTHER			

<p>T_9A_12</p>	<p>Overall, how satisfied are you with your main sanitation facilities?</p>	<p>Very Satisfied 1 Somewhat Satisfied..... 2 Less than Satisfied 3 Completely Dissatisfied 4 Don't know -99</p>		<p>[>> T_9A_7E]</p>
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6. Dwelling / Facilities

Part D: Sanitation Facilities (Cont)

	Is there anything you want to do to improve the condition of your latrine at present? DO NOT READ ANSWERS OUT LOUD TICK ALL THAT APPLY	
T_9A_13_1	REPAIR PLATFORM	1
T_9A_13_2	REPAIR SLAB	1
T_9A_13_3	REPAIR SUPERSTRUCTURE	1
T_9A_13_4	INSTALL PLATFORM	1
T_9A_13_5	INSTALL SLAB	1
T_9A_13_6	BUILD SUPERSTRUCTURE	1
T_9A_13_7	NONE	1
T_9A_13_96	OTHER (SPECIFY)	1
T_9A_13_96_other	SPECIFY OTHER	
T_9A_13_99	DON'T KNOW	1
	What are the three main constraints facing your household in improving your latrine? DO NOT READ ANSWERS OUT LOUD. TICK MAXIMUM THREE RESPONSES GIVEN	
T_9A_15_1	HIGH COST AND COMPETING PRIORITIES	1
T_9A_15_2	NO RESOURCES AVAILABLE (PEOPLE TO BUILD IT / MATERIALS)	1
T_9A_15_3	PHYSICAL LIMITATIONS (WATER TABLE / SOIL CONDITIONS / LIMITED SPACE)	1
T_9A_15_4	LEGAL / TENANCY ISSUES (NO TITLE, RENTING, OTHER'S HOUSE, PERMIT PROBLEMS)	1
T_9A_15_5	DISLIKE AVAILABLE LATRINE CHOICES	1

T_9A_15_6	NONE	1
T_9A_15_96	OTHER (SPECIFY)	1
T_9A_15_96_other	SPECIFY OTHER	

ExpID	In the last 12 months, did your household have to pay the following expense in relation to the latrine?	T_9A_7E	T_9A_7E_cost	T_9A_7E_other
		YES 1 NO 2 [>> NEXT EXPENSE] DON'T KNOW -99 [>> NEXT EXPENSE]	If yes, approximately what were these costs? COSTS (TSH):	SPECIFY OTHER
1	Repair platform	1 2 -99		
2	Repair slab	1 2 -99		
3	Repair superstructure	1 2 -99		
4	Install platform	1 2 -99		
5	Install slab	1 2 -99		
6	Build superstructure	1 2 -99		
7	Fixing drainage problems	1 2 -99		
8	Emptying septic tank/pit	1 2 -99		
9	Other (specify, _____)	1 2 -99		

6. Dwelling / Facilities

Part D: Sanitation Facilities (Cont)

T_9A_10	Do you share the latrine/facility with other households?	YES	1	[>> T_9A_21C]
		NO	2	
T_9A_11	How many households use the latrine/facility? -99 DON'T KNOW			
facilityOwnership	The facility belongs to:	Household	1	
		Compound	2	
		Neighbour	3	
		Public	4	
		Other (specify)	-96	
T_9A_21C	How long does it take you to get to your latrine/facility from your dwelling (one way)? ANSWER IN MINUTES -99 DON'T KNOW			
T_9A_21B	How far away from your dwelling do you walk to your latrine/facility (one way)? ANSWER IN METERS -99 DON'T KNOW			
T_9A_21	Are there flies at or near your latrine/facility?	Always and Many	1	
		Sometimes	2	
		Rarely / Hardly Any	3	
T_9A_17A	INTERVIEWER CHECK: IS RESPONDENT AN ADULT FEMALE? IF NO, CHANGE WITH FEMALE RESPONDENT FOR THE NEXT TWO QUESTIONS; IF NO FEMALE AVAILABLE, USE CURRENT RESPONDENT	YE	1	
		NO	2	
		NO FEMALE AVAILABLE	3	
T_9A_17	Is it safe for female members of your house to go to the latrine/facility? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	YES	1	
		NO	2	
		DON'T KNOW	-99	
T_9A_19	Do you feel that women and young girls in your house have privacy during defecation? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	YES	1	
		NO	2	
		DON'T KNOW	-99	
Please tell me how strongly you agree or disagree with the following two statements:			Strongly disagree	1
T_9A_20A	In this community everybody knows someone who can be paid to help with building or improving a latrine (e.g., mason)	1 2 3 4 -99	Disagree	2
T_9A_20B	In this community most people would have the money to buy a "sungura" slab.	1 2 3 4 -99	Agree	3
			Strongly agree	4
			Don't know	-99

6. Dwelling / Facilities

Part D: Sanitation Facilities (Cont)

	Where does the waste from your baby / youngest child usually go after they defecate? DO NOT READ OUT OPTIONS TICK ALL THAT APPLY.			
T_9A_22_1	BUSHES / GROUND	1		
T_9A_22_2	HOLE IN GROUND	1		
T_9A_22_3	OPEN SEWER / DRAIN	1		
T_9A_22_4	PIT LATRINE	1		
T_9A_22_5	GARBAGE	1		
T_9A_22_6	RIVER	1		
T_9A_22_7	BASIN / SINK	1		
T_9A_22_8	GIVE IT TO ANIMALS	1		
T_9A_22_96	OTHER (SPECIFY)	1		
T_9A_22_96_other	SPECIFY OTHER			
	Where does the waste from other babies/children in the community usually go? DO NOT READ OUT OPTIONS TICK ALL THAT APPLY.			
T_9A_29_1	BUSHES / GROUND	1		
T_9A_29_2	HOLE IN GROUND	1		
T_9A_29_3	OPEN SEWER / DRAIN	1		
T_9A_29_4	PIT LATRINE	1		

T_9A_29_5	GARBAGE	1		
T_9A_29_6	RIVER	1		
T_9A_29_7	BASIN / SINK	1		
T_9A_29_8	GIVE IT TO ANIMALS	1		
T_9A_29_96	OTHER (SPECIFY)	1		
T_9A_29_96_other	SPECIFY OTHER			
T_9A_28	Do members of your community defecate in the open (field/bushes/river, etc) even if they have a latrine at their house?	Yes, often Yes, sometimes No..... Don't Know.....	1 2 3 -99	
T_9A_23	Do members of your own household defecate in the open (field/bushes/river, etc)?	Always Sometimes..... Rarely Never Dont Know.....	1 2 3 4 -99	[>>timeRetrospective] [>>timeRetrospective] [>>timeRetrospective]
What are the main reasons that members of your household defecate in the open (field/bushes/river, etc)? DO NOT READ RESPONSES TICK ALL THAT APPLY				
T_9A_27_1	NO CHOICE (NOTHING ELSE IS AVAILABLE)	1		
T_9A_27_2	PRIVACY/SAFETY/CONVENIENCE	1		
T_9A_27_3	HABIT/ROUTINE	1		
T_9A_27_4	PREFERENCE TO USE THE BUSH RATHER THAN A LATRINE	1		
T_9A_27_5	LATRINE NOT AVAILABLE AT WORK WHILE HARVESTING IN THE FIELDS	1		
T_9A_27_6	CHOOSE TO NOT SHARE LATRINES WITH IN-LAWS / EXTENDED FAMILY	1		
T_9A_27_96	OTHER (SPECIFY)	1		
T_9A_27_96_other	SPECIFY OTHER			
T_9A_27_99	DON'T KNOW / NOT SURE	1		

FOR PEOPLE WITH NO LATRINES/FACILITY

T_9B_21C	How long does it take you to get to place where you defecate in from your dwelling (one way)? ANSWER IN MINUTES -99 DON'T KNOW			
T_9B_21B	How far away from your dwelling do you walk to the place where you defecate (one way)? ANSWER IN METERS -99 DON'T KNOW			
T_9B_21	Are there flies at or near the place where you defecate?	Always and Many Sometimes Rarely / Hardly Any.....	1 2 3	
T_9B_17A	INTERVIEWER CHECK: IS RESPONDENT AN ADULT FEMALE? IF NO, CHANGE WITH FEMALE RESPONDENT FOR THE NEXT TWO QUESTIONS; IF NO FEMALE AVAILABLE, USE CURRENT RESPONDENT	YES 1 NO 2 NO FEMALE AVAILABLE... 3		
T_9B_17	Is it safe for female members of your house to go to the place for defecation? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	YES NO DON'T KNOW	1 2 -99	
T_9B_19	Do you feel that women and young girls in your house have privacy during defecation? ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.	YES NO DON'T KNOW	1 2 -99	
T_9B_12	Overall, how satisfied are you with your sanitation condition at present? READ OUT THE OPTIONS.	Very Satisfied Somewhat Satisfied Less than Satisfied Completely Dissatisfied Don't know.....	1 2 3 4 -99	[>> T_9B_12A]
	Is there anything you want to do to improve your sanitation condition at present? READ OUT THE OPTIONS TICK ALL THAT APPLY.			
T_9B_13_1	Build a private latrine	1		
T_9B_13_2	Help build a community latrine	1		
T_9B_13_3	Request government or outside assistance for improving sanitation	1		
T_9B_13_96	Other (specify)	1		

