



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM VARIOUS GOVERNMENT DEPARTMENTS (CENTRAL STATISTICS DEPT., DO SH, DOSE, ETC.). 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 1HR.30 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 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. Enumeration area 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: LGA: District: Settlement: PHC/NON PHC:	
HH 8. 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 (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
	HH11. Total number of household members: _____	
HH12. No. of women eligible for interview: _____	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. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4) Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (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 is not enough room on this page. Tick here if continuation sheet used <input type="checkbox"/>																
					Eligible for:			If age 18-59 years	For children age 0-17 years ask HL9-HL12A							
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW		HL9.	HL10.	HL10A.	HL10AA.	HL11.	HL12.	HL12A.	
HL1. Line No.	HL2. Name	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? Record in completed years 98=DK*	HL6. Circle Line no. If woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? Record Line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL10AA. IF NO WHO IS THE ALTERNATIVE CARETAKER? 1 PATERNAL RELATIVE 2 MATERNAL RELATIVE 3 OTHER (SPECIFY)	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ NEXT LINE 8 DK⇒ NEXT LINE	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record Line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK	
01		0 1	1	2	___	01	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
02			1	2	___	02	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
03			1	2	___	03	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
04			1	2	___	04	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
05			1	2	___	05	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
06			1	2	___	06	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
07			1	2	___	07	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
08			1	2	___	08	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
09			1	2	___	09	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
10			1	2	___	10	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8

THE GAMBIA MICS3, 2005

EA NO.:

Household No.:

HL1. Line No.	HL2. Name	HL3. What is the relatio n-ship of (NAME) to the head of the house- hold?	HL4. Is (NAME) male or female? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY ? Record in completed years 98=DK*	WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	If age 18-59 years	For children age 0-17 years ASK HL9-HL12a						
					HL6. Circle Line no. If woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO ⇨ HL11 8 DK ⇨ HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD? Record Line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL10AA. IF NO WHO IS THE ALTERNATI VE CARETAKER ? 1 PATERNAL RELATIVE 2 MATERNAL RELATIVE 6 OTHER (SPECIFY)	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO ⇨ NEXT LINE 8 DK ⇨ NEXT LINE	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSE- HOLD? Record Line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
LINE	NAME	REL	M F	AGE	15 - 49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK		Y N DK	FATHER	Y N DK
11			1 2	___	11	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
12			1 2	___	12	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
13			1 2	___	13	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
14			1 2	___	14	___	___	1 2 8	1 2 8	___	1 2 8		1 2 8	___	1 2 8
15			1 2	___	15	___	___	1 2 8	1 2 8	___	1 2 8		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.															
					Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)		Mothers Very Sick (=1)		Fathers Dead (=2)		Fathers Very Sick (=1)
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 Under Five.

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 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law

10 = Uncle/Aunt
11 = Niece/Nephew By Blood
12 = Niece/Nephew By Marriage

13 = Other Relative
14 = Adopted/Foster/Stepchild
15 = 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 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED3AA IS (NAME) CURRENTLY ATTENDING SCHOOL? 1 YES 2 NO (IF AGE IS LESS THAN 5 OR MORE THAN 24 YEARS ↴ next line)	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? <i>Insert number of days in space below.</i>	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK	ED7. Did (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES ⇒ ED8 2 NO ⇒ ED9 8 DK ↴ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK	ED9 WHAT WAS THE REASON FOR (NAME) NOT ATTENDING SCHOOL PRESCHOOL PREVIOUS SCHOOL YEAR? 1. FINANCIAL 2. PREGNANCY 3. MARRIAGE 4. WORK FOR PAY 5. DOMESTIC WORK (UNPAID) 6. OTHERS-(SPECIFY)		
LINE		YES NO	LEVEL	GRADE		YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE	
01		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
02		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
03		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
04		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
05		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
06		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
07		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
08		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
09		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	
10		1 2⇒NEXT LINE		___		1 2	___		___	1 2 8		___	

THE GAMBIA MICS3, 2005

EA NO.:

Household No.:

