

WE ARE FROM COSIT AND MOH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____ Name _____	HH4. Local Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban..... 1 Rural..... 2	HH7. Address: Governorate..... Qada'a Nahiya Mahala/ Mugataa..... HH number in census.....	
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 (specify) 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. <i>List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).</i> <i>Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.</i> <i>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 <input type="checkbox"/></i>											
					Eligible for: WOMEN'S INTERVIEW CHILD LABOUR MODULE UNDER-5 INTERVIEW			For children age 0-17 years ask HL9-HL12			
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? <i>Record in completed years</i> 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? <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i>	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? <i>Record Line no. of father or 00 for 'no'</i>
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 RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 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? <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	HL9. Is (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒ HL11 8 DK⇒ HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of mother or 00 for 'no'</i>	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? <i>Record Line no. of father or 00 for 'no'</i>
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? <i>If yes, insert child's name and complete form.</i> <i>Then, complete the totals below.</i>											
					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 = Brother or Sister |
| 02 = Wife or Husband | 08 = Other Relative |
| 03 = Son or Daughter | 09 = Not Related |
| 04 = Son or Daughter In-Law | 98 = Don't Know |
| 05 = Grandchild | |
| 06 = Parent | |

EDUCATION MODULE											ED	
For household members age 5 and above					For household members age 5-24 years							
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 INTERMEDIATE 4 DIPLOME 5 BSC 6 HIGHER 7 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 INTERMEDIATE 4 DIPLOME 5 BSC 6 HIGHER 7 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)?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 INTERMEDIATE 4 DIPLOME 5 BSC 6 HIGHER 7 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 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
02		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
03		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
04		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
05		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
06		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
07		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
08		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
09		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
10		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
11		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
12		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
13		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
14		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	
15		1 2⇒NEXT LINE	0 1 2 3 4 5 6 7 8	___	1 2	___	0 1 2 3 4 5 6 7 8	___	1 2 8	0 1 2 3 4 5 6 7 8	___	

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 (<i>specify</i>) 96	11⇒WS5 12⇒WS5 ⇒WS3 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 62 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Other (<i>specify</i>) 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? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS5. DO YOU DO ANYTHING TO YOUR WATER TO MAKE IT SAFER?	Yes 1 No 2 DK 8	2⇒WS6A 8⇒WS6A

<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>WS6AA. Check WS1:</p> <p><input type="checkbox"/> If response is bottled water ⇒ Go to WS6CC</p>		
<p>WS6BB. DOES YOUR MAIN DRINKING WATER SOURCE GIVE YOU A RELIABLE SUPPLY, I MEAN DAILY, WEEKLY, OR LESS THAN WEEKLY PROBLEMS OR ALMOST NO PROBLEMS?</p>	<p>Yes, almost never problems 1</p> <p>Occasional problems, but less than weekly 2</p> <p>Weekly problems 3</p> <p>Daily problems 4</p> <p>DK 8</p>	<p>1 ⇒ WS7</p>
<p>WS6CC. IF YOUR MAIN SOURCE OF DRINKING WATER SUPPLY FAILS, WHAT IS YOUR SECONDARY SOURCE OF DRINKING WATER?</p>	<p>Piped water</p> <p> Piped into dwelling 11</p> <p> Piped into yard or plot 12</p> <p> Public tap/standpipe 13</p> <p>Tubewell/borehole 21</p> <p>Dug well</p> <p> Protected well 31</p> <p> Unprotected well 32</p> <p>Water from spring</p> <p> Protected spring 41</p> <p> Unprotected spring 42</p> <p>Rainwater collection 51</p> <p>Tanker-truck 61</p> <p>Cart with small tank/drum 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81</p> <p>Bottled water 82</p> <p>Other (<i>specify</i>) 96</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i></p> <p> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p> Flush to piped sewer system 11</p> <p> Flush to septic tank 12</p> <p> Flush to pit (latrine) 13</p> <p> Flush to somewhere else 14</p> <p> Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>Hanging toilet/hanging latrine 51</p> <p>No facilities / bush / field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>⇒ WS7B</p> <p>95 ⇒ WS10</p> <p>96 ⇒ WS10</p>
<p>WS7A. IS THE SEWAGE SYSTEM AROUND YOUR HOUSE WORKING PROPERLY OR THERE ARE DAILY, WEEKLY OR LESS THAN WEEKLY PROBLEMS?</p>	<p>Yes, almost never problems 1</p> <p>Occasional problems, but less than weekly 2</p> <p>Weekly problems 3</p> <p>Daily problems 4</p>	