T_9B_13_96_other	SPECIFY OTHER				
T_9B_13_99	Don't know		1		
T_9B_12A	In your opinion, what is the minimum total cost for building a latrine for your household in this neighbourhood? MAKE SURE TO EMPHASISE THIS IS THE CHEAPEST LATRINE THEY CAN PURCHASE. COSTS (AMOUNT IN TSH):				
T_9B_13D	Would you be willing to pay this amount?		YES..... NO.....	1 2	
T_9B_12B	Is this cost more or less than this time 2 years ago?		More..... The same..... Less..... Don't know.....	1 2 3 -99	
Please tell me how strongly you agree or disagree with the following two statements:				Strongly disagree 1 Disagree 2 Agree 3 Strongly agree 4 Don't know -99	
T_9B_20A	In this community everybody knows someone who can be paid to help with building or improving a latrine (e.g., mason)		1 2 3 4 -99		
T_9B_20B	In this community most people would have the money to buy a "sungura" slab.		1 2 3 4 -99		
	Where does the waste from your baby / youngest child usually go after they defecate? DO NOT READ OUT OPTIONS. TICK ALL THAT APPLY.				
T_9B_22_1	BUSHES / GROUND	1			
T_9B_22_2	HOLE IN GROUND	1			
T_9B_22_3	OPEN SEWER / DRAIN	1			
T_9B_22_4	PIT LATRINE	1			
T_9B_22_5	GARBAGE	1			
T_9B_22_6	RIVER	1			
T_9B_22_7	BASIN / SINK	1			

T_9B_22_8	GIVE IT TO ANIMALS	1		
T_9B_22_96	OTHER (SPECIFY)	1		
T_9B_22_96_other	SPECIFY OTHER			
T_9B_29	Do you see that children's stools are disposed in the yard/surrounding/community in your neighborhood/ river?	Yes, often Yes, sometimes No..... Don't Know.....	1 2 3 -99	
T_9B_28	Do members of your community defecate in the open (field/bushes/river, etc) even if they have a latrine at their house?	Yes, often Yes, sometimes No..... Don't Know.....	1 2 3 -99	
T_9B_23	Do members of your own household defecate in the open (field/bushes/river, etc)?	Always..... Sometimes..... Rarely Dont Know.....	1 2 3 -99	/>timeRetrospective/ />timeRetrospective/
	What are the main reasons that members of your household defecate in the open (field/bushes/river, etc)? DO NOT READ RESPONSES TICK ALL THAT APPLY			
T_9B_27_1	NO CHOICE (NOTHING ELSE IS AVAILABLE)	1		
T_9B_27_2	PRIVACY/SAFETY/CONVENIENCE	1		
T_9B_27_3	HABIT/ROUTINE	1		
T_9B_27_4	PREFERENCE TO USE THE BUSH RATHER THAN A LATRINE	1		
T_9B_27_5	LATRINE NOT AVAILABLE AT WORK WHILE HARVESTING IN THE FIELDS	1		
T_9B_27_6	CHOOSE TO NOT SHARE LATRINES WITH IN-LAWS / EXTENDED FAMILY	1		
T_9B_27_96	OTHER (SPECIFY)	1		
T_9B_27_96_other	SPECIFY OTHER			
T_9B_27_99	DON'T KNOW / NOT SURE	1		

6. Dwelling / Facilities

Part E: Retrospective Questions

timeRetrospective	TIME BEGUN - RETROSPECTIVE QUESTIONS	DD/MM/YYYY HH:MM:SS		
R_1_1	You said your household currently has [?] HH members. Since February 2009 (about 3 years ago), how many new births have there been in the household?			
R_1_2	Since February 2009 (about 3 years ago), how many people have joined the household for other reasons?			
R_1_3	Since February 2009 (about 3 years ago), how many deaths in the household have there been?			
R_1_4	Since February 2009 (about 3 years ago), how many people have left the household for other reasons?			
R_1_5	In February 2009 (about 3 years ago), did your household use the same type of sanitation facility as you use today (G.9.1)?	YES NO DON'T KNOW	1 2 -99	[>>R_1_7] [>>R_1_7]
R_1_6	What facility did members of your household use to defecate in February 2009 (about 3 years ago)?	Flush / Pour Flush: to Piped Sewer System Flush / Pour Flush: to Septic Tank Flush / Pour Flush: to Pit Latrine Flush / Pour Flush: to Elsewhere Flush / Pour Flush: to Don't Know Where Ventilated Improved Pit Latrine (VIP) Pit Latrine with Slab Composting Latrine Pit Latrine without Slab / Open Pit Bucket Latrine Hanging Toilet No Facilities (Bush, Open Field, River) Other (Specify, _____)	1 2 3 4 5 6 7 8 9 10 12 11 -96	
R_1_7	In February 2009 (about 3 years ago), did you have the same type of main source of DRINKING water for members of your household as today (G_7_1)?	YES NO DON'T KNOW	1 2 -99	[>>timeProgramExposure] [>>timeProgramExposure]

R_1_8	What was the main source of DRINKING water for members of your household in February 2009 (about 3 years ago)?	PIPED WATER INTO DWELLING	1	
		PIPED WATER INTO YARD / PLOT...	2	
		PIPED WATER: PUBLIC TAP / STANDPIPE.....	3	
		PROTECTED DUG WELL.....	4	
		UNPROTECTED DUG WELL.....	5	
		WATER FROM PROTECTED SPRING.....	6	
		WATER FROM UNPROTECTED SPRING.....	7	
		TUBE WELL OR BOREHOLE.....	8	
		RAINWATER.....	9	
		TANKER TRUCK.....	10	
		CART WITH SMALL TANK.....	11	
		SURFACE WATER (RIVER / DAM / LAKE / POND / STREAM / CANAL / IRRIGATION CHANEL)	12	
		BOTTLED WATER.....	13	
		OTHER (Specify, _____)	-96	

7. Household Hygiene

Part A: Program Exposure

timeProgramExposure	TIME BEGUN - PROGRAM EXPOSURE	DD/MM/YYYY HH:MM:SS	
THE FOLLOWING QUESTIONS ARE DIRECTED AT BOTH THE RESPONDENT AND THE MAIN CAREGIVER OF [Child]. MAKE SURE THAT THE CARGIVER IS PRESENT AND PARTICIPATING IN ANSWERING THE QUESTIONS BELOW.			
T_18_1_respondent	SELECT RESPONDENT _____		
T_18_1_caregiver	SELECT CAREGIVER _____		
yearsLivedVillageRespondent	<i>[skip if respondent is the caregiver]</i> ASK RESPONDENT: For how many years have you lived in this village?	less than a year 1 year 2 years 3 years more than 3 years	0 1 2 3 4
yearsLivedVillageCaregiver	ASK CAREGIVER: For how many years have you lived in this village?	less than a year 1 year 2 years 3 years more than 3 years	0 1 2 3 4
yearsLivedVillageChild	For how many years has [Child] lived in this village?	less than a year 1 year 2 years 3 years more than 3 years	0 1 2 3 4
ageFirstCaring	How old was [Child] in years when [caregiver] first started caring for him/her?		
QUESTIONS RELATED TO HANDWASHING SHOULD BE DIRECTED AT [caregiver] (CG). QUESTIONS RELATED TO SANITATION SHOULD BE DIRECTED AT [respondent] (HH).			

