

HOUSEHOLD QUESTIONNAIRE

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 with road 2 Rural without road..... 3		HH7. Province Name & Code:* _____	
HH7A. Is household selected for male interview?		1. Yes 2. No	
01 Vientiane Capital	05 Bokeo	09 Xiengkhuang	13 Savannakhet
02 Phongsaly	06 Luangprabang	10 Vientiane	14 Saravane
03 Luangnamtha	07 Huaphanh	11 Borikhamxay	15 Sekong
04 Oudomxay	08 Xayabury	12 Khammua	16 Champasack
			17 Attapeu

WE ARE FROM DEPARTMENT OF STATISTICS AND MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- ☐ Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
☐ No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) _____ 96	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____
HH12. Number of women age 15-49 years: _____	HH11. Total number of household members: _____
HH14. Number of children under age 5: _____	HH13. Number of woman's questionnaires completed: _____
HH15A. Number of men age 15-49 years eligible for interview _____	HH15. Number of under-5 questionnaires completed: _____
HH16. Field edited by (Name and number): Name _____	HH17. Number of men's questionnaires completed: _____
	HH17. Data entry clerk (Name and number): Name _____

HH18.

Record the
time.

Hour ____

Minutes ____

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?**If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.**Use an additional questionnaire if all rows in the household listing form have been used.*For age 15
and aboveFor
women
age 15-49For
men
age 15-49For
children
age 5-14For
children
under age 5

For children age 0-17 years

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL10. DID (name) STAY HERE LAST NIGHT?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL6A WHAT IS MARITAL (name)'S STATUS 1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated	HL7. <i>Circle line number if woman is age 15-49</i>	HL7A. <i>In HHs selected for male interview, circle line number if man is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHO LD? <i>Record line number of mother or 00 for "No"</i>	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No Next Line 8 DK Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHO LD? <i>Record line number of father or 00 for "No"</i>								
Line	Name	Relation*	M	F	Y	N	Month	Year	Age	15 - 49	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father		
01		0 1	1	2	1	2	___	___	___	___	01	01	___	___	1	2	8	___	___	1	2	8	___
02		___	1	2	1	2	___	___	___	___	02	02	___	___	1	2	8	___	___	1	2	8	___
03		___	1	2	1	2	___	___	___	___	03	03	___	___	1	2	8	___	___	1	2	8	___
04		___	1	2	1	2	___	___	___	___	04	04	___	___	1	2	8	___	___	1	2	8	___
05		___	1	2	1	2	___	___	___	___	05	05	___	___	1	2	8	___	___	1	2	8	___
06		___	1	2	1	2	___	___	___	___	06	06	___	___	1	2	8	___	___	1	2	8	___
07		___	1	2	1	2	___	___	___	___	07	07	___	___	1	2	8	___	___	1	2	8	___
08		___	1	2	1	2	___	___	___	___	08	08	___	___	1	2	8	___	___	1	2	8	___
09		___	1	2	1	2	___	___	___	___	09	09	___	___	1	2	8	___	___	1	2	8	___

HL1. Line Num- ber	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL10. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK	HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL6A WHAT IS MARITAL (name)'S STATUS 1 Never Married 2 Married 3 Divorced 4 Widowed 5. Separated	HL7. <i>Circle line number if woman is age 15-49</i>	HL7A. <i>In HHs selected for male interview, circle line number if man is age 15-49</i>	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record line number of mother/ caretaker</i>	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHO LD? <i>Record line number of mother or 00 for "No"</i>	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK Next Line Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHO LD? <i>Record line number of father or 00 for "No"</i>							
Line	Name	Relation*	M	F	Y	N	Month	Year	Age	15 - 49	15-49	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father	
10		___	1	2	1	2	___	___	___	___	10	10	___	___	1	2	8	___	1	2	8	___
11		___	1	2	1	2	___	___	___	___	11	11	___	___	1	2	8	___	1	2	8	___
12		___	1	2	1	2	___	___	___	___	12	12	___	___	1	2	8	___	1	2	8	___
13		___	1	2	1	2	___	___	___	___	13	13	___	___	1	2	8	___	1	2	8	___
14		___	1	2	1	2	___	___	___	___	14	14	___	___	1	2	8	___	1	2	8	___
15		___	1	2	1	2	___	___	___	___	15	15	___	___	1	2	8	___	1	2	8	___

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Return to Household Information Panel and complete HH10, HH11, HH12, HH14, and HH15A.

Now for each woman age 15-49 years, complete the information panel of a separate Woman's Questionnaire.

In households selected for male interview, for each man age 15-49 years complete the information panel of a separate Man'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 a separate Under-5 Questionnaire.

You should now have a separate questionnaire for each eligible woman, man and each child under five in the household.

