HOUSEHOLD QUESTIONNAIRE

WE ARE FROM DEPARTMENT FOR STATISTICS AND NATIONAL CENTER OF ILLNESS CONTROL. 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 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 THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	HH
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___
HH3. Interviewer name and number: Name_____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___
HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	

HH6. Area:	HH7. Region:
Urban......................................1	*Tbilisi* 1
Rural.......................................2	*Kakheti*.......................................2
	Mtskheta - Mtianeti...................3
	Sh*ida Qartli*..............................4
	Qvemo Qartli 5
	Samtskhe - Djavakheti 6
	Raja - Lechkhumi and Qvemo Svaneti....7
	Imereti..8
	Guria...9
	Samegrelo and Zemo Svaneti...............10
	Adjara 11

HH 8. Name of head of household:

_____

After all questionnaires for the household have been completed, fill in the following information:

HH9. Result of HH interview:	HH10. Respondent to HH questionnaire:
Completed 1	Name:_____
Refused 2	Line No: ___ ___
Not at home.............................3	
HH not found/destroyed 4	HH11. Total number of household members:
Other (*specify*) _____ 6	___ ___
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: ___ ___
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 are more than 15 household members. Tick here if continuation sheet used ☐

| | | | | | | Eligible for: | | | For children **age 0-17 years** ask HL9-HL12 | | | |
| | | | | | | WOMEN'S INTERVIEW | CHILD LABOUR MODULE | UNDER-5 INTERVIEW | | | | |
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- 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	HL5_1. MEMBER'S STATUS 1 Lives permanently 2 Lives temporarily 3 Temporarily away in the country 4 Temporarily away outside the country	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*	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 HOUSEHOLD? *Record Line no. of mother or 00 for 'no'*	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 HOUSEHOLD? *Record Line no. of father or 00 for 'no'*
LINE	NAME	REL.	M F	AGE		15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	___ ___	___	01	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
02		___ ___	1 2	___ ___	___	02	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
03		___ ___	1 2	___ ___	___	03	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
04		___ ___	1 2	___ ___	___	04	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
05		___ ___	1 2	___ ___	___	05	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
06		___ ___	1 2	___ ___	___	06	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
07		___ ___	1 2	___ ___	___	07	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
08		___ ___	1 2	___ ___	___	08	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
09		___ ___	1 2	___ ___	___	09	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
10		___ ___	1 2	___ ___	___	10	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION-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	HL5_1. MEMBER'S STATUS 1 Lives permanently 2 Lives temporarily 3 Temporarily away in the country 4 Temporarily away outside the country	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*	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 HOUSEHOLD? *Record Line no. of mother or 00 for 'no'*	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 HOUSEHOLD? *Record Line no. of father or 00 for 'no'*
LINE	NAME	REL.	M F	AGE		15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
11		___ ___	1 2	___ ___	___	11	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
12		___ ___	1 2	___ ___	___	12	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
13		___ ___	1 2	___ ___	___	13	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
14		___ ___	1 2	___ ___	___	14	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___
15		___ ___	1 2	___ ___	___	15	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___

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
Totals			___ ___	___ ___	___ ___

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children UnderFive.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 = Head	07 = Parent-In-Law	13 = Other Relative
02 = Wife or Husband	08 = Brother or Sister	14 = Adopted/Foster/Stepchild
03 = Son or Daughter	09 = Brother or Sister-In-Law	15 = Not Related
04 = Son or Daughter In-Law	10 = Uncle/Aunt	98 = Don't Know
05 = Grandchild	11 = Niece/Nephew By Blood	
06 = Parent	12 = Niece/Nephew By Marriage	

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? 1 YES ⇨ ED3 2 NO ↳ NEXT LINE	ED3. What is the highest level of school (*name*) attended? What is the highest grade (*name*) completed at this level? Level: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK Grade: 98 DK *If less than 1 grade, enter 00.*	ED4. During the (*2005-2006*) school year, did (*name*) attend school or preschool at any time? 1 YES 2 NO ⇨ ED7	ED5. Since last (*day of the week*), how many days did (*name*) attend school? *Insert number of days in space below.*	ED6. During this/that school year, which level and grade is/was (*name*) attending? Level: 0 Preschool 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 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 2 NO ↳ NEXT LINE 8 DK ↳ NEXT LINE	ED8. During that previous school year, which level and grade did (*name*) attend? Level: 0 Preschool 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK Grade: 98 DK
LINE		YES NO	LEVEL ┊ GRADE	YES NO	DAYS	LEVEL ┊ GRADE	Y N DK	LEVEL ┊ GRADE
01		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
02		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
03		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
04		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
05		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
06		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
07		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
08		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
09		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
10		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
11		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
12		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
13		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
14		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __
15		1 2⇨NEXT LINE	0 1 2 3 6 8 ┊ __ __	1 2	___	0 1 2 3 6 8 ┊ __ __	1 2 8	0 1 2 3 6 8 ┊ __ __

WATER AND SANITATION MODULE		WS

WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water
	    Piped into dwelling 11
	    Piped into yard or plot 12
	    Public tap/standpipe............................ 13
	Tubewell/borehole.................................... 21
	Dug well
	    Protected well.. 31
	    Unprotected well 32
	Water from spring
	    Protected spring.................................... 41
	    Unprotected spring................................ 42
	Rainwater collection................................. 51
	Tanker-truck... 61
	Cart with small tank/drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Bottled water 91
	