T_18_2A	(CG) Do you remember having ever heard, seen or read anything about handwashing with soap ?	YES..... NO DON'T KNOW	1 2 -99	[>> T_18-2B] [>> T-18_2B]
T_18_3A	(CG) When was the last time you saw, read or heard about handwashing with soap ?	>3 years ago > 2 years, but < 3 years ago..... > 1 year, but < 2 years ago..... > 6 months, but < 1 year ago..... < 6 months ago..... Don't know.....	1 2 3 4 5 -99	
T_18_2B	(HH) Do you remember having ever heard, seen or read anything about using latrines for defecation ?	YES..... NO DON'T KNOW	1 2 -99	[>> T_18_4A] [>> T_18_4A]
T_18_3B	(HH) When was the last time you saw, read or heard about using latrines for defecation ?	>3 years ago > 2 years, but < 3 years ago..... > 1 year, but < 2 years ago..... > 6 months, but < 1 year ago..... < 6 months ago..... Don't know.....	1 2 3 4 5 -99	
T_18_4A	(HH) Since February 2009 (about 3 years ago), do you remember seeing a poster, wall drawing or calendar about improving latrines or using latrines?	YES..... NO..... DON'T KNOW	1 2 -99	
T_18_4B	(CG) Since February 2009 (about 3 years ago), do you remember seeing a poster, wall drawing or calendar about washing hands with soap?	YES..... NO..... DON'T KNOW.....	1 2 -99	

FOR T_18_4A=1 OR T_18_AB=1:

	Can you tell me what you remember seeing or reading on the poster, wall drawing or calendar? (DO NOT READ – TICK ALL THAT APPLY)		
T_18_7_1	"ASANTE MAMA"	1	
T_18_7_2	"MIKONO YENYE FAHARI"	1	
T_18_7_3	"CHOO BORA chawezekana"	1	

T_18_7_4	MSABUNISHAJI	1		
T_18_7_5	TUMEAMUA MAENDELEO HADI CHOONI	1		
T_18_7_96	OTHER (SPECIFY)	1		
T_18_7_96_other	SPECIFY OTHER			
T_18_7_99	DON'T KNOW	1		
T_18_mostFrequent	What do you remember seeing most frequently - poster, wall drawing, comic or calender?	Poster Wall drawing Comic Calendar Don't Know	1 2 3 4 -99	
T_18_8	How frequently do you remember seeing that poster, wall drawing, comic or calendar? (READ OPTIONS ALOUD)	Very often/ often..... Occasionally..... Rarely..... Don't know	1 2 3 -99	
T_18_5	(CG) Since February 2009 (about 3 years ago), do you remember receiving a comic (Kitita cha mawasiliano) about building tipy taps?	YES..... NO..... DON'T KNOW	1 2 -99	
T_18_6	(CG) Since February 2009 (about 3 years ago), do you remember receiving a calendar (kalenda) announcing a soap opera in the radio about washing hands with soap?	YES..... NO..... DON'T KNOW	1 2 -99	
Can you show me any of the material that you have now? (READ OUT OPTIONS)				
T_18_8_comic	[for T_18_5=1] Comic	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_calendarProgram	[for T_18_6=1] Calendar with radio program schedule	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_calendarNoProgramRed	[for T_18_6=1] Calendar without radio program schedule - RED	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	

T_18_8_calendarNoProgramBlue	[for T_18_6=1] Calendar without radio program schedule - BLUE	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_posterRed	Poster - RED	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_posterBlue	Poster - BLUE	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_tShirtRed	T-Shirt - RED	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	
T_18_8_tShirtBlue	T-Shirt - BLUE	YES, SHOWS CORRECT MATERIAL NO, CANNOT SHOW MATERIAL SHOWS WRONG MATERIAL	1 2 3	

FOR ALL

falsificationQuestion2	(HH) Since Feb 2009 has anybody come to speak to you about how open defecation can make animals sick ?	YES..... NO..... DON'T KNOW	1 2 -99	
T_18_9	Do you usually listen to the radio?	YES..... NO..... DON'T KNOW	1 2 -99	
T_18_10A	(HH) Since February 2009 (about 3 years ago), do you remember hearing a radio advertisement about improving latrines or using latrines?	YES..... NO..... DON'T KNOW	1 2 -99	[>> T_18_14 IF T_18_10A = 2 AND T_18_10B = 2]
T_18_10B	(CG) Since February 2009 (about 3 years ago), do you remember hearing a radio advertisement about washing hands with soap?	YES..... NO..... DON'T KNOW	1 2 -99	
Can you tell me what do you remember hearing? (DO NOT READ – PROMPT: ANY OTHER? AND TICK ALL THAT APPLY)				
T_18_11_1	TITLE"CHOO BORA CHAWZEKANA"	1		

T_18_11_2	REPEATED SLOGAN "MIKONO YENYE FAHARI - ASANTE MAMA"	1		
T_18_11_3	NAME MAIN CHARACTERS: MR. MUTAFUNGWA, MZEE MROPE, KIROBA, BI MASHAVU OR MAMA MUTAFUNGWA	1		
T_18_11_96	OTHER (SPECIFY)	1		
T_18_11_96_other	SPECIFY OTHER			
T_18_11_99	DON'T KNOW	1		
T_18_12	How frequently do you remember hearing the radio advertisement?	Very often/ often..... Occasionally..... Rarely..... Don't know	1 2 3 -99	
T_18_13	On what radio station do you remember hearing the advertisement? (DO NOT READ OUT LOUD)	RFA..... TBC..... OTHER (SPECIFY ____) DON'T KNOW.....	1 2 3 -99	
T_18_14	Over the last 2 years, do you remember hearing a soap opera on the radio that mentioned improving latrines, using latrines, or washing hands with soap?	YES..... NO..... DON'T KNOW	1 2 -99	[>> T_18_18] [>> T_18_18]
Can you tell me what do you remember hearing? (DO NOT READ – PROMPT: ANY OTHER? AND TICK ALL THAT APPLY)				
T_18_15_1	TITLE"CHOO BORA CHAWEZEKANA"	1		
T_18_15_2	REPEATED SLOGAN "MIKONO YENYE FAHARI - ASANTE MAMA"	1		
T_18_15_3	NAME MAIN CHARACTERS: MR. MUTAFUNGWA, MZEE MROPE, KIROBA, BI MASHAVU, KANENGA OR MAMA KANENGA	1		
T_18_15_4	REMEMBERS TIME OF DAY OF SOAP OPERA	1		
T_18_15_96	OTHER (SPECIFY)	1		

T_18_15_96_other	SPECIFY OTHER			
T_18_15_99	DON'T KNOW	1		
T_18_16	How frequently do you remember hearing the soap opera? (READ OPTIONS ALOUD)	Very often/ often..... Occasionally..... Rarely..... Don't know	1 2 3 -99	
T_18_17	On what radio station do you remember hearing the soap opera? (DO NOT READ OUT LOUD)	RFA..... TBC..... OTHER (SPECIFY) DON'T KNOW.....	1 2 3 -99	
T_18_18	(HH) Do you remember hearing about or having participated in a kitongoji meeting that discussed feces in the community, improving latrines and health?	YES, HEARD ABOUT THE MEETING BUT DIDN'T ATTEND YES, PARTICIPATED IN THE MEETING IN MY KITONGOJI YES, PARTICIPATED IN THE MEETING IN ANOTHER KITONGOJI NO, DIDN'T HEAR ABOUT OR PARTICIPATE IN THE MEETING DON'T KNOW	1 2 3 4 -99	[>> T_18_20A] [>> T_18_20A]
T_18_19	When did hear about / attend the meeting?	>3 years ago > 2 years, but < 3 years ago..... > 1 year, but < 2 years ago..... > 6 months, but < 1 year ago..... < 6 months ago..... Don't know.....	1 2 3 4 5 -99	
T_18_20A	(CG) Since February 2009 (about 3 years ago), do you remember hearing about or having watched an event that included singers, dancing and plays about handwashing with soap?	YES, HEARD ABOUT THE EVENT BUT DIDN'T ATTEND YES, ATTENDED THE EVENT NO, DIDN'T HEAR ABOUT OR ATTEND THE EVENT DON'T KNOW	1 2 3 -99	[>> T_18_20C] [>> T_18_20C]
T_18_20B	When did hear about / attend the event?	>3 years ago > 2 years, but < 3 years ago..... > 1 year, but < 2 years ago..... > 6 months, but < 1 year ago..... < 6 months ago..... Don't know.....	1 2 3 4 5 -99	
T_18_20C	(HH) Since February 2009 (about 3 years ago), do you remember hearing about or having watched an event that included singers, dancing and plays about sanitation/ improving latrines for defecation?	YES, HEARD ABOUT THE EVENT BUT DIDN'T ATTEND YES, ATTENDED THE EVENT NO, DIDN'T HEAR ABOUT OR ATTEND THE EVENT DON'T KNOW	1 2 3 -99	[>> T_18_21] [>> T_18_21]