For household members age 5 and above					FOR HOUSEHOLD MEMBERS AGE 5-24 YEARS									
ED1 <i>Line No.</i>	ED1A. NAME	ED2. HAS (<i>name</i>) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (<i>name</i>) ATTENDED? WHAT IS THE HIGHEST GRADE (<i>name</i>) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED3AA IS (NAME) CURRENTLY ATTENDING SCHOOL? 1 YES 2 NO (IF AGE IS LESS THAN 5 OR MORE THAN 24 YEARS ↵ next line)	ED4. DURING THE (2005- 2006) SCHOOL YEAR, DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇒ ED7	ED5. SINCE LAST (<i>day of the week</i>), HOW MANY DAYS DID (<i>name</i>) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (<i>name</i>) ATTENDING? LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK	ED7. DID (<i>name</i>) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004- 2005)? 1 YES ⇒ ED8 2 NO ⇒ ED9 8 DK ↵ NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (<i>name</i>) ATTEND? LEVEL: 0 PRE-SCHOOL 10 DAYCARE CENTRES 1 PRIMARY 11 MADRASSA PRIMARY 2 SECONDARY (UPPER BASIC/JUNIOR/SENIOR) 12 MADRASSA SECONDARY 3 HIGHER (TERTIARY, UNIVERSITY, COLLEGE) 4 VOCATIONAL 6 NON-STANDARD CURRICULUM 98 DK GRADE: 98 DK		ED9 WHAT WAS THE REASON FOR (NAME) NOT ATTENDING SCHOOL PRESCHOOL PREVIOUS SCHOOL YEAR? 1. FINANCIAL 2. PREGNANCY 3. MARRIAGE 4. WORK FOR PAY 5. DOMESTIC WORK (UNPAID) 6. OTHERS- (SPECIFY)		
		YES NO	LEVEL	GRADE		YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE		
11		1 2 ⇒ NEXT LINE		— —		1 2	—		— —	1 2 8		— —		
12		1 2 ⇒ NEXT LINE		— —		1 2	—		— —	1 2 8		— —		
13		1 2 ⇒ NEXT LINE		— —		1 2	—		— —	1 2 8		— —		
14		1 2 ⇒ NEXT LINE		— —		1 2	—		— —	1 2 8		— —		
15		1 2 ⇒ NEXT LINE		— —		1 2	—		— —	1 2 8		— —		

WATER AND SANITATION MODULE		WS
<p>WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Piped water Piped into dwelling..... 11 Piped into yard or plot 12 Public tap/standpipe 13 Tubewell/borehole with pump 21</p> <p>Dug well Protected well 31 Unprotected well 32 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, Pond, canal, irrigation channel)..... 81</p> <p>Bottled water 91</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒WS5 12⇒WS5</p> <p>⇒WS3</p> <p>96⇒WS3</p>
<p>WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?</p>	<p>Piped water Piped into dwelling..... 11 Piped into yard or plot 12 Public tap/standpipe 13 Tubewell/borehole with hand pump 21 Dug well Protected well 31 Unprotected well 32 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, Pond, canal, irrigation channel)..... 81</p> <p>Other (<i>specify</i>) 96</p>	<p>11⇒WS5 12⇒WS5</p>
<p>WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?</p>	<p>No. of minutes _____</p> <p>Water on premises 995 DK 998</p>	<p>995⇒WS5</p>
<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person.</p>	<p>Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS7 8⇒WS7</p>
<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 Add bleach/chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	

<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If "flush" or "pour flush", probe: WHERE DOES IT FLUSH TO?</i></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 slab22</p> <p>Pit latrine without slab / open pit.....23</p> <p>Bucket41</p> <p>No facilities or bush or field.....95</p> <p>Other (<i>specify</i>)96</p>	<p>95⇒ WS7CC</p>
<p>WS7AA. IS THIS FACILITY LOCATED WITHIN YOUR DWELLING, OR YARD OR COMPOUND?</p>	<p>Yes, in dwelling/yard/compound1</p> <p>No, outside dwelling/yard/compound.....2</p> <p>DK.....8</p>	<p>⇒ WS7CC</p>
<p>WS7BB. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST TOILET FACILITY?</p>	<p>Less than 30 metres.....1</p> <p>30 – 50 metres.....2</p> <p>51 – 100 metres.....3</p> <p>Greater than 100metres.....4</p>	
<p>WS7CC. HOW FAR IS YOUR HOUSE/RESIDENCE FROM THE NEAREST REFUSE DISPOSAL SITE?</p>	<p>Less than 30metres.....1</p> <p>30 – 50 metres.....2</p> <p>51 – 100 metres.....3</p> <p>Greater than 100metres.....4</p>	
<p>WS7DD. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST TOILET FACILITY?</p>	<p>Less than 30metres.....1</p> <p>30 – 50 metres.....2</p> <p>51 – 100 metres.....3</p> <p>Greater than 100metres.....4</p>	
<p>WS7EE. HOW FAR IS YOUR KITCHEN/COOKING PLACE FROM THE NEAREST DISPOSAL SITE?</p>	<p>Less than 30metres.....1</p> <p>30 – 50 metres.....2</p> <p>51 – 100 metres.....3</p> <p>Greater than 100metres.....4</p>	
<p>WS7FF. WHAT HAPPENS WITH THE STOOLS OF YOUNG CHILDREN (0-3 YEARS) WHEN THEY DO NOT USE THE LATRINE OR TOILET FACILITY?</p>	<p>Children always use toilet or latrine1</p> <p>Thrown into toilet or latrine2</p> <p>Thrown outside the yard3</p> <p>Buried in the yard4</p> <p>Not disposed of or left on the ground5</p> <p>Other (<i>specify</i>)6</p> <p>No young children in household8</p>	<p>1⇒ WS 8</p> <p>8⇒ WS 8</p>
<p>WS7GG DO YOU USE SOAP AFTER TOILET OR WHEN YOU REMOVE WASTE/FAECES FROM CHILDREN?</p>	<p>Yes.....1</p> <p>No.....2</p>	
<p>WS8. DO YOU SHARE YOUR TOILET FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes1</p> <p>No2</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)..... 0 ____</p> <p>Ten or more households10</p> <p>DK.....98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Islam</i> 1 <i>Christianity</i> 2 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Mandinka</i> 1 <i>Wolof</i> 2 <i>Jola</i> 3 <i>Pulaar</i> 4 <i>Serere</i> 5 Other language (<i>specify</i>) _____ 6	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Mandinka</i> 1 <i>Wolof</i> 2 <i>Jola</i> 3 <i>Pulaar</i> 4 <i>Serere</i> 5 Other language (<i>specify</i>) _____ 6	
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 Dung 12 Rudimentary floor Wood planks 21 Palm/bamboo..... 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips..... 32 Ceramic tiles 33 Cement 34 Carpet..... 35 Other (<i>specify</i>) _____ 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch/palm leaf 12 Rudimentary Roofing Rustic mat..... 21 Palm/bamboo..... 22 Wood planks 23 Finished roofing Metal/corrugated iron 31 Wood 32 Calamine/cement fiber 33 Ceramic tiles 34 Cement 35 Other (<i>specify</i>) _____ 96	

HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls 11 Cane/palm/trunks..... 12 Dirt..... 13 Rudimentary walls Bamboo/ krinting with mud/cement21 Stone with mud22 Plywood24 Carton25 Reused wood.....26 Finished walls Cement31 Stone with lime/cement.....32 Bricks.....33 Cement blocks34 Other (<i>specify</i>) 96																																											
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity01 Liquid Propane Gas (LPG)02 Natural gas03 Biogas04 Kerosene05 Coal / Lignite.....06 Charcoal07 Wood08 Straw/shrubs/grass09 Animal dung..... 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8																																										
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire.....1 Open stove2 Closed stove.....3 Other (<i>specify</i>) 6	3⇒HC8 6⇒HC8																																										
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes1 No.....2																																											
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house.....1 In a separate building2 Outdoors.....3 Other (<i>specify</i>) 6																																											
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? AN ELECTRICAL GENERATOR? A VIDEO PLAYER? A FAN? A CASSETTE OR VIDEO PLAYER? A SOFA? A CUPBOARD? AN AIR CONDITIONER?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center;">Yes</th> <th style="text-align:center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Radio</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Television</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Mobile Telephone</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Non-Mobile Telephone</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Refrigerator.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Electrical Generator.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Video</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Fan</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Cassette or Video player.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Sofa.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Cupboard.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> <tr><td>Air conditioner.....</td><td style="text-align:center;">1</td><td style="text-align:center;">2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Mobile Telephone	1	2	Non-Mobile Telephone	1	2	Refrigerator.....	1	2	Electrical Generator.....	1	2	Video	1	2	Fan	1	2	Cassette or Video player.....	1	2	Sofa.....	1	2	Cupboard.....	1	2	Air conditioner.....	1	2	
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Air conditioner.....	1	2																																										

<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A WATCH?</p> <p>A BICYCLE?</p> <p>A MOTORCYCLE OR SCOOTER?</p> <p>AN ANIMAL-DRAWN CART?</p> <p>A CAR OR TRUCK?</p> <p>A BOAT WITH A MOTOR?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle/Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car/Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart.....	1	2	Car/Truck.....	1	2	Boat with motor.....	1	2	
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No.....2</p>	<p>2⇒HC13</p>																					
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>Hectares</p> <p>If more than 97, record '97'.</p> <p>If unknown, record '98'.</p>	<p>Hectares ____ ____</p>																						
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes 1</p> <p>No.....2</p>	<p>2⇒NEXT MODULE</p>																					
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>CATTLE?</p> <p>MILK COWS OR BULLS?</p> <p>HORSES, DONKEYS, OR MULES?</p> <p>GOATS?</p> <p>SHEEP?</p> <p>CHICKENS?</p> <p>If none, record '00'.</p> <p>If more than 97, record '97'.</p> <p>If unknown, record '98'.</p>	<p>Cattle ____ ____</p> <p>Milk cows or bulls ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Goats..... ____ ____</p> <p>Sheep ____ ____</p> <p>Chickens..... ____ ____</p>																						

SECURITY OF TENURE MODULE		ST
HC15A. DO YOU OR SOMEONE IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?	Own 1 Rent 2 Rent free/squatter/other 3	2⇒HC15D 3⇒HC15D
HC15B. DO YOU OR SOMEONE IN THIS HOUSEHOLD HAVE A TITLE DEED FOR THIS DWELLING?	Yes 1 No 2	1⇒HC15F
HC15C. WHAT KIND OF DOCUMENT DO YOU HAVE FOR THE OWNERSHIP OF THIS DWELLING? ANYTHING ELSE?	Certificate of occupation (or adjudication certificate) A Property tax certification B Utility bills C Other (<i>specify</i>) X None/No document Y	⇒HC15F
Record all items mentioned.		
HC15D. DO YOU HAVE A WRITTEN RENTAL CONTRACT FOR THIS DWELLING?	Yes 1 No 2	1⇒HC15F
HC15E. DO YOU HAVE ANY DOCUMENTATION OR AGREEMENT FOR THE RENTAL OF THIS DWELLING? <i>If Yes</i> , WHAT KIND OF DOCUMENT OR AGREEMENT DO YOU HAVE FOR THE RENTAL OF THIS DWELLING? ANYTHING ELSE?	Informal agreement (written) A Verbal agreement (no document) B Occupied rent free With knowledge of owner C Without knowledge of owner D Other (<i>specify</i>) X None/No document Y	
Record all items mentioned.		
HC15F. DO YOU FEEL SECURE FROM EVICTION FROM THIS DWELLING?	Yes 1 No 2 DK 8	
HC15G. HAVE YOU BEEN EVICTED FROM YOUR HOME AT ANY TIME DURING THE PAST 5 YEARS?	Yes 1 No 2	
HC15H. Dwelling located in or near: Observe, and circle all items that describe the location of dwelling.	Landslide area A Flood-prone area B River bank C Steep hill D Garbage mountain/pile E Industrial pollution area F Railroad G Power plant H Flyover I None of the above Y	
HC15I. Condition of dwelling: Record observation. Record all that apply.	Cracks/openings in walls A No windows B Windows with broken glass/no glass C Visible holes in the roof D Incomplete roof E Insecure door F None of the above Y	
HC15J. Dwelling surroundings: Record observation. Record all that apply.	Very narrow passage between houses instead of road A Too many power cables connecting to neighborhood's main distribution post B None of the above Y	

ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No.....2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets ____ ____	
TN2AA. HOW MANY BEDS DO YOU HAVE IN THE HOUSEHOLD?	Number of beds ____	
TN2BB. HOW MANY OF THESE BEDS HAVE NETS?	Number of beds with nets ____ ____	
TN2CC. DO YOU SLEEP UNDER A TREATED NET?	Yes 1 No.....2	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES? <i>If the respondent does not know the type of the net, explain to him/her the type of nets available.</i>	Long Lasting Net (LLN)..... 1 Pre-Treated with Insecticides 2 Not Treated with Insecticide 3 Type of Net Not Known..... 8	
TN3A. WHERE DID YOU GET THE (<i>name of net highest in the list of nets available in the household, in TN3</i>) MOSQUITO NET?	Public sector Govt. hospital..... 11 Govt. health centre 12 Govt. health post..... 13 Village health worker 14 Mobile/outreach clinic 15 Other public (<i>specify</i>)..... 16 Private medical sector Private hospital/clinic 21 Private physician..... 22 Private pharmacy 23 Mobile clinic 24 Other private Medical (<i>specify</i>)..... 26 Other source Relative or friend..... 31 Shop 32 Traditional practitioner 33 Other (<i>specify</i>)..... 96 DK 98	
TN3B. HOW MUCH DID YOU PAY FOR THE (<i>name of net highest in the list of nets available in the household, in TN3</i>) MOSQUITO NET?	Dalasis..... ____ ____ ____ Free 9996 DK 9998	
<p>TN4. Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:</p> <p>1. <input type="checkbox"/> Long-lasting treated net mentioned? ⇒ Go to Next Module</p> <p>2. <input type="checkbox"/> Pre-treated net mentioned? ⇒ Go to TN6</p> <p>3. <input type="checkbox"/> Other net mentioned? ⇒ Continue with TN5</p>		

<p>TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?</p>	<p>Yes 1 No..... 2 DK/not sure..... 8</p>	
<p>TN6. HOW MANY MONTHS AGO WAS THE NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... __ __ More than 24 months ago 95 Not sure 98</p>	
<p>TN7. SINCE YOU GOT THE NET HAS IT EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?</p>	<p>Yes 1 No..... 2 DK 8</p>	<p>2⇒NEXT MODULE 8⇒NEXT MODULE</p>
<p>TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago..... __ __ More than 24 months ago 95 Not sure 98</p>	

CHILD LABOUR MODULE						CL	
<p><i>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.</i></p> <p>NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.</p>							
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? <i>If YES: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇒ TO CL5			CL3AA. <i>If YES (IN CL3), WHAT TYPE OF WORK?</i> <i>record answer as reported.</i>	CL3BB. WHY IS THE CHILD WORKING? 1.SUPPORT FAMILY 2.EDUACTION 6.OTHER (SPECIFY) 8. DK	CL4. <i>If yes:</i> SINCE LAST (<i>day of the week</i>), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇒ CL.6</i>
LINE NO.	NAME	YES				NO. OF HOURS	
		PAID	UNPAID	NO			
01		1	2	3		___ ___	
02		1	2	3		___ ___	
03		1	2	3		___ ___	
04		1	2	3		___ ___	
05		1	2	3		___ ___	
06		1	2	3		___ ___	
07		1	2	3		___ ___	
08		1	2	3		___ ___	
09		1	2	3		___ ___	
10		1	2	3		___ ___	
11		1	2	3		___ ___	
12		1	2	3		___ ___	
13		1	2	3		___ ___	
14		1	2	3		___ ___	
15		1	2	3		___ ___	

CL1. Line No.	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, COOKING, WASHING, 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, COOKING OR LAUNDRY?) 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.	PAID	YES UNPAID	NO	YES	NO	NO OF HOURS	YES	NO	NO OF HOURS
01	1	2	3	1	2	___ ___	1	2	___ ___
02	1	2	3	1	2	___ ___	1	2	___ ___
03	1	2	3	1	2	___ ___	1	2	___ ___
04	1	2	3	1	2	___ ___	1	2	___ ___
05	1	2	3	1	2	___ ___	1	2	___ ___
06	1	2	3	1	2	___ ___	1	2	___ ___
07	1	2	3	1	2	___ ___	1	2	___ ___
08	1	2	3	1	2	___ ___	1	2	___ ___
09	1	2	3	1	2	___ ___	1	2	___ ___
10	1	2	3	1	2	___ ___	1	2	___ ___
11	1	2	3	1	2	___ ___	1	2	___ ___
12	1	2	3	1	2	___ ___	1	2	___ ___
13	1	2	3	1	2	___ ___	1	2	___ ___
14	1	2	3	1	2	___ ___	1	2	___ ___
15	1	2	3	1	2	___ ___	1	2	___ ___

CHILD DISCIPLINE MODULE **CD**

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. Last digit of the household number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	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 ____				

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 METHOD WITH (name) IN THE PAST MONTH OR 2 – 3 MONTHS.		
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	

SALT IODIZATION MODULE		SI
<p>S11. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more 3</p> <p>No salt in home..... 6 Salt not tested..... 7</p>	

S12. 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.

S13. 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 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.