	Other (*specify*) _____ 96
		11⇨WS5
		12⇨WS5
		
		⇨WS3
		
		91⇨WS2
		
		96⇨WS3

WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water
	    Piped into dwelling 11
	    Piped into yard or plot 12
	    Public tap/standpipe............................ 13
	Tubewell/borehole.................................... 21
	Dug well
	    Protected well.. 31
	    Unprotected well 32
	Water from spring
	    Protected spring.................................... 41
	    Unprotected spring................................ 42
	Rainwater collection................................. 51
	Tanker-truck... 61
	Cart with small tank/drum 71
	Surface water (river, stream, dam, lake,
	    pond, canal, irrigation channel) 81
	
	Other (*specify*) _____ 96
		11⇨WS5
		12⇨WS5

WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes................................ __ __ __ Water on premises................................... 995 DK 998	 995⇨WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX? *Circle code that best describes this person.*	Adult woman .... 1 Adult man .... 2 Female child (under 15) .... 3 Male child (under 15) .... 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes .... 1 No... 2 DK 8	 2⇨WS7 8⇨WS7

WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *Record all items mentioned.*	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 (*specify*) _____ X DK ....Z	

WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
  WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / pour flush
	  Flush to piped sewer system 11
	  Flush to septic tank 12
	  Flush to pit (latrine) 13
	  Flush to somewhere else 14
	  Flush to unknown place/not sure/DK
	    where.. 15
	
	Ventilated Improved Pit latrine (VIP) 21
	Pit latrine with slab 22
	Pit latrine without slab / open pit 23
	
	Composting toilet 31
	Bucket 41
	Hanging toilet/hanging latrine 51
	
	Other (*specify*) _____ 96	

WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes .... 1 No.. 2	2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) .... 0 ___ Ten or more households .... 10 DK 98	

HOUSEHOLD CHARACTERISTICS MODULE		**HC**
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	*Christian* .... 1 *Jew* .... 2 *Muslim* .... 3 Other religion (*specify*) _____ 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	*Georgian* .... 1 *Abkhazian* .... 2 *Osetian* .... 3 *Russian* .... 4 *Azerbaijani* .... 5 *Armenian* .... 6 Other language (*specify*) _____ 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	*Georgian* .... 1 *Abkhazian* .... 2 *Osetian* .... 3 *Russian* .... 4 *Azerbaijani* .... 5 *Armenian* .... 6 Other ethnic group (*specify*)_____ 7	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms .... __ __	

HC3. Main material of the dwelling floor:
 	
 Record observation.
	Natural floor
	    Earth/sand 11
	    Dung 12
	 Rudimentary floor
	    Wood planks 21
	 Finished floor
	    Parquet or polished wood 31
	    Vinyl or asphalt strips 32
	    Ceramic tiles 33
	    Cement 34
	    Carpet 35
	
	 Other (*specify*) _____ 96	

HC4. Main material of the roof.
 	
 Record observation.
	Natural roofing
	    No Roof 11
	    Thatch/palm leaf 12
	    Sod 13
	 Rudimentary Roofing
	    Rustic mat 21
	    Wood planks 23
	 Finished roofing
	    Metal 31
	    Wood 32
	    Calamine/cement fiber 33
	    Ceramic tiles 34
	    Cement 35
	    Roofing shingles 36
	
	 Other (*specify*) _____ 96	

HC5. Main material of the walls.
 	
Record observation.
	Natural walls
	    No walls.. 11
	    Cane/palm/trunks................................. 12
	    Dirt... 13
	Rudimentary walls
	    Stone with mud 22
	    Uncovered adobe................................ 23
	    Plywood.. 24
	    Carton 25
	    Reused wood 26
	Finished walls
	    Cement.. 31
	    Stone with lime/cement........................ 32
	    Bricks 33
	    Cement blocks 34
	    Covered adobe.................................... 35
	    Wood planks/shingles 36
	
	Other (*specify*) _____ 96	

HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity.. 01 Liquid Propane Gas (LPG)........................ 02 Natural gas... 03 Biogas .... 04 Kerosene.. 05 Coal / Lignite .... 06 Charcoal... 07 Wood.. 08 Straw/shrubs/grass .... 09 Animal dung .... 10 Agricultural crop residue .... 11 Other (*specify*) _____ 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? *Probe for type.*	Open fire .... 1 Open stove... 2 Closed stove .... 3 Other (*specify*) _____ 6	 3⇨HC9 6⇨HC9
HC8. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes .... 1 No... 2	
HC9. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house .... 1 In a separate building................................. 2 Outdoors .... 3 Other (*specify*) _____ 6	
HC10. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?	Yes No Electricity....................1 2 Radio.........................1 2 Television ....1 2 Mobile Telephone ....1 2 Non-Mobile Telephone.....1 2 Refrigerator 1 2	
HC11. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	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	

CHILD LABOUR MODULE								CL

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5	CL4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs. Record response then ⇨ CL.6	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇨ TO CL8	CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ↘ NEXT LINE	CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES — PAID / UNPAID / NO	PAID	YES — PAID / UNPAID / NO	YES / NO	NO. HOURS	YES / NO	NO. HOURS
01		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
02		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
03		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
04		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
05		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
06		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
07		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
08		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
09		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
10		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
11		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
12		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
13		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
14		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___
15		1 2 3	___ ___	1 2 3	1 2	___ ___	1 2	___ ___

CHILD DISCIPLINE MODULE

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

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

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

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

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

CD8. Last digit of the questionnaire 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 .... __ __

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

DISABILITY — DA

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSC-IOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. *(For 3-9 year olds):* IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. *(For 2-year-olds):* CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

SALT IODIZATION MODULE		SI
SI1. 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? *Once you have examined the salt,* *circle number that corresponds to test outcome.*	Not iodized 0 PPM .... 1 Less than 15 PPM....................................... 2 15 PPM or more.. 3 No salt in home .... 6 Salt not tested 7	

SI2. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

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

☐ *No.* ⇨ *Continue.*

SI3. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
to administer the questionnaire to 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.