T_18_20D	When did hear about / attend the event?	>3 years ago > 2 years, but < 3 years ago..... > 1 year, but < 2 years ago..... > 6 months, but < 1 year ago..... < 6 months ago..... Don't know.....	1 2 3 4 5 -99	
T_18_21	Has MSABUNISHAJI ever talked to you?	YES..... NO..... DON'T KNOW	1 2 -99	[>> falsificationQuestion1] [>> falsificationQuestion1]
What did you talk about with MSABUNISHAJI? (DO NOT READ – PROMPT: ANY OTHER? AND TICK ALL THAT APPLY)				
T_18_22_1	WASHING HANDS WITH SOAP BEFORE FEEDING BABY	1		
T_18_22_2	WASHING HANDS WITH SOAP AFTER USING THE LATRINE	1		
T_18_22_3	WASHING HANDS WITH SOAP AFTER CLEANING A CHILD'S BOTTOM	1		
T_18_22_4	WASHING HANDS WITH SOAP BEFORE PREPARING FOOD	1		
T_18_22_5	HOW TO BUILD A TIPPY TAP	1		
T_18_22_6	USING OR IMPROVING A LATRINE	1		
T_18_22_7	MIKONO YENYE FAHARI OR ASANTE MAMA	1		
T_18_22_96	OTHER (SPECIFY)	1		
T_18_22_96_other	SPECIFY OTHER			
T_18_22_99	DON'T KNOW	1		
Where did you talk with the MSABUNISHAJI? (DO NOT READ – TICK ALL THAT APPLY)				
T_18_23_1	AT HOME	1		
T_18_23_2	AT SCHOOL	1		
T_18_23_3	AT SOCIAL GATHERING	1		
T_18_23_4	FESTIVAL OR CELEBRATION	1		

T_18_23_5	RELIGIOUS MEETING	1		
T_18_23_6	HEALTH MEETING	1		
T_18_23_7	VILLAGE COMMITTEE MEETING	1		
T_18_23_96	OTHER (SPECIFY)	1		
T_18_23_96_other	SPECIFY OTHER			
T_18_23_99	DON'T KNOW	1		
falsificationQuestion1	(CG) HAS ANYONE EVER COME TO TALK TO YOU ABOUT THE IMPORTANCE OF WASHING YOUR HANDS BEFORE BRUSHING YOUR TEETH?	YES NO DON'T KNOW	1 2 -99	
T_18_24A	(HH) Is there a builder in your village?	YES NO DON'T KNOW	1 2 -99	<i>[T_18_25_A]</i> <i>[T_18_25_A]</i>
T_18_24B	(HH) Can you tell me the name of the builder in your village?	YES, (NAME WAS GIVEN) NO DON'T KNOW	1 2 -99	
T_18_25A	(HH) Is there a sanitation/CLTS committee in your village?	YES NO DON'T KNOW	1 2 -99	<i>[mostActiveRespondent]</i> <i>[mostActiveRespondent]</i>
T_18_25B	(HH) Can you name who in your village are the members of the sanitation/CLTS committee? INTERVIEWER: No need to record actual name.	YES, (AT LEAST ONE NAME WAS GIVEN) NO DON'T KNOW	1 2 -99	
mostActiveRespondent	<i>[skip if respondent is the caregiver]</i> INTERVIEWER: who was most active in answering the questions above?	MAIN RESPONDENT CAREGIVER RESPONDED EQUALLY	1 2 3	

7. Household Hygiene

Part B: Child Health Calendar

timeChildHealthCalendar										TIME BEGUN - CHILD HEALTH CALENDAR										DD/MM/YYYY HH:MM:SS											
G_19_0 SELECT RESPONDENT (CAREGIVER [Child]): _____																															
Did [NAME] have [SYMPTOM] in the last 7 days (since this day last week)? YES: 1 NO: 2 DK:-99 IF YES, When did [NAME] have [SYMPTOM]? Today: 1 Yesterday: 2 Day Before Yesterday: 3																															
FOR ALL CHILDREN UNDER 5		Fever?		Constant Cough?		Runny Nose/ Stuff Nose (Congestion)?		Panting/ wheezing/ difficulty breathing?		Stomach pain or cramps?		Nausea?		Vomit?		Diarrhea?		bowel movements in one day and 3 or more one night?		Watery or soft stool?		Mucus in the stool?		Blood in the stool?		Refuse to feed / eat?		Abrasion, scrapes or bruising?		Skin itching on the body or scalp?	
PID	NAME	G_19_1	G_19_1ABC	G_19_2	G_19_2ABC	G_19_3	G_19_3ABC	G_19_4	G_19_4ABC	G_19_5	G_19_5ABC	G_19_6	G_19_6ABC	G_19_7	G_19_7ABC	G_19_18	G_19_18ABC	G_19_8	G_19_8ABC	G_19_9	G_19_9ABC	G_19_10	G_19_10ABC	G_19_10_1	G_19_10_1ABC	G_19_11	G_19_11ABC	G_19_12	G_19_12ABC	G_19_13	G_19_13ABC
		1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	
		1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3
		1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3
		1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3
		1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3	1 2 -99	1 2 3

FOR CHILDREN WITH "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS (G_19_1. – G_19_13)

FOR ALL CHILDREN UNDER 5 YEARS		In the past 14 days did you seek medical advice for [NAME]? If so, what type? TICK ALL THAT APPLY	G_20_8B	G_20_8C_days	G_20_8C_hours	G_20_8C_minutes
		<p>G_20_7_1 No [>> G_20_11]</p> <p>G_20_7_2 Day visit to doctor.</p> <p>G_20_7_3 Overnight stay at hospital or clinic</p> <p>G_20_7_4 Pharmacist</p> <p>G_20_7_5 Traditional Healer</p> <p>G_20_7_6 Herbalist</p> <p>G_20_7_96 Other (Specify)</p> <p>G_20_7_96_other SPECIFY OTHER</p> <p>G_20_7_99 DON'T KNOW</p>	<p>In the past 7 days, how many visits did [NAME] make to the facility/place for medical advice?</p> <p>VISITS</p> <p>-99 DON'T KNOW</p>	<p>In the past 7 days, how many days/hours/minutes in total were spent at the facility/place for medical advice?</p> <p>-99 DON'T KNOW</p> <p>TOTAL FOR ALL VISITS BY CHILD ONLY.</p> <p>IF LESS THAN 24 HOURS, WRITE 0 AND ANSWER IN HOURS.</p> <p>IF LESS THAN ONE HOUR, WRITE 0 AND RECORD MINUTES ONLY.</p>		
PID	CHILD'S NAME		VISITS	DAYS	HOURS	MINUTES
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				
		1 1 1 1 1 1 _ 1				

FOR CHILDREN WITH "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS (G_19_1. – G_19_13)

FOR CHILDREN UNDER 5 YEARS		In the past 7 days, how did [NAME] travel to the facility/ place for medical advice? TICK ALL THAT APPLY <div> <div>G_20_8D_1</div> <div>On foot (walk)</div> </div> <div> <div>G_20_8D_2</div> <div>Bus (public transportation)</div> </div> <div> <div>G_20_8D_3</div> <div>Car (motor vehicle) or motorcycle</div> </div> <div> <div>G_20_8D_4</div> <div>Bicycle</div> </div> <div> <div>G_20_8D_96</div> <div>Other (Specify)</div> </div> <div> <div>G_20_8D_96_other</div> <div>SPECIFY OTHER</div> </div> <div> <div>G_20_8D_99</div> <div>DON'T KNOW</div> </div>	G_20_8E_hours	G_20_8E_minutes	G.20.8F	G_20_8F_number	G.20.8G
PID	CHILD'S NAME		HOURS	MINUTES	Y/N		AMOUNT (TSH)
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
		1 1 1 1 _ 1			1 2		
00	Totals						

ONLY FOR CHILDREN WITH “YES” TO COUGH, RUNNY NOSE / STUFFY NOSE, ETC. (G_19_2, G_19_3, G_19_4)				ONLY FOR CHILDREN WITH “YES” TO STOMACH PROBLEMS OR DIARRHEA IN (G_19_5; G_19_6; G_19_7; G_19_8; G_19_9; G_19_10; G_19_10_1; G_19_11; T_9_18)															
FOR ALL CHILDREN UNDER 5 YEARS		In the past 7 days, did you do anything to treat [NAME]'s respiratory problems?		G_20_12_self	G_20_12_insurance	In the past 7 days, did you do anything to treat [NAME]'s stomach or diarrhea symptoms?	G_20_15												
PID	CHILD'S NAME	TICK ALL THAT APPLY		In the past 7 days, how much did you spend on treatments and advice for [NAME]?		TICK ALL THAT APPLY	In the past 7 days, how much did you spend on treatments and advice for [NAME]?												
		G_20_11_1 No treatment. [<i>>> G_20_14</i>]	G_20_11_2 Pill or syrup	G_20_11_3 Injection	G_20_11_4 Intravenous fluid (IV)	G_20_11_5 Traditional remedies		G_20_11_96 Other (Specify)	G_20_11_96_other OTHER SPECIFY	G_20_11_99 DON'T KNOW	Amount paid out of your own pocket:	Amount covered by insurance:	G_20_14_1 No treatment. [<i>>> next child</i>]	G_20_14_2 Pill or syrup	G_20_14_3 Injection	G_20_14_4 Intravenous fluid (IV)	G_20_14_5 Traditional remedies	G_20_14_6 Oral Rehydration Solution	G_20_14_7 Homemade sugar/salt water
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
		1 1 1 1 1 1 _ 1				1 1 1 1 1 1 1 _ 1													
	TOTAL																		