	DK 8	
WS7B. IS YOUR TOILET WORKING PROPERLY, OR THERE ARE DAILY, WEEKLY OR LESS THAN WEEKLY PROBLEMS?	Yes, almost never problems 1 Occasional problems, but less than weekly 2 Weekly problems 3 Daily problems 4 DK 8	
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes 1 No..... 2	2⇒ WS10
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	
WS10. HOW DO YOU DISPOSE YOUR SOLID WASTE/ GARBAGE?	House to house collection..... 01 Street containers – open..... 02 Street containers – closed 03 Dump to open area 04 Burn..... 05 Compost..... 06 Bury..... 07 Other (specify) 96	⇒ NEXT MODULE
WS11. WHAT IS THE FREQUENCY OF COLLECTION/ EMPTYING OF STREET CONTAINERS?	Less than once in 2 weeks..... 1 Once in 2 weeks 2 Once a week 3 Twice a week or more..... 4	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms — —	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Sand 11 Earth (Muddy or Rocky) 12 Rudimentary floor Wood planks 21 Palm/bamboo 22 Reeds 23 Finished floor Vinyl strips 32 Ceramic tiles 'kashi' 33 Cement 'sababa' 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Mud with thatch 12 Sod 13 Rudimentary Roofing Rustic mat 21 Palm/bamboo 22 Reeds 23 Wood planks 24 Finished roofing Metal 31 Wood 32 Ginko/ Aspest 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane/palm/trunks..... 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud 21</p> <p>Stone with mud 22</p> <p>Uncovered adobe..... 23</p> <p>Plywood..... 24</p> <p>Carton 25</p> <p>Reused wood 26</p> <p>Reeds..... 27</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime/cement..... 32</p> <p>Bricks 33</p> <p>Cement blocks 34</p> <p>Covered adobe..... 35</p> <p>Wood planks/shingles 36</p> <p>Chinku tin 37</p> <p>Other (<i>specify</i>) 96</p>																												
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquid Propane Gas (LPG)..... 02</p> <p>Kerosene..... 05</p> <p>Coal / Charcoal 06</p> <p>Wood..... 08</p> <p>Straw/shrubs/grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>Other (<i>specify</i>) 96</p>																												
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house 1</p> <p>In a separate building..... 2</p> <p>Outdoors 3</p> <p>Other (<i>specify</i>) 6</p>																												
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A MOBILE TELEPHONE?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p> <p>A SATELLITE DISH?</p> <p>A GENERATOR?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mobile Telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-Mobile Telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Satellite dish.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Generator.....</td> <td>1</td> <td>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	Satellite dish.....	1	2	Generator.....	1	2	
	Yes	No																											
Electricity.....	1	2																											
Radio.....	1	2																											
Television.....	1	2																											
Mobile Telephone.....	1	2																											
Non-Mobile Telephone.....	1	2																											
Refrigerator.....	1	2																											
Satellite dish.....	1	2																											
Generator.....	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 border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle/Scooter.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat with motor.....</td> <td>1</td> <td>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							
	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, CARING FOR CHILDREN, OR LOOKING AFTER ANIMALS/LIVESTOCK 1 YES, FOR PAY 2 YES, UNPAID 3 NO ⇒ TO CL8			CL7. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE		CL9. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES PAID UNPAID NO			NO. HOURS	YES PAID UNPAID NO			YES PAID UNPAID NO			NO. HOURS	YES NO	NO. HOURS	
01		1	2	3	___	1	2	3	1	2	3	___	1	2	___
02		1	2	3	___	1	2	3	1	2	3	___	1	2	___
03		1	2	3	___	1	2	3	1	2	3	___	1	2	___
04		1	2	3	___	1	2	3	1	2	3	___	1	2	___
05		1	2	3	___	1	2	3	1	2	3	___	1	2	___
06		1	2	3	___	1	2	3	1	2	3	___	1	2	___
07		1	2	3	___	1	2	3	1	2	3	___	1	2	___
08		1	2	3	___	1	2	3	1	2	3	___	1	2	___
09		1	2	3	___	1	2	3	1	2	3	___	1	2	___
10		1	2	3	___	1	2	3	1	2	3	___	1	2	___
11		1	2	3	___	1	2	3	1	2	3	___	1	2	___
12		1	2	3	___	1	2	3	1	2	3	___	1	2	___
13		1	2	3	___	1	2	3	1	2	3	___	1	2	___
14		1	2	3	___	1	2	3	1	2	3	___	1	2	___
15		1	2	3	___	1	2	3	1	2	3	___	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 CD9; write down the rank number of the child and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

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

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

CD9. Record the rank number of the selected child

Rank number of child __ __

CHILD DISCIPLINE MODULE		CD
<p>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).</p>		
<p>CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.</p>	<p>Name _____</p> <p>Line number _____</p>	
<p>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.</p>		
<p>CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12C. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12L. BURN HIM/HER WITH A HEATED METAL</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD12M. BITE HIM/HER</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>Don't know/no opinion..... 8</p>	

DISABILITY												DA
<i>To be administered to caretakers of all children 2 through 14 years old living in the household. For household members below age 2 or above age 14, leave rows blank</i> <i>Refer to table 1 in the child discipline module and list all the children in the table below using CD2</i> I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 14 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 3-14 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
<p>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?</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 No salt in home 6 Salt not tested 7</p>	

<p>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.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>
<p>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.</p> <p><input type="checkbox"/> Yes. ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</p> <p><input type="checkbox"/> 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.</p>

LOCAL EDITORS COMMITTEE			
	NAME	SIGNATURE	DATE
1			
2			
3			
4			

LOCAL SUPERVISOR		
NAME	SIGNATURE	DATE

CENTRAL SUPERVISOR		
NAME	SIGNATURE	DATE