

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM STATE STATISTICAL COMMITTEE. 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.*

Comment [TNC1]: Replace with approximate number of minutes for an average 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. Region: Western 1 Central 2 Southern 3 Central-Eastern 4 Eastern 5 Tashkent city 6	
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>		
HH 16A. Name and code of editor: Name _____ Code _____		Date of editing and signature: _____
HH16. Data entry clerk: _____		

Comment [TNC2]: Adapt for country specific regions

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.</p> <p>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).</p> <p>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.</p> <p>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"/></p>											
					Eligible for: WOMEN'S INTERVIEW W 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? 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	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	___

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	___
16		___	1	2	___	16	___	___	1 2 8	___	1 2 8	___
17		___	1	2	___	17	___	___	1 2 8	___	1 2 8	___
18		___	1	2	___	18	___	___	1 2 8	___	1 2 8	___
19		___	1	2	___	19	___	___	1 2 8	___	1 2 8	___
20		___	1	2	___	20	___	___	1 2 8	___	1 2 8	___
21		___	1	2	___	21	___	___	1 2 8	___	1 2 8	___
22		___	1	2	___	22	___	___	1 2 8	___	1 2 8	___
23		___	1	2	___	23	___	___	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. Then, complete the totals below.</i>												
Totals:						Women 15-49	Children 5-14	Under-5s				
						___	___	___				

** 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? 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 (1-4 GRADE) 2 SECONDARY(5-11 GRADE) 3 SECONDARY SPECIAL 4 HIGHER 6 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? 1 YES 2 NO ⇒ ED7	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/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY(1-4 GRADE) 2 SECONDARY(5-11 GRADE) 3 SECONDARY SPECIAL 4 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 (2004-2005)? LEVEL: 0 PRESCHOOL 1 PRIMARY(1-4 GRADE) 2 SECONDARY(5-11 GRADE) 3 SECONDARY SPECIAL 4 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 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
02		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
03		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
04		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
05		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
06		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
07		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
08		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
09		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
10		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
11		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
12		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	
13		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___	1 2	___	0 1 2 3 4 6 8	___	1 2 8	0 1 2 3 4 6 8	___	

- Comment [TNC4]:** Adapt school year to match country specific school years
- Comment [TNC7]:** Adapt school year to match country specific school years
- Comment [TNC6]:** Adapt school year to match country specific school years
- Comment [TNC5]:** Remove or adapt category as necessary
- Comment [TNC8]:** Remove or adapt category as necessary
- Comment [TNC3]:** Remove or adapt category as necessary

LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE
14		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
15		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
16		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
17		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
18		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
19		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
20		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
21		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
22		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___
23		1 2⇒NEXT LINE	0 1 2 3 4 6 8	___ ___	1 2	___	0 1 2 3 4 6 8	___ ___	1 2 8	0 1 2 3 4 6 8	___ ___

WATER AND SANITATION MODULE			WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water		11⇒WS5 12⇒WS5 <div style="position: relative; height: 180px;"><div style="position: absolute; top: -60px; left: 50%; transform: translateX(-50%); font-size: 2em;">}</div><div style="position: absolute; bottom: -60px; right: 0; transform: rotate(90deg); font-size: 2em;">⇒WS3</div></div>
	Piped into dwelling	11	
	Piped into yard or plot	12	
	Public tap/standpipe.....	13	
	Tube well/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	96⇒WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water		11⇒WS5 12⇒WS5
	Piped into dwelling	11	
	Piped into yard or plot	12	
	Public tap/standpipe.....	13	
	Tube well/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 (<i>specify</i>)	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	___	995⇒WS5
	Water on premises	995	
	DK	998	
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD?	Adult woman	1	
	Adult man	2	
	Female child (under 15 years old)	3	
	Male child (under 15 years old)	4	
Probe: Is this person under age 15? What sex? Circle code that best describes this person.	DK	8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....	1	2⇒WS7 8⇒WS7
	No.....	2	
	DK	8	

WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?

11⇒WS5

⇒ WS:

96⇒WS3

WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?

11⇒WS5

WS3. HOW LONG DOES IT TAKE TO GO THERE,
GET WATER, AND COME BACK?

995⇒WS

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.

WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?

2⇒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:</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 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
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Uzbek</i> 1 <i>Russian</i> 2 <i>Karakalpak</i> 3 <i>Tajik</i> 3 <i>Kirgiz</i> 3 Other language (<i>specify</i>) 6	Comment [TNC9]: Coding categories to be developed for the country specific setting
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 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips (<i>Linoleum</i>) 32 Ceramic tiles 33 Cement/ <i>Concrete</i> 34 Carpet 35 Other (<i>specify</i>) 96	Comment [I10]: Categories to be adapted for local materials.
HC4. Main material of the roof: <i>Record observation.</i>	Natural roofing Thatch 12 Earthen cover 14 Rudimentary Roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood 32 Calamine/cement fiber (<i>Shifer</i>) 33 Ceramic tiles 34 Cement 35 Other (<i>specify</i>) 96	Comment [I11]: Categories to be adapted for local materials.
HC5. Main material of the walls: <i>Record observation.</i>	Rudimentary walls Stone with mud 22 Uncovered adobe 23 Plywood/boards 24 Reused wood 26 Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe/ <i>Pahsa</i> 35 Wood frame filled with clay/ <i>Sinch</i> 36 Other (<i>specify</i>) 96	Comment [I12]: Categories to be adapted for local materials.