7. Household Hygiene
Part C: Caregiver Time Use



timeCaregiverTimeUse		TIME BEGUN - CAREGIVER TIME USE		DD/MM/YYYY HH:MM:SS		
G_17_0 ENTER THE ID CODE OF THE RESPONDENT (CAREGIVER OF [Child]): _____						
FOR CHILDREN UNDER 5 YEARS		G_17_4	G_17_4B	G_17_4C_hours	G_17_4C_minutes	G_17_5_days
		Did you take [CHILD] to the latrine or a place for defecation yesterday? YES.....1 NO.....2 [> T_17_5]	How many times did you take the child to go to the latrine or place of defecation?	Usually how much time do you spend taking the child, waiting for him/her to finish, and bringing him/her back? IF LESS THAN ONE HOUR, RECORD 0 IN HOURS AND RECORD MINUTES -99 DON'T KNOW	In the past 7 days, how much time were you unable to work or go to school because you were caring for [CHILD]?	
PID	CHILD'S NAME		NUMBER OF TRIPS	HOURS	MINUTES	DAYS
		1 2				
		1 2				
		1 2				
		1 2				
		1 2				
		1 2				
		1 2				
		1 2				

7. Household Hygiene

Part D: Self-Reported Handwashing Behavior

timeSelfReportedHandwashing		TIME BEGUN - SELF-REPORTED HANDWASHING BEHAVIOR		DD/MM/YYYY HH:MM:SS	
G_25B_0 SELECT RESPONDENT (CAREGIVER OF [Child]): _____					
G_25B_2	IS THIS PERSON PRESENT, ALONE WITH THE INTERVIEWER, AND ANSWERING FOR SELF?		YES 1 NO 2		
G_25B_3	Have you used soap to wash your hands at least once since this time yesterday?		YES..... 1 NO..... 2 DON'T KNOW..... -99	[>> G_25B_6A_1] [>> G_25B_6A_1]	
G_25B_4	<p>Under what circumstances did you last use soap to wash your hands?</p> <p>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</p> <p>IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</p>		BATHING A CHILD..... 1 BATHING ONESELF 2 USING LATRINE 3 CLEANING BABY'S BOTTOM..... 4 CLEANING LATRINE 5 RETURNING HOME FROM OUTSIDE 6 PREPARING FOOD / COOKING 7 FEEDING CHILDREN..... 8 WASHING CHILD'S HANDS..... 9 CLEANING DISHES 10 DOING LAUNDRY 11 BECAUSE THEY LOOK OR FEEL DIRTY 12 OTHER (SPECIFY.....) -96 DON'T KNOW -99	[>> G_25B_6A_1]	
<p>Under what <u>other</u> circumstances did you use soap to wash your hands since this time yesterday?</p> <p>SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.</p> <p>IF "for washing my hands" OR "for washing my children's hands" IS MENTIONED, PROBE WHAT THE OCCASION WAS. ASK TO BE SPECIFIC.</p> <p>TICK ALL THAT APPLY.</p>					
G_25B_5_0	NO OTHER CIRCUMSTANCES	1	[>> G_25B_6A_1]		
G_25B_5_1	BATHING A CHILD	1			
G_25B_5_2	BATHING ONESELF	1			
G_25B_5_3	USING LATRINE	1			
G_25B_5_4	CLEANING BABY'S BOTTOM	1			
G_25B_5_5	CLEANING LATRINE	1			
G_25B_5_6	RETURNING HOME FROM OUTSIDE	1			
G_25B_5_7	PREPARING FOOD / COOKING	1			

G_25B_5_8	FEEDING CHILDREN	1		
G_25B_5_9	WASHING CHILD'S HANDS	1		
G_25B_5_10	CLEANING DISHES	1		
G_25B_5_11	DOING LAUNDRY	1		
G_25B_5_12	BECAUSE THEY LOOK OR FEEL DIRTY	1		
G_25B_5_96	OTHER (SPECIFY)	1		
G_25B_5_96_other	SPECIFY OTHER			
G_25B_5_99	DON'T KNOW	1		
	<p>When do you think it is necessary to wash your hands with soap?</p> <p>DO NOT READ</p> <p>TICK ALL THAT APPLY</p>			
G_25B_6A_1	AFTER GOING TO THE LATRINE	1		
G_25B_6A_2	AFTER WASHING BABY'S BOTTOM/CHANGING DIAPER	1		
G_25B_6A_3	BEFORE PREPARING FOOD	1		
G_25B_6A_4	BEFORE EATING	1		
G_25B_6A_5	BEFORE FEEDING / BREASTFEEDING BABY	1		
G_25B_6A_6	ANY TIME	1		
G_25B_6A_7	NOT NECESSARY	1		
G_25B_6A_96	OTHER (SPECIFY)	1		
G_25B_6A_96_other	SPECIFY OTHER			
G_25B_6	May I please look at your hands?	YES – AGREED..... NO – REFUSED.....	1 2	[>> G_25B_10]
G_25B_7	 RECORD OBSERVATION OF MOTHER'S FINGERNAILS.	VISIBLE DIRT..... UNCLEAN APPEARANCE..... CLEAN..... OTHER (SPECIFY _____) OBSERVATION NOT POSSIBLE.....	1 2 3 -96 -99	

G_25B_8	 RECORD OBSERVATION OF MOTHER'S PALMS.	VISIBLE DIRT..... UNCLEAR APPEARANCE..... CLEAN..... OTHER (SPECIFY) OBSERVATION NOT POSSIBLE.....	1 2 3 -96 -99	
G_25B_9	 RECORD OBSERVATION OF MOTHER'S FINGERPADS.	VISIBLE DIRT..... UNCLEAR APPEARANCE..... CLEAN..... OTHER (SPECIFY) OBSERVATION NOT POSSIBLE.....	1 2 3 -96 -99	
G_25B_10	What is the best way to clean hands? SPONTANEOUS RESPONSE. DO NOT READ ANSWERS ALOUD.	WIPE ON CLOTH / LEAVES / OTHER ITEM WASH WITH WATER ALONE..... WASH WITH SOAP WASH WITH ASH / MUD..... IT DOES NOT MATTER OTHER (SPECIFY:) DON'T KNOW	1 2 3 4 5 -96 -99	

7. Household Hygiene




Part E: Hygiene Costs




timeHygieneCosts	TIME BEGUN - HYGIENE COSTS	DD/MM/YYYY HH:MM:SS
These questions are for the caregiver of the youngest child between 1 and 4 years old.		
G_25C_1	How much did you spend on soap in the last 30 days for the entire household? AMOUNT PER MONTH (IN TSH) -99 DON'T KNOW	
G_25C_2	How many times in the past month have you purchased soap? RECORD NUMBER OF TIMES (1, 2, ... n) -99 DON'T KNOW	

INTERVIEWER OBSERVATIONS SECTION

8. Observations




Part A: Observations of Dwelling Characteristics and Food Storage

timeObsDwellingAndFood		TIME BEGUN - OBSERVATIONS OF DWELLING CHARACTERISTICS AND FOOD STORAGE		DD/MM/YYYY HH:MM:SS
G_10_2	WHAT TYPE OF DWELLING IS IT?  ONLY FOR OBSERVATION	SINGLE ROOM HOUSE	1	
		DETACHED HOUSE (WITH MULTIPLE ROOMS/HUTS)	2	
		MULTI-FAMILY BUILDING.....	3	
		IMPROVISED HOUSING (EG. BLOCKS AND PLASTIC SHEETING)	4	
		OTHER (SPECIFY.....)	-96	
		COULD NOT OBSERVE.....	-99	
G_10_3	WHAT IS THE MATERIAL FOR THE WALLS OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION	BAKED BRICKS	1	
		CONCRETE/CEMENT BLOCKS.....	2	
		SUN-DRIED BRICK, ADOBE	3	
		WOOD, LOGS/TIMBER	4	
		TIN, ZINC, IRON SHEETING	5	
		MUD AND POLES	6	
		GRASS/THATCH.....	7	
		OTHER (SPECIFY.....)	-96	
		COULD NOT OBSERVE.....	-99	
G_10_4	WHAT IS THE MATERIAL FOR THE ROOF OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION	BAKED BRICK.....	1	
		CONCRETE/CEMENT BLOCKS.....	2	
		SUN-DRIED BRICK, ADOBE	3	
		WOOD, LOGS/TIMBER	4	
		TIN, ZINC, IRON SHEETING	5	
		GRASS/THATCH/MUD	6	
		PLASTIC.....	7	
		TILES.....	8	
		OTHER (SPECIFY.....)	-96	
		COULD NOT OBSERVE.....	-99	