* Codes for HL3: Relationship to head of household:

01 Head	05 Grandchild	09 Brother-In-Law /	13 Adopted / Foster /
02 Wife / Husband	06 Parent	Sister-In-Law	Stepchild
03 Son / Daughter	07 Parent-In-Law	10 Uncle / Aunt	14 Not related
04 Son-In-Law /	08 Brother / Sister	11 Niece / Nephew	98 Don't know
Daughter-In-Law		12 Other relative	

EDUCATION												ED			
For all household members			For household members age 3 and above			For household members age 3-24 years									
ED1. Line Num- ber	ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE- SCHOOL?	ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?		ED5. DURING THE (2011- 2012) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOO L AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?					
				level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98		level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98		level: 0 Preschool 1 Primary 2 Lower Sec: 3 Upper Sec: 4 Post secondary non tertiary 5 Tertiary Edu. 8 DK	Grade: Primary 11-15 Lower Sec 21-24 Upper Sec 31-33 Post secondary non tertiary 41-43 Tertiary Edu 51-57 DK 98				
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01		___	1	2	___	___	1	2	___	___	1	2	8	___	___
02		___	1	2	___	___	1	2	___	___	1	2	8	___	___
03		___	1	2	___	___	1	2	___	___	1	2	8	___	___
04		___	1	2	___	___	1	2	___	___	1	2	8	___	___
05		___	1	2	___	___	1	2	___	___	1	2	8	___	___
06		___	1	2	___	___	1	2	___	___	1	2	8	___	___
07		___	1	2	___	___	1	2	___	___	1	2	8	___	___
08		___	1	2	___	___	1	2	___	___	1	2	8	___	___
09		___	1	2	___	___	1	2	___	___	1	2	8	___	___
10		___	1	2	___	___	1	2	___	___	1	2	8	___	___
11		___	1	2	___	___	1	2	___	___	1	2	8	___	___
12		___	1	2	___	___	1	2	___	___	1	2	8	___	___
13		___	1	2	___	___	1	2	___	___	1	2	8	___	___
14		___	1	2	___	___	1	2	___	___	1	2	8	___	___
15		___	1	2	___	___	1	2	___	___	1	2	8	___	___

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe..... 14 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	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS HANDWASHING?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe..... 14 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	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes DK..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>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 Pit latrine 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 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Buddhist</i> 1 <i>Christianity</i> 2 <i>Islam</i> 3 <i>Animist</i> 4 Other religion (<i>specify</i>) 6 No religion 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic Group</i> () <i>Code</i> _____ Other ethnic group (<i>specify</i>) 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms _ _	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 11 Dung 12 Rudimentary floor Wood planks 21 Palm / Bamboo 22 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Palm leaf 12 Rudimentary Roofing Palm / Bamboo 22 Wood planks 23 Finished roofing Metal 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. <i>Main material of the exterior walls.</i></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>Plywood..... 24</p> <p>Cardboard 25</p> <p>Reused wood..... 26</p> <p>Bamboo mat..... 27</p> <p>Bamboo/Bamboo with dry leaf..... 28</p> <p>Bamboo lattice..... 29</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>Wood planks / shingles 36</p> <p>Other (<i>specify</i>) 96</p>																																								
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity..... 01</p> <p>Liquefied Petroleum Gas (LPG) 02</p> <p>Natural gas..... 03</p> <p>Biogas 04</p> <p>Kerosene 05</p> <p>Coal / Lignite 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw / Shrubs / Grass..... 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</p> <p>No food cooked in household..... 95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>																																							
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen..... 1</p> <p>Elsewhere in the house..... 2</p> <p>In a separate building 3</p> <p>Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																																								
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A CLOCK?</p> <p>[G] FAN?</p> <p>[H] SOFA /WOODEN SETTEE?</p> <p>[I] WATER PUMP?</p> <p>[J] AIR-CONDITIONER?</p> <p>[K] WASHING MACHINE?</p> <p>[L] CD/DVD PLAYER</p>	<table border="1"> <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>Non-mobile telephone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clock.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fan.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa /wooden settee</td> <td>1</td> <td>2</td> </tr> <tr> <td>Water pump.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Air conditioner</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing Machine.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CD/DVD Player.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile telephone.....	1	2	Refrigerator	1	2	Clock.....	1	2	Fan.....	1	2	Sofa /wooden settee	1	2	Water pump.....	1	2	Air conditioner	1	2	Washing Machine.....	1	2	CD/DVD Player.....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p> <p>[H] TUK TUK</p> <p>[I] TAK TAK?</p> <p>[J] CAMERA?</p> <p>[K] COMPUTER?</p>	<table> <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>Mobile Phone</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> <tr> <td>Tuk tuk</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tak tak</td> <td>1</td> <td>2</td> </tr> <tr> <td>Camera</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	1	2	Mobile Phone	1	2	Bicycle.....	1	2	Motorcycle/Scooter.....	1	2	Animal drawn-cart.....	1	2	Car/Truck	1	2	Boat with motor.....	1	2	Tuk tuk	1	2	Tak tak	1	2	Camera	1	2	Computer	1	2	
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<p>HC10. DO YOU OR ANY MEMBER OF THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If "Rented from someone else", circle "2". For other responses, circle "6".</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (Not owned or rented) 6</p>																																					
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC13																																				
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Hectares..... ____ ____</p>																																					
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒HC15																																				
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] BULLS?</p> <p>[B] BUFFALO?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] POULTRY?</p> <p>[F] PIGS?</p> <p>[G] HORSES, DONKEYS, OR MULES</p> <p><i>If none, record '00'.</i></p> <p><i>If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p>Bulls ____ ____</p> <p>Buffalo..... ____ ____</p> <p>Goats ____ ____</p> <p>Sheep..... ____ ____</p> <p>Poultry..... ____ ____</p> <p>Pigs..... ____ ____</p> <p>Horses/Donkeys/Mules..... ____ ____</p>																																					
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes..... 1</p> <p>No 2</p>																																					

