

## HOUSEHOLD QUESTIONNAIRE

WE ARE THE REPRESENTATIVES OF THE STATE STATISTICS COMMITTEE OF UKRAINE. THE STATE STATISTICS COMMITTEE AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) ARE CURRENTLY UNDERTAKING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. WE WOULD LIKE TO POSE YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. YOUR EXPERIENCE IN BUILDING YOUR FAMILY LIFE AND BRINGING UP YOUR CHILDREN WILL HAVE BIG IMPORTANCE FOR THE IMPROVEMENT OF ACTIVITIES BY THE HEALTHCARE FACILITIES AND THE SOCIAL SERVICES IN UKRAINE. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. THE INFORMATION WILL BE USED ONLY IN THE GENERALISED FORM AND ONLY TOGETHER WITH THE RESPONSES OF OTHER UKRAINIAN FAMILIES. I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD. MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban ..... 1 Rural ..... 2	HH7. Oblast: .....	
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..... 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
<p>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></p>											
					Eligible for: WOMEN'S INTERVIEW    CHILD LABOUR MODULE    UNDER-5 INTERVIEW			For children <b>age 0-17 years</b> 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 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?  <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

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 1 PRIMARY 2 SECONDARY 3 HIGHER 6 OTHER 8 DK  GRADE: 98 DK If less than 1 grade, enter 00.		ED4. DURING THE (2004-2005) 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?  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 OTHER 8 DK  GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2003-2004)?  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 OTHER 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, lake, pond, canal, irrigation channel) ..... 81 <b>Bottled water ..... 91</b> Other ( <i>specify</i> ) ..... 96	11, 12⇒ WS2, 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 ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, 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 TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒WS7 8⇒WS7

<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>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 slab ..... 22</p> <p>Pit latrine without slab / open pit ..... 23</p> <p>Composting toilet ..... 31</p> <p>Bucket ..... 41</p> <p>No facilities or bush or field ..... 95</p> <p>Other (<i>specify</i>) ..... 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) .... 0 ____</p> <p>Ten or more households ..... 10</p> <p>DK ..... 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... — —	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand ..... 11 Dung ..... 12 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Limoleum ..... 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 Sod ..... 13 Rudimentary Roofing Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Calamine/cement fiber ..... 33 Ceramic tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Other ( <i>specify</i> ) ..... 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls ..... 11 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 ( <i>specify</i> ) ..... 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	01 ⇨ HC8 02 ⇨ HC8 03 ⇨ HC8 04 ⇨ HC8

	Wood..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11  Other ( <i>specify</i> ) ..... 96	
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 stove..... 2 Closed stove ..... 3  Other ( <i>specify</i> ) ..... 6	3 ⇒ HC8  6 ⇒ HC8
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes ..... 1 No..... 2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house ..... 1 In a separate building..... 2 Outdoors ..... 3 Other ( <i>specify</i> ) ..... 6	
HC9. DOES YOUR HOUSEHOLD HAVE: 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	
HC10. 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 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
Identify one eligible child aged 2 to 14 in the household. Ask to interview the mother or primary caretaker of the selected child.		
CD11. WRITE NAME AND LINE NO. OF THE CHILD SELECTED FOR THE MODULE.	Name _____ Line number _____	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes ..... 1 No..... 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes ..... 1 No..... 2	
CD12C. SHOOK HIM/HER.	Yes ..... 1 No..... 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes ..... 1 No..... 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes ..... 1 No..... 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes ..... 1 No..... 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes ..... 1 No..... 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes ..... 1 No..... 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes ..... 1 No..... 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes ..... 1 No..... 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes ..... 1 No..... 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes ..... 1 No..... 2 Don't know/no opinion..... 8	

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. Take a sample of salt (3 big spoons approximately).</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 <b>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</b> 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 <b>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</b> to administer the questionnaire to 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>