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? <i>Probe for type.</i>	Open fire 1 Open stove..... 2 Closed stove 3 Other (specify) 6																																																	
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 (specify) 6																																																	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? ELECTRIC BOILER? TABLE? CHAIR? MIRROR? WASHING MACHINE? VACUUM CLEANER? VIDEO PLAYER/DVD PLAYER? ARMOIRE? SET OF FURNITURE?	<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>Electric boiler.....</td><td>1</td><td>2</td></tr> <tr><td>Table.....</td><td>1</td><td>2</td></tr> <tr><td>Chair.....</td><td>1</td><td>2</td></tr> <tr><td>Mirror.....</td><td>1</td><td>2</td></tr> <tr><td>Washing machine.....</td><td>1</td><td>2</td></tr> <tr><td>Vacuum cleaner.....</td><td>1</td><td>2</td></tr> <tr><td>Video/DVD player.....</td><td>1</td><td>2</td></tr> <tr><td>Armoire.....</td><td>1</td><td>2</td></tr> <tr><td>Set of furniture.....</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	Electric boiler.....	1	2	Table.....	1	2	Chair.....	1	2	Mirror.....	1	2	Washing machine.....	1	2	Vacuum cleaner.....	1	2	Video/DVD player.....	1	2	Armoire.....	1	2	Set of furniture.....	1	2	
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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 COMPUTER? TRACTOR/COMBINE?	<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>Computer.....</td><td>1</td><td>2</td></tr> <tr><td>Tractor/combine.....</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	Computer.....	1	2	Tractor/combine.....	1	2																									
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Tractor/combine.....	1	2																																																
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN/HAVE ON LEASE ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes 1 No..... 2	2⇒HC13																																																

<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>If 1 and more than circle "1" and record amount of hectares If more than 97, record '97' If less than 1 hectare, circle "2" and record amount of hundredth parts. If unknown, record '998'.</p>	<p>If >= 1 Ha, Hectares 1, ____ ____</p> <p>If <= 1 Ha, Hundredth parts 2, ____ ____</p> <p>DK 998 ____ ____</p>		<p>Comment [ah13]: If a measurement unit other than hectares is commonly used, adapt questionnaire to allow for recording of the commonly used measurement unit.</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>Comment [TNC14]: If questions on security of tenure and durability of housing are used, change skip to HC15A</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>CAMELS?</p> <p>GOATS?</p> <p>SHEEP?</p> <p>CHICKENS?</p> <p>RABBITS?</p> <p>If none, record '00'. If more than 97, record '97'. If unknown, record '98'.</p>	<p>Cattle..... ____ ____</p> <p>Milk cows or bulls..... ____ ____</p> <p>Horses, donkeys, or mules ____ ____</p> <p>Camels..... ____ ____</p> <p>Goats..... ____ ____</p> <p>Sheep..... ____ ____</p> <p>Chickens ____ ____</p> <p>Rabbits..... ____ ____</p>		

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 ⇒ CL6	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			NO. HOURS	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	___
16		1	2	3	___	1	2	3	1	2	___	1	2	___
17		1	2	3	___	1	2	3	1	2	___	1	2	___
18		1	2	3	___	1	2	3	1	2	___	1	2	___
19		1	2	3	___	1	2	3	1	2	___	1	2	___
20		1	2	3	___	1	2	3	1	2	___	1	2	___
21		1	2	3	___	1	2	3	1	2	___	1	2	___
22		1	2	3	___	1	2	3	1	2	___	1	2	___
23		1	2	3	___	1	2	3	1	2	___	1	2	___

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 TIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUS NESS?	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 yearolds): 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
16		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
17		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
18		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
19		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
20		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
21		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
22		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
23		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

MATERNAL MORTALITY MODULE				MM				
Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank.								
MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇒MM4 2 NO ⇒MM5	MM4. Line no. of proxy respondent (from household listing HL1)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? 98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	Y N	LINE					
01		1 2	— —	— —	— —	— —	— —	— —
02		1 2	— —	— —	— —	— —	— —	— —
03		1 2	— —	— —	— —	— —	— —	— —
04		1 2	— —	— —	— —	— —	— —	— —
05		1 2	— —	— —	— —	— —	— —	— —
06		1 2	— —	— —	— —	— —	— —	— —
07		1 2	— —	— —	— —	— —	— —	— —
08		1 2	— —	— —	— —	— —	— —	— —
09		1 2	— —	— —	— —	— —	— —	— —
10		1 2	— —	— —	— —	— —	— —	— —
11		1 2	— —	— —	— —	— —	— —	— —
12		1 2	— —	— —	— —	— —	— —	— —
13		1 2	— —	— —	— —	— —	— —	— —
14		1 2	— —	— —	— —	— —	— —	— —
15		1 2	— —	— —	— —	— —	— —	— —
16		1 2	— —	— —	— —	— —	— —	— —
17		1 2	— —	— —	— —	— —	— —	— —
18		1 2	— —	— —	— —	— —	— —	— —
19		1 2	— —	— —	— —	— —	— —	— —
20		1 2	— —	— —	— —	— —	— —	— —
21		1 2	— —	— —	— —	— —	— —	— —
22		1 2	— —	— —	— —	— —	— —	— —
23		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</p> <p>Less than 15 PPM..... 2</p> <p>15 PPM or more 3</p> <p>No salt in home 6</p> <p>Salt not tested 7</p>	

Comment [TNC15]: Categories correspond to test kit recommended by UNICEF to be used in all MICS surveys.

<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>