G_10_5	WHAT IS THE MATERIAL FOR THE FLOOR OF THE MAIN LIVING AREA?  ONLY FOR OBSERVATION	CARPET CONCRETE/CEMENT CLAY/EARTHEN FLOOR WOOD PLANKS, BAMBOO, PALM VINYL/LINOLEUM/PLASTIC TILES GRASS/HAY OTHERS (SPECIFY _____) COULD NOT OBSERVE	1 2 3 4 5 6 7 -96 -99
Observations of Food Storage INTERVIEWER: ask respondent for permission to observe the kitchen			
G_11_1	IS THERE LOOSE GARBAGE VISIBLE ON THE FLOOR OF THE KITCHEN OR HOUSE (NOT IN A BIN OR CONTAINER)?  ONLY FOR OBSERVATION	YES NO CANNOT TELL	1 2 -99
G_11_2	IS THE FOOD COVERED? THIS APPLIES TO BOTH COOKED OR UNCOOKED FOOD  ONLY FOR OBSERVATION	YES, COMPLETELY COVERED YES, PARTIALLY COVERED NO CANNOT TELL	1 2 3 -99
timeEndObsDwellingAndFood	TIME ENDED - OBSERVATIONS OF DWELLING CHARACTERISTICS AND FOOD STORAGE		DD/MM/YYYY HH:MM:SS

8. Observations

Part B: Observations of Animals and Feces

timeObsAnimalsAndFeces		TIME BEGUN - OBSERVATIONS OF ANIMALS AND FECES		DD/MM/YYYY HH:MM:SS	
G_13_1	<p>CAN YOU SEE DOMESTIC ANIMALS IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE AND HOW MANY?</p> <p>APPROXIMATE THE NUMBER THAT YOU CAN SEE. ENTER 00 IF THERE ARE NONE.</p> <p> ONLY FOR OBSERVATION</p>	<p>G_13_1_G1 DOGS / CATS.....</p> <p>G_13_1_G2 CHICKENS / DUCKS.....</p> <p>G_13_1_G3 PIGS.....</p> <p>G_13_1_G4 COWS / HORSES / DONKEYS / MULES</p> <p>G_13_1_T5 GOATS/SHEEP.....</p> <p>G_13_1_G96 OTHER</p> <p>G_13_1_G96_other SPECIFY OTHER ANIMAL(S)</p>	<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>		
G_13_2	<p>ARE HUMAN OR ANIMAL FECES VISIBLE IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE?</p> <p> ONLY FOR OBSERVATION</p>	<p>NONE</p> <p>1 – 5 FECES.....</p> <p>5 – 10 FECES.....</p> <p>MORE THAN 10 FECES</p> <p>CANNOT TELL.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>-99</p>		
G_13_3	<p>CAN YOU SMELL HUMAN OR ANIMAL FECES WHILE IN OR NEAR THE HOUSE?</p> <p> ONLY FOR OBSERVATION</p>	<p>YES</p> <p>NO</p> <p>CANNOT TELL.....</p>	<p>1</p> <p>2</p> <p>-99</p>		
timeEndObsAnimalsAndFeces		TIME ENDED - OBSERVATIONS OF ANIMALS AND FECES			DD/MM/YYYY HH:MM:SS





8. Observations


Part C: Observations of Handwashing Facilities

timeObsHandwashingFacilities		TIME BEGUN - OBSERVATIONS OF HANDWASHING FACILITIES				DD/MM/YYYY HH:MM:SS	
T_12B_1 Can you please show me the place where you most often wash your hands?				YES.....1 NO.....2	[>> timeEndObsHandwashingFacilities]		
HWFID	T_12B_2	MATERIALS PRESENT AT HANDWASHING PLACE/DEVICE (WITHIN 3 METERS)	IF SOAP IS OBSERVED AT HANDWASHING PLACE/DEVICE, ASK RESPONDENT WHAT THEY USE THE SOAP FOR, IF MORE THAN ONE SOAP IS OBSERVED ASK THE USE OF EACH SOAP AND TICK ALL THAT APPLY	T_12B_5	T_12B_6	T_12B_7	T_12B_8
	TYPE OF PLACE/DEVICE	TICK ALL THAT APPLY		RECORD THE LOCATION WITH REGARDS TO THE ENTRANCE OF THE DWELLING	RECORD THE LOCATION WITH REGARDS TO THE COOKING AREA	RECORD THE LOCATION WITH REGARDS TO THE LATRINE/PLACE FOR DEFECATION	Can you show me any other place where you wash your hands?
	SINK WITH TAP.....1 WATER SOURCE (SUCH AS HANDPUMP)..... 2 MOBILE BUCKET OR BASIN.....3 FIXED BASIN.....4 TIPPY TAP.....5 NO SPECIFIC PLACE / DEVICE.....6 [>> T_12B_8] OBSERVATION NOT POSSIBLE..... -99 [>> T_12B_8]	T_12B_3_1 WATER T_12B_3_2 BAR SOAP (SCENTED/ BEAUTY BAR) T_12B_3_3 MULTIPURPOSE BAR SOAP T_12B_3_4 POWDERED SOAP/ DETERGENT T_12B_3_5 LIQUID SOAP T_12B_3_6 SOAPY WATER T_12B_3_7 ASH T_12B_3_8 NONE [>> T_12B_5] T_12B_3_96 OTHER (SPECIFY) T_12B_3_96_other SPECIFY OTHER T_12B_3_99 OBSERVATION NOT POSSIBLE [>> T_12B_5]	T_12B_4_1 DOING LAUNDRY / WASHING CLOTHES T_12B_4_2 WASHING DISHES T_12B_4_3 WASHING BODY / FACE / HEAD T_12B_4_4 WASHING HANDS T_12B_4_5 CLEANING THE HOUSE (FLOORS, SURFACES) T_12B_4_96 OTHER (SPECIFY) T_12B_4_96_other SPECIFY OTHER T_12B_4_99 DON'T KNOW	≤ 3 METERS.....1 BETWEEN 3 AND 6 METERS.....2 > 6 Meters..... 3 MOBILE OR NO SPECIFIC PLACE...4 [>> T_12B_8] OBSERVATION NOT POSSIBLE....-99	≤ 3 METERS.....1 BETWEEN 3 AND 6 METERS.....2 > 6 Meters..... 3 MOBILE OR NO SPECIFIC PLACE...4 OBSERVATION NOT POSSIBLE....-99	≤ 3 METERS.....1 BETWEEN 3 AND 6 METERS.....2 > 6 Meters..... 3 MOBILE OR NO SPECIFIC PLACE...4 OBSERVATION NOT POSSIBLE....-99	YES.....1 NO.....2 [>> timeEndObsHandwashingFacilities]
	Primary Handwashing Place	1 2 3 4 5 6 -99	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99
Secondary Handwashing Place	1 2 3 4 5 6 -99	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	1 2
Tertiary Handwashing Place	1 2 3 4 5 6 -99	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	1 2
timeEndObsHandwashingFacilities			TIME ENDED - OBSERVATIONS OF HANDWASHING FACILITIES		DD/MM/YYYY HH:MM:SS		




8. Observations






Part D: Observations of Latrine Facilities


timeObsLatrineFacilities	TIME BEGUN - OBSERVATIONS OF LATRINE FACILITIES		DD/MM/YYYY HH:MM:SS
T_12C_1A	Can you please show me where you and members of your household usually defecate? Please take me to the same place you mentioned earlier: [G_9_1].  LATRINE OBSERVATION	YES1 NO2 NO FACILITIES3	[>> timeObsChildren]
T_12C_1B	 LOCATION OF LATRINE	INSIDE HOUSEHOLD1 IN HOUSEHOLD COMPOUND2 LESS THAN 5 MINUTE WALK FROM HOUSE3 MORE THAN 5 MINUTE WALK FROM HOUSE4 OTHER (SPECIFY, _____) -96 OBSERVATION NOT POSSIBLE99	
G_12C_1	 TYPE OF LATRINE	FLUSH / POUR FLUSH TO PIPED SEWER SYSTEM1 FLUSH / POUR FLUSH TO SEPTIC TANK2 FLUSH / POUR FLUSH TO PIT LATRINE3 FLUSH / POUR FLUSH TO ELSEWHERE4 FLUSH / POUR FLUSH TO DON'T KNOW WHERE5 VENTILATED IMPROVED PIT LATRINE (VIP)6 PIT LATRINE WITH SLAB7 COMPOSTING TOILET/ ECOSAN8 PIT LATRINE WITHOUT SLAB / OPEN PIT9 BUCKET LATRINE10 OTHER (SPECIFY, _____) -96 OBSERVATION NOT POSSIBLE99	
slabYN	DOES THE LATRINE HAVE A SLAB?	YES1 NO2 OBSERVATION NOT POSSIBLE99	[>> G_12C_13_1] [>> G_12C_13_1]
 FOR PIT LATRINE WITH SLAB, RECORD THE SLAB MATERIALS AROUND THE DROPHOLE (1 FOOT RADIUS AROUND THE HOLE)			
T_12C_2_1	CONCRETE	YES 1 NO 2 OBSERVATION NOT POSSIBLE99	

T_12C_2_2	EARTHEN: POLISHED/COMPACTED	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_3	EARTH: LOOSE	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_4	WOODEN	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_5	PLASTIC	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_6	METAL	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_96	OTHER (SPECIFY)	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
T_12C_2_96_other	SPECIFY OTHER		
slabSweepableYN	CAN THE SLAB BE SWEEPED (E.G. WITH A BROOM)?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
slabWashableYN	CAN THE SLAB BE WASHED WITH WATER?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorDifferentYN	IS THE REMAINING FLOOR MATERIAL DIFFERENT? (> 1 FOOT RADIUS AROUND THE HOLE)	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
 RECORD THE MATERIALS OF THE REMAINING FLOOR (>1 FOOT RADIUS AROUND THE HOLE)			

floorMaterial_1	CONCRETE	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_2	EARTHEN: POLISHED/COMPACTED	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_3	EARTH: LOOSE	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_4	WOODEN	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_5	PLASTIC	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_6	METAL	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_96	OTHER (SPECIFY)	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorMaterial_96_other	SPECIFY OTHER		
floorSweepableYN	CAN THE REMAINING FLOOR BE SWEEPED (E.G. WITH A BROOM)?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
floorWashableYN	CAN THE REMAINING FLOOR BE WASHED WITH WATER?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	
otherHoleYN	IS THE DROPHOLE THE ONLY HOLE IN THE SLAB?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	

G_12C_7	FOR PIT LATRINE WITH SLAB, RECORD STATE OF REPAIR OF THE SLAB	SOLID SLAB..... 1 SLIGHTLY CRACKED - NOT EXPOSING CONTENT.....2 CRACKED - EXPOSING CONTENT 3 COLLAPSING 4 COULD NOT OBSERVE -99		
slabSurface	IS THE SLAB SURFACE SMOOTH?	SMOOTH..... 1 NOT SMOOTH..... 2 OBSERVATION NOT POSSIBLE.....-99		
T_12C_2B	 IS THIS PIT LATRINE A "SUNGURA DESIGN"?	YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99		
T_12C_1D	 IS LATRINE FLOODED BY WATER?	YES 1 NO 2 OBSERVATION NOT POSSIBLE -99		
	WHICH OF THE FOLLOWING SPECIAL FEATURES OF THE LATRINE ARE OBSERVED? YES1 NO.....2 COULD NOT OBSERVE.....-99  RECORD OBSERVATION.	G_12C_2_T1	LATRINE ELEVATED (BUILT ABOVE GROUND)	1 2 -99
		G_12C_2_T2	FOOT RESTS	1 2 -99
		G_12C_2_T3	SEAT	1 2 -99
		G_12C_2_T4	FLOOR TILES/CONCRETE	1 2 -99
		G_12C_2_T5	FULLY ENCLOSED WALL	1 2 -99
		G_12C_2_T6	PARTIALLY ENCLOSED WALL	1 2 -99
		G_12C_2_T7	FULLY COVERED ROOF	1 2 -99
		G_12C_2_T8	PARTIALLY COVERED ROOF	1 2 -99
		G_12C_2_T9	DOOR/CURTAIN	1 2 -99
		G_12C_2_T10	COVER OVER SQUAT HOLE	1 2 -99
		G_12C_2_T11	WATER SEAL	1 2 -99
		G_12C_2_T12	OTHER (SPECIFY)	1 2 -99
		G_12C_2_T12_other	SPECIFY OTHER	

G_12C_3	<p>FOR LATRINES WITH A SQUAT HOLE COVER, IS THE COVER IN PLACE OVER THE HOLE?</p> <p> RECORD OBSERVATION.</p>	<p>YES 1</p> <p>NO 2</p> <p>NO DIRECT PIT LATRINE.....-97</p> <p>COULD NOT OBSERVE -99</p>
G_12C_8	<p>HOW STRONG IS THE ODOR OF FECES/URINE IN THE LATRINE FACILITY?</p> <p> RECORD OBSERVATION.</p>	<p>VERY STRONG ODOR 1</p> <p>SOME ODOR..... 2</p> <p>LITTLE OR NO ODOR 3</p> <p>COULD NOT OBSERVE -99</p>
G_12C_10	<p>ARE FECES PRESENT, OUTSIDE THE PIT, IN THE LATRINE FACILITY? (E.G., ON THE SLAB)</p> <p> RECORD OBSERVATION.</p>	<p>YES 1</p> <p>NO 2</p> <p>COULD NOT OBSERVE -99</p>
G_12C_11	<p>FULLNESS OF PIT – SHINE A LIGHT INTO PIT TO SEE IF SOLID WASTE IS...</p> <p> RECORD OBSERVATION.</p>	<p>VERY FAR FROM SURFACE (>1 METER) 1</p> <p>WITHIN 1 METER..... 2</p> <p>VERY CLOSE TO SURFACE OR FULL..... 3</p> <p>COULD NOT OBSERVE -99</p>
	<p>WHAT MATERIALS FOR ANAL CLEANSING ARE PRESENT INSIDE THE LATRINE?</p> <p>TICK ALL THAT APPLY</p> <p> RECORD OBSERVATION.</p>	
G_12C_13_1	LEAVES OR TWIGS FOR ANAL CLEANSING	1
G_12C_13_2	WATER (FROM TAP OR CONTAINER)	1
G_12C_13_3	RAG OR CLOTH	1
G_12C_13_4	STONES	1
G_12C_13_5	HYGIENIC (TOILET) PAPER	1

G_12C_13_6	NONE	1
G_12C_13_96	OTHER (SPECIFY)	1
G_12C_13_96_other	SPECIFY OTHER	
G_12C_13_99	COULD NOT OBSERVE	1
distHandwashingFacility	WHAT IS THE DISTANCE TO THE CLOSEST HANDWASHING FACILITY?	INSIDE/NEXT TO THE LATRINE/FACILITY.....1 < 3 METERS.....2 BETWEEN 3 AND 6 METERS.....3 > 6 METERS.....4 MOBILE OR NO SPECIFIC PLACE.....5 OBSERVATION NOT POSSIBLE.....-99
G_12C_14	IS THERE A VISIBLE PATH TO THE LATRINE FACILITY?  RECORD OBSERVATION.	YES 1 NO 2 COULD NOT OBSERVE -99
timeEndObsLatrineFacilities	TIME ENDED - OBSERVATIONS OF LATRINE FACILITIES	DD/MM/YYYY HH:MM:SS

8. Observations

Part E: Observations of Children

timeObsChildren		TIME BEGUN - OBSERVATIONS OF CHILDREN					DD/MM/YYYY HH:MM:SS			
		G_14_2	G_14_3	G_14_4	G_14_5	G_14_6_lower	G_14_6_upper	G_14_7	G_14_8	G_14_9
FOR ALL CHILDREN UNDER 5		 IS [NAME] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR? YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	 DOES [NAME] HAVE DIRTY HANDS? YES.....1 NO.....2 OBSERVATION NOT POSSIBLE.....-99	 DOES [NAME] HAVE SOIL OR MUD IN FINGER NAILS? YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	 IS [NAME]'S FACE DIRTY? YES.....1 NO.....2 OBSERVATION NOT POSSIBLE.....-99	 IS [NAME] WEARING UNDERWEAR, SHORTS, OR OTHER LOWER GARMENT? YES.....1 NO.....2 OBSERVATION NOT POSSIBLE.....-99	 IS [NAME] WEARING A SHIRT, DRESS, OR OTHER UPPER GARMENT? YES.....1 NO2 OBSERVATION NOT POSSIBLE.....-9	 ARE [NAME]'S CLOTHES DIRTY? YES.....1 NO2 OBSERVATION NOT POSSIBLE....-99	 DOES [NAME] HAVE A POT-BELLY? YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99	 IS [NAME] WEARING SHOES? YES 1 NO 2 OBSERVATION NOT POSSIBLE.....-99
PID	CHILD'S NAME									
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
		1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
timeEndObsChildren		TIME ENDED - OBSERVATIONS OF CHILDREN					DD/MM/YYYY HH:MM:SS			

ANTRHOPOMETRY AND ANEMIA SECTION

9. Anthropometry and Anemia

Part A: Birth Weight

timeAnthropometryAnemia			TIME BEGUN - ANTHROPOMETRY AND ANEMIA		DD/MM/YYYY HH:MM:SS		
EVERY CHILD BETWEEN 6 MONTHS AND 5 YEARS OF AGE (UP TO 5 YEARS, BUT NOT COMPLETED 5TH BIRTHDAY). ALL MEASUREMENTS MUST BE TAKEN AND RECORDED MORE THAN ONCE.			G_33_available	timeBirthWeight	G_33_2	G_33_3	clinicCard
			IS [CHILD] AVAILABLE FOR MEASUREMENT? YES.....1 NO.....2	TIME BEGUN - BIRTH WEIGHT	What was [CHILD]'s weight at birth? KG (e.g. 3.85 KG) -99 DON'T KNOW	<i>IF G.33.2=-99:</i> Was [CHILD] unusually small at birth? Yes, quite small.....1 <i>[> timeAnthropometry]</i> No, close to normal size.....2 <i>[> timeAnthropometry]</i>	WAS A CLINIC CARD SEEN OR WAS WEIGHT RECALLED FROM MEMORY? CLINIC CARD.....1 MEMORY.....2
PID	CHILD'S NAME	AGE IN MONTHS					
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2
		— —	1 2	DD/MM/YYYY HH:MM:SS		1 2	1 2

9. Anthropometry and Anemia

Part B: Anthropometry

PID	CHILD'S NAME	timeAnthropometry	G.33_confirmAnthro	G.33.6	G.33.7A	G.33.5A	G.33.9A	G.33.12	G.33.11A
		TIME BEGUN - ANTHROPOMETRY	CONFIRM THAT THE PERMISSION WAS GRANTED TO TAKE ANTHROPOMETRY MEASUREMENTS FOR [CHILD] YES – AGREED.....1 NO – REFUSED.....2 <i>[>>next child]</i>	WEIGH [CHILD] IF CHILD CANNOT OR WILL NOT STAND ON SCALE, WEIGH IN MOTHER'S ARMS. WAS THE CHILD WEIGHTED ALONE, OR IN MOTHER'S ARMS? ALONE.....1 <i>[>>G.33.5A]</i> IN MOTHER'S ARMS.....2	MOTHER'S WEIGHT: FIRST MEASUREMENT (TO NEAREST 0.1 KG)	CHILD WEIGHT: FIRST MEASUREMENT (TO NEAREST 0.1 KG)	MEASURE [CHILD]'S HEIGHT OR LENGTH. (TO NEAREST 0.1 CM) TAKE MEASUREMENT STANDING UP FOR CHILDREN OVER 2 AND LYING DOWN FOR CHILDREN UNDER OR 2 YEARS OF AGE. HEIGHT: FIRST MEASUREMENT (TO NEAREST 0.1 CM)	WAS THE HEIGHT/LENGTH MEASURED STANDING UP OR LYING DOWN? STANDING UP.....1 (for children > 2) LYING DOWN.....2 (for children < 2)	MEASURE [CHILD]'S HEAD CIRCUMFERENCE HEAD CIRCUMFERENCE: FIRST MEASUREMENT (TO NEAREST 0.1 CM)
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.
		DD/MM/YYYY HH:MM:SS		1 2	__ _.	__ _.	__ _.	1 2	__ _.

9. Anthropometry and Anemia

Part B: Anthropometry (Cont)

PID	CHILD'S NAME	G_33_7B	G_33_5B	G_33_9B	G_33_11B	weightMother3	weightChild3	height3	headCircumference3
		TAKE MEASUREMENTS OF [CHILD] FOR A SECOND TIME:				IF DIFFERENCE IS MORE THAN 0.1 KG/CM, TAKE MEASUREMENTS OF [CHILD] FOR A THIRD TIME:			
		MOTHER'S WEIGHT SECOND MEASUREMENT (IF CHILD WAS WEIGHED IN MOTHER'S ARMS): (TO NEAREST 0.1 KG)	CHILD'S WEIGHT: SECOND MEASUREMENT (TO NEAREST 0.1 KG)	HEIGHT: SECOND MEASUREMENT (TO NEAREST 0.1 CM)	HEAD CIRCUM-FERENCE: SECOND MEASUREMENT (TO NEAREST 0.1 CM)	MOTHER'S WEIGHT THIRD MEASUREMENT (IF CHILD WAS WEIGHED IN MOTHER'S ARMS): (TO NEAREST 0.1 KG)	CHILD'S WEIGHT: THIRD MEASUREMENT (TO NEAREST 0.1 KG)	HEIGHT: THIRD MEASUREMENT (TO NEAREST 0.1 CM)	HEAD CIRCUM-FERENCE: THIRD MEASUREMENT (TO NEAREST 0.1 CM)
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —
		— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —	— — . —

9. Anthropometry and Anemia

Part C: Hemoglobin

PID	CHILD'S NAME	timeHemoglobin	G_33_13	G_33_14	confirmHemoglobinSteps
		TIME BEGUN - HEMOGLOBIN	<p>READ CONSENT STATEMENT BELOW FOR THE CHILD.</p> <p>CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children born in August 2006 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept confidential. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow [child] to participate in the anemia test?</p> <p>NOTE: YOU MUST OBTAIN CONSENT FOR ANY CHILD RECEIVING AN ANEMIA TEST.</p> <p>YES – AGREED.....1 NO – REFUSED.....2</p>	<p>RECORD HEMOGLOBIN LEVEL HERE.</p> <p>(TO NEAREST 0.1)</p> <p>g / dl</p>	<p>CHECK G.33.14 AND:</p> <p>IF >= 9.4 INFORM THE CAREGIVER THAT [CHILD] DOES NOT HAVE ANEMIA</p> <p>IF > 4.0 AND < 9.4 INFORM THE CAREGIVER THAT [CHILD] HAS ANEMIA AND NEEDS TREATMENT. HAND OUT LEAFLET AND INFORM HEALTH WORKER.</p> <p>IF <= 4.0 INFORM THE CAREGIVER THAT [CHILD] HAS SEVERE ANEMIA AND NEEDS IMMEDIATE TREATMENT. HAND OUT LEAFLET AND INFORM HEALTH WORKER.</p> <p>CONFIRM THAT YOU HAVE DILIGENTLY CHECKED AND EXECUTED ABOVE STEPS.</p>
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1
		DD/MM/YYYY HH:MM:SS	1 2	__ __. __	1

10. End

description	Description of how to find household:		
timeEnded1	TIME ENDED - FIRST VISIT	DD/MM/YYYY HH:MM:SS	<div>Completed Interview 1</div> <div>Incomplete Interview (Explain in space provided to record any observations.) 2</div> <div>Necessary Respondent Not Available (Make appointment.) CHILD 3</div> <div>Necessary Respondent Not Available (Make appointment.) CAREGIVER 4</div> <div>Postponed Interview (Note next appointment in the space provided.) 5</div> <div>Nobody Home 6</div> <div>Household Not Eligible (no children under five or household moved) 7</div> <div>Refused to Participate 8</div> <div>Dwelling Vacated (Nobody lives here.) 9</div> <div>Dwelling not found 10</div>
result1	INTERVIEW RESULT - FIRST VISIT		
timeEnded2	TIME ENDED - SECOND VISIT	DD/MM/YYYY HH:MM:SS	
result2	INTERVIEW RESULT - SECOND VISIT		
timeEnded3	TIME ENDED - THIRD VISIT	DD/MM/YYYY HH:MM:SS	
result3	INTERVIEW RESULT - THIRD VISIT		
interviewLanguage	LANGUAGE OF INTERVIEW	Kiswahili 1 Other 2	
interpreterUsed	INTERPRETER USED?	YES 1 NO 2	
comment	COMMENT		
G_32_1	HAS ENTIRE INTERVIEW BEEN VALIDATED? PLEASE CHECK.	YES NO	1 2
G_32_5	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT?	YES NO	1 2
G_32_6	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<hr/> [SIGNATURE]	

Interviewer check:			
interviewerChecker	INTERVIEWER (CHECKER)		
G_32_7	HAVE YOU VALIDATED THE ENTIRE INTERVIEW? PLEASE CHECK.	YES..... NO.....	1 2
G_32_8	HAVE YOU QUALITY CHECKED THE QUESTIONNAIRE?	YES..... NO.....	1 2
T_32_9	HAVE YOU IDENTIFIED ANY INCONSISTENCIES?	YES..... NO.....	1 2
T_32_10	HAVE ANY SKIP PATTERNS BEEN MISSED OR INCORRECTLY DONE?	YES..... NO.....	1 2
G_32_12	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	_____ [SIGNATURE]	
G_32_11	WAS THE HOUSEHOLD GIVEN THEIR COMPENSATION GIFT?	YES..... NO.....	1 2
Supervisor	Supervisor		
dataProcessing	Data Processing		