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets ____ ____	
TN3. ask the respondent to show you the nets in the household. if more than 6 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net	4 th Net	5 th Net	6 th Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the type of mosquito net. If you cannot observe the net, show pictures of typical net types to respondent.	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98	Long-lasting treated nets Olyset net 11 Permanent net 12 Pre-treated nets Ordinary net 21 Other net (specify) 31 DK type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? If less than one month, record "00"	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. Ago 95 DK / Not sure 98

TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-12) ⇒ TN11 <input type="checkbox"/> Pre-treated (21) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes.....1 No2 DK / Not sure8	Yes.....1 No2 DK / Not sure8	Yes.....1 No2 DK / Not sure8	Yes.....1 No2 DK / Not sure8	Yes.....1 No2 DK / Not sure8	Yes 1 No..... 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes.....1 No2 ⇒ TN11 DK / Not sure8 ⇒ TN11	Yes.....1 No2 ⇒ TN11 DK / Not sure8 ⇒ TN11	Yes.....1 No2 ⇒ TN11 DK / Not sure8 ⇒ TN11	Yes.....1 No2 ⇒ TN11 DK / Not sure8 ⇒ TN11	Yes.....1 No2 ⇒ TN11 DK / Not sure8 ⇒ TN11	Yes 1 No..... 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago... ____ ____ More than 24 mo. Ago95 DK / Not sure98	Months ago... ____ ____ More than 24 mo. Ago95 DK / Not sure98	Months ago... ____ ____ More than 24 mo. Ago95 DK / Not sure98	Months ago... ____ ____ More than 24 mo. Ago95 DK / Not sure98	Months ago... ____ ____ More than 24 mo. Ago95 DK / Not sure98	Months ago... ____ ____ More than 24 mo. Ago.....95 DK / Not sure98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes.....1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13	Yes.....1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13	Yes.....1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13	Yes.....1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13	Yes.....1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13	Yes 1 No..... 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13

<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the household listing form</i></p> <p><i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____
	Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____
	Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____
	Name _____	Name _____	Name _____	Name _____	Name _____	Name _____
	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____	Line number... ____ ____	Line number ... ____ ____	Line number... ____ ____
<p>TN13.</p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 for next net. If no more nets, go to next module</i></p>	<p><i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module</i></p>
	<p><i>Tick here if additional questionnaire used</i></p> <p><input type="checkbox"/></p>					

CHILD DISCIPLINE**CD****Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —
CD6.	Total children age 2-14 years				— —

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 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.
- Check the last digit of the household number (HH2) 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 CD6 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 (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	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

CD8. Record the rank number of the selected child.....

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number__ __</p>	
<p>CD10. 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 <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u>.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD12. EXPLAINED WHY <i>(name)</i>'S BEHAVIOR WAS WRONG.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes1</p> <p>No.....2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes1</p> <p>No.....2</p> <p>Don't know / No opinion8</p>	

HH19. Record the time.	Hour and minutes : ..	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM1</p> <p>More than 0 PPM & less than 15 PPM2</p> <p>15 PPM or more.....3</p> <p>No salt in the house6</p> <p>Salt not tested.....7</p>	

<p>HH20. Does any eligible woman age 15-49 reside in the household?</p> <p><i>Check Household Listing Form, column HL7 for any eligible woman.</i></p> <p><i>You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></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>HH20A. Is household selected for male interview and does any eligible man age 15-49 reside in the household?</p> <p><i>Check Household Information Panel, HH7A and Household Listing Form, column 7A for any eligible man.</i></p> <p><i>If household is selected for male interview, you should have a questionnaire with the Information Panel filled in for each eligible man.</i></p> <p><input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man.</p> <p><input type="checkbox"/> No ⇒ Continue.</p>
<p>HH21. Does any child under the age of 5 reside in the household?</p> <p><i>Check Household Listing Form, column HL9 for any eligible child under age 5.</i></p> <p><i>You should have a questionnaire with the Information Panel filled in for each eligible child.</i></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 complete HH8 to HH15B on the cover page.</p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations