|  |  |
| --- | --- |
| MICS logo ALLHOUSEHOLD QUESTIONNAIREName and year of survey |  |
| household information panel | HH |
| **HH1**. *Cluster number: \_\_\_ \_\_\_ \_\_\_* | **HH2**. *Household number: \_\_\_ \_\_\_* |
| **HH3**. *Interviewer’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ | **HH4**. *Supervisor’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ |
| **HH5**. *Day / Month / Year of interview:*\_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ | **HH7**. *Region:*Region 11Region 22Region 3 3Region 4 4Region 5 5 |
| **HH6**. *Area:* | Urban 1Rural 2 |
| **HH8**. *Is the household selected for Questionnaire for Men?* | Yes 1No 2 |
| **HH9**. *Is the household selected for Water Quality Testing?* | Yes 1No 2 | **HH10**. Is the household selected for blank testing? | Yes 1No 2 |

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| Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15. | **HH11**. *Record the time.* |
| HourS | : Minutes |
| \_\_ \_\_ | : \_\_ \_\_ |
| **HH12**. Hello, my name is (***your name***). We are from National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these subjects. This interview usually takes about number minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now? |
| Yes, permission is given 1No, permission is not given 2 | 1*⇨List of Household Members*2*⇨*HH46 |

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| **HH46**. *Result of Household Questionnaire interview:**Discuss any result not completed with Supervisor.* | Completed 01No household member at home or no competent  respondent at home at time of visit 02Entire household absent for extended period of time 03Refused 04Dwelling vacant or address not a dwelling 05Dwelling destroyed 06Dwelling not found 07Other (specify) 96 |

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| **HH47**. *Name and line number of the respondent to Household Questionnaire interview:*Name \_\_\_ \_\_\_ |  | *To be filled after the Household Questionnaire is completed* |  | *To be filled after all the questionnaires are completed* |
|  | Total Number |  | completed Number |
| Household members |  | **HH48** | \_\_ \_\_ |  |  |
| Women age 15-49 |  | **HH49** | \_\_ \_\_ |  | **HH53** | \_\_ \_\_ |
| *If household is selected for Questionnaire for Men:*Men age 15-49 |  | **HH50** | \_\_ \_\_ |  | **HH54** | \_\_ \_\_ |
| Children under age 5 |  | **HH51** | \_\_ \_\_ |  | **HH55** | \_\_ \_\_ |
| Children age 5-17 |  | **HH52** | \_\_ \_\_ |  | **HH56** | ZERO 0ONE 1 |

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| list of household members HL |
| First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 are complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household.  Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: **🞎** |
| **HL1**. *Line**number* | **HL2**.First, please tell me the name of each person who usually lives here, starting with the head of the household.*Probe for additional household members.* | **HL3**. What is the relationship of (***name***) to (***name of the head of household***)? | **HL4**. Is (***name***) male or female?1 Male2 Female | HL5. What is (name)’s date of birth? | **HL6**. How old is (***name***)?*Record in completed years.**If age is 95 or above, record ‘95’.* | **HL7**. Did (***name***) stay here last night?1 Yes2 No | **HL8**. *Record line number if woman and age 15-49.* | **HL9.** *Record line number if man, age 15-49 and HH8 is yes.* | **HL10**. *Record line number* if age 0-4. | HL11. Age 0-17?1 Yes2 No*⬂* *Next Line* | **HL12**. Is (***name***)’s natural mother alive?1 Yes2 No*⬂* *HL16*8 DK*⬂* *HL16* | **HL13**. Does (***name***)’s natural mother live in this household?1 Yes2 No*⬂* *HL15* | **HL14**. *Record the line number of mother and go to HL16.* | **HL15**. Where does (***name***)’s natural mother live?1 abroad2 In another household in the same region3 in another household in another region4 Institution in this country8 DK | **HL16**. Is (***name***)’s natural father alive?1 Yes2 No*⬂* *HL20*8 DK*⬂* *HL20* | **HL17**. Does (***name***)’s natural father live in this household?1 Yes2 No*⬂* *HL19* | **HL18**. *Record the line number of father and go to HL20.* | **HL19**. Where does (***name***)’s natural father live?1 abroad2 In another household in the same region3 in another household in another region4 Institution in this country8 DK | **HL20**. *Copy the line number of mother from HL14. If blank, ask:*Who is the primary caretaker of (***name***)?If ‘No one’ for a child age 15-17, record ‘90’. |
| 98 DK | 9998 DK |
| Line | Name | Relation\* | M F | Month | Year | Age | y n | W 15-49 | M 15-49 | 0-4 | y n | y n dk | y n | Mother |  | y n dk | y n | Father |  |  |
| 01 |  |  0 1  | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 01 | 01 | 01 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 02 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 02 | 02 | 02 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 03 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 03 | 03 | 03 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 04 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 04 | 04 | 04 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 05 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 05 | 05 | 05 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 06 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 06 | 06 | 06 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 07 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 07 | 07 | 07 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 08 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 08 | 08 | 08 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 09 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 09 | 09 | 09 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 10 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 10 | 10 | 10 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 11 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 11 | 11 | 11 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 12 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 12 | 12 | 12 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 13 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 13 | 13 | 13 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 14 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 14 | 14 | 14 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 15 |  | \_\_ \_\_ | 1 2 | \_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ | 1 2 | 15 | 15 | 15 | 1 2 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | 1 2 8 | 1 2 | \_\_ \_\_ | 1 2 3 4 8 | \_\_\_ \_\_\_ |
| \* *Codes for* ***HL3****: Relationship to head of household:* | 01 Head02 Spouse / Partner 03 Son / Daughter04 Son-in-law / Daughter-In-Law | 05 Grandchild06 Parent 07 Parent-In-Law08 Brother / Sister | 09 Brother-in-law / Sister-In-Law10 Uncle/Aunt 11 Niece / Nephew12 Other relative | 13 Adopted / Foster / Stepchild 14 Servant (Live-in)96 Other (Not related)98 DK |

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| **EDUCATION 1 ED** |
| **ED1**. *Line**number* | **ED2**. *Name and age.**Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.* | **ED3**. *Age 3 or above?*1 Yes2 No*⬂**Next Line* | **ED4**. Has (***name***) ever attended school or any Early Childhood Education programme?1 Yes2 No*⬂**Next Line* | **ED5**. What is the highest level and grade or year of school (***name***) has ever attended? | **ED6**. Did (***name***) ever complete that (grade/year)?1 Yes2 No8 DK | **ED7**. *Age 3-24?*1 Yes2 No*⬂**Next Line* | **ED8**. *Check ED4: Ever attended school or ECE?*1 Yes2 No*⬂**Next Line* |
| Level:0 ECE*⬂* *ED7*1 Primary2 Lower Secondary3 Upper Secondary4 Higher8 DK | Grade/Year:98 DK*⬂* *ED7* |
| Line | Name | Age | Yes | No | Yes | No | Level | Grade/Year | Y | N | DK | Yes | No | Yes | No |
| 01 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 02 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 03 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 04 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 05 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 06 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 07 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 08 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 09 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 10 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 11 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 12 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 13 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 14 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |
| 15 |  | \_\_\_ \_\_\_ | 1 | 2 | 1 | 2 | 0 | 1 | 2 | 3 | 4 | 8 | \_\_\_ \_\_\_ | 1 | 2 | 8 | 1 | 2 | 1 | 2 |

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| **EDUCATION 2 ED** |
| **ED1**. *Line**number* | **ED2**. *Name and age.* | **ED9**. At any time during the current school year did (***name***) attend school or any Early Childhood Education programme?1 Yes2 No*⬂* *ED15* | **ED10**. During this current school year, which level and grade or year is (***name***) attending? | **ED11**. Is (he/she) attending a public school?*If “Yes”, record ‘1’. If “No”, probe to code who controls and manages the school.*1 Govt./ Public2 Religious/ Faith Org.3 Private6 Other8 DK | **ED12**. In the current school year, has (***name***) received any school tuition support?*If “Yes”, probe to ensure that support was not received from family, other relatives, friends or neighbours.*1 Yes2 No*⬂**ED14*8 DK*⬂* *ED14* | **ED13**. Who provided the tuition support?*Record all mentioned.*A Govt. / PublicB Religious/ Faith Org.C Private.X OtherZ DK | **ED14**. For the current school year, has (***name***) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms or other school supplies?*If “Yes”, probe to ensure that support was not received from family, other relatives, friends or neighbours.*1 Yes2 No8 DK | **ED15**. At any time during the previous school year did (***name***) attend school or any Early Childhood Education programme?1 Yes2 No*⬂**Next Line*8 DK*⬂**Next Line* | **ED16**. During that previous school year, which level and grade or year did (***name***) attend? |
| Level:0 ECE*⬂* *ED15*1 Primary2 Lower Sec.3 Upper Sec.4 Higher8 DK | Grade/Year:98 DK | Level:0 ECE*⬂**Next Line*1 Primary2 Lower Sec.3 Upper Sec.4 Higher8 DK | Grade/Year:98 DK |
| Line | Name | Age | Yes No | Level | Grade/Year | Authority | Yes No DK | Tuition | Yes No DK | Yes No DK | Level | Grade/Year |
| 01 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 02 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 03 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 04 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 05 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 06 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 07 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 08 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 09 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 10 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 11 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 12 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 13 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 14 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |
| 15 |  | \_\_\_ \_\_\_ | 1 2 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ | 1 2 3 6 8 | 1 2 8 | A B C X Z | 1 2 8 | 1 2 8 | 0 1 2 3 4 8 | \_\_\_ \_\_\_ |

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| **Household characteristics** | **HC** |
| **HC1A.** What is the religion of (***name of the head of the household from HL2***)? | Religion 1 1Religion 2 2Religion 3 3Other religion (specify) 6No religion 7 |  |
| **HC1B**. What is the mother tongue/native language of (***name of the head of the household from HL2***)? | Language 1 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **HC2**. To what ethnic group does (***name of the head of the household from HL2***) belong? | Ethnic group 1 1Ethnic group 2 2Ethnic group 3 3Other (specify) 6 |  |
| **HC3**. How many rooms do members of this household usually use for sleeping? | Number of rooms \_\_ \_\_ |  |
| **HC4**. *Main material of the dwelling floor.* *Record observation.* *If observation is not possible, ask the respondent to determine the material of the dwelling floor.* | **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 35Other (*specify*) 96 |  |
| **HC5**. *Main material of the roof.* *Record observation.* | **Natural roofing** No Roof 11 Thatch / Palm leaf 12 Sod 13**Rudimentary roofing** Rustic mat 21 Palm / Bamboo 22 Wood planks 23 Cardboard 24**Finished roofing** Metal / Tin 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36Other (*specify*) 96 |  |
| **HC6**. *Main material of the exterior walls.* *Record observation.* | **Natural walls** No walls 11 Cane / Palm / Trunks 12 Dirt 13**Rudimentary walls** Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26**Finished walls** Cement 31 Stone with lime / cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks / shingles 36Other (*specify*) 96 |  |
| **HC7.** Does your household have: [A] A fixed telephone line? [B] A radio? [C] Country Specific Items That Do Not Run On Electricity (See Customization Guidelines) |  Yes NoFixed telephone Line 1 2Radio 1 2Country Specific Item 1 2 |  |
| **HC8.** Does your household have electricity? | Yes, interconnected grid 1yes, off-grid (GENERATOR/isolated system) 2No 3 | 3*⇨HC10* |
| **HC9**. Does your household have: [A] A television? [B] A refrigerator? [C] Country Specific Items That Run On Electricity (See Customization Guidelines) |  Yes NoTelevision 1 2Refrigerator 1 2Country Specific Item 1 2 |  |
| **HC10**. Does any member of your household own: [A] A watch? [B] A bicycle? [C] A motorcycle or scooter? [D] An animal-drawn cart? [E] A car, truck or van? [F] A boat with a motor? [G] Country Specific Items  (See Customization Guidelines) |  Yes NoWatch 1 2Bicycle 1 2Motorcycle / Scooter 1 2Animal-drawn cart 1 2Car / Truck / Van 1 2Boat with motor 1 2Country Specific Item 1 2 |  |
| **HC11**. Does any member of your household have a computer or a tablet? | Yes 1No 2 |  |
| **HC12**. Does any member of your household have a mobile telephone? | Yes 1No 2 |  |
| **HC13**. Does your household have access to internet at home? | Yes 1No 2 |  |
| **HC14**. Do you or someone living in this household own this dwelling? *If ‘No’, then ask:* Do you rent this dwelling from someone not living in this household? *If ‘Rented from someone else’, record ‘2’. For other responses, record ‘6’ and specify.* | Own 1Rent 2Other (*specify)* 6 |  |
| **HC15**. Does any member of this household own any land that can be used for agriculture? | Yes 1No 2 | 2*⇨HC17* |
| **HC16**. How many hectares of agricultural land do members of this household own?*If less than 1, record ’00’.* | Hectares \_\_\_ \_\_\_95 or more 95DK 98 |  |
| **HC17**. Does this household own any livestock, herds, other farm animals, or poultry? | Yes 1No 2 | 2*⇨HC19* |
| **HC18**. How many of the following animals does this household have? [A] Milk cows or bulls? [B] Other cattle? [C] Horses, donkeys or mules? [D] Goats? [E] Sheep? [F] Chickens? [G] Pigs? [H] Country Specific Additions  (See Customization Guidelines) *If none, record ‘00’. If 95 or more, record ‘95’.* *If unknown, record ‘98’.* | milk cows or bulls \_\_\_ \_\_\_Other cattle \_\_\_ \_\_\_Horses, donkeys or mules \_\_\_ \_\_\_Goats \_\_\_ \_\_\_Sheep \_\_\_ \_\_\_Chickens \_\_\_ \_\_\_Pigs \_\_\_ \_\_\_Country Specific Addition \_\_\_ \_\_\_ |  |
| **HC19**. Does any member of this household have a bank account? | Yes 1No 2 |  |

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| SOCIAL Transfers | ST |
| **ST1**. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours. |
|  | [A]Assistance Type 1 | [B]Assistance Type 2 | [C]Assistance Type 3 | [D]Pension Benefits | [X]ANY Other external assistance programme |
| **ST2.** Are you aware of (***name of programme***)? | Yes 1No 2 *⬂**[B]* | Yes 1No 2 *⬂**[C]* | Yes 1No 2 *⬂**[D]* | Yes 1No 2 *⬂**[X]* | Yes (*specify*) 1No 2 ⬂*End* |
| **ST3**. Has your household or anyone in your household received assistance through (***name of programme***)? | Yes 1 *⬂**ST4*No 2 *⬂**[B]*DK 8 *⬂**[B]* | Yes 1 *⬂**ST4*No 2 *⬂**[C]*DK 8 *⬂**[C]* | Yes 1 *⬂**ST4*No 2 *⬂**[D]*DK 8 *⬂**[D]* | Yes 1 *⬂**ST4*No 2 *⬂**[X]*DK 8 *⬂**[X]* | Yes 1 *⬂**ST4*No 2 *⬂* *End* DK 8 *⬂**End* |
| **ST4**. When was the last time your household or anyone in your household received assistance through (***name of programme***)?*If less than one month, record ‘1’ and record ‘00’ in Months.**If less than 12 months, record ‘1’ and record in Months.**If 1 year/12 months or more, record ‘2’ and record in Years.* | Months ago **1** \_\_ \_\_*⬂**[B]*Years ago **2** \_\_ \_\_*⬂**[B]*DK 998*⬂**[B]* | Months ago **1** \_\_ \_\_*⬂**[C]*Years ago **2** \_\_ \_\_*⬂**[C]*DK 998*⬂**[C]* | Months ago **1** \_\_ \_\_*⬂**[D]*Years ago **2** \_\_ \_\_*⬂**[D]*DK 998*⬂**[D]* | Months ago **1** \_\_ \_\_*⬂**[X]*Years ago **2** \_\_ \_\_*⬂**[X]*DK 998*⬂**[X]* | Months ago **1** \_\_ \_\_*⬂**End*Years ago **2** \_\_ \_\_*⬂**End*DK 998 *⬂**End* |

|  |  |
| --- | --- |
| HOUSEHOLD ENERGY USE | **EU** |
| **EU1**. In your household, what type of cookstove is mainly used for cooking? | Electric stove 01Solar cooker 02Liquefied Petroleum Gas (LPG)/ cooking gas stove 03Piped Natural gas stove 04Biogas stove 05liquid fuel stove 06manufactured solid fuel stove 07traditional solid fuel stove 08three stone stove / open fire 09Other (specify) 96No food cooked in household 97 | 01*⇨EU5*02*⇨EU5*03*⇨EU5*04*⇨EU5*05*⇨EU5*06*⇨EU4*09*⇨EU4*96*⇨EU4*97*⇨EU6* |
| **EU2.** Does it have a chimney? | YES 1NO 2DK 8 |  |
| **EU3.** Does it have a fan? | YES 1NO 2DK 8 |  |
| **EU4**. What type of fuel or energy source is used in this cookstove? *If more than one, record the main energy source for this cookstove.* | alcohol / Ethanol 01gasoline / diesel 02Kerosene / paraffin 03Coal / Lignite 04Charcoal 05Wood 06Crop residue / grass / Straw / Shrubs 07Animal dung / waste 08Processed biomass (pellets) or Woodchips 09Garbage / Plastic 10sawdust 11Other (specify) 96 |  |
| **EU5**. Is the cooking usually done in the house, in a separate building, or outdoors? *If in main house, probe to determine if cooking is done in a separate room.* *If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.* | In main house no Separate room 1 in a separate room 2In a separate building 3Outdoors open air 4 On veranda or covered porch 5Other (specify) 6 |  |
| **EU6**. What does your household mainly use for space heating when needed? | central heating 01manufactured space heater 02traditional space heater 03manufactured cookstove 04traditional cookstove 05three stone stove / open fire 06Other (specify) 96No space heating in household 97 | 01*⇨EU8*06*⇨EU8*96*⇨EU8*97*⇨EU9* |
| **EU7.** Does it have a chimney? | YES 1NO 2DK 8 |  |
| **EU8**. What type of fuel and energy source is used in this heater? *If more than one, record the main energy source for this heater.* | Solar air heater 01electricity 02piped natural gas 03Liquefied Petroleum Gas (LPG)/ cooking gas 04Biogas 05alcohol / Ethanol 06gasoline / diesel 07Kerosene / paraffin 08Coal / Lignite 09Charcoal 10Wood 11Crop residue / grass / Straw / Shrubs 12Animal dung / waste 13Processed biomass (pellets) or Woodchips 14Garbage / Plastic 15sawdust 16Other (specify) 96 |  |
| **EU9**. At night, what does your household mainly use to light the household? | Electricity 01Solar lantern 02Rechargeable flashlight, torch or lantern 03battery powered flashlight, torch or lantern 04bioGas lamp 05gasoline lamp 06Kerosene or paraffin lamp 07Charcoal 08Wood 09Crop residue / grass / Straw / Shrubs 10Animal dung / waste 11Oil lamp 12Candle 13Other (specify) 96No lighting in household 97 |  |

|  |
| --- |
| Insecticide treated nets TN |
| **TN1**. Does your household have any mosquito nets? | Yes 1No 2 | 2*⇨End* |
| **TN2**. How many mosquito nets does your household have? | Number of nets \_\_\_ \_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1st Net | 2nd Net | 3rd Net |
| **TN3**. *Ask the respondent to show you all the nets in the household.*  | Observed 1Not observed 2 | Observed 1Not observed 2 | Observed 1Not observed 2 |
| **TN4**. How many months ago did your household get the mosquito net? *If less than one month, record ‘00’.* | Months ago \_\_\_ \_\_\_More than 36 months ago 95DK / Not sure 98 | Months ago \_\_\_ \_\_\_More than 36 months ago 95DK / Not sure 98 | Months ago \_\_\_ \_\_\_More than 36 months ago 95DK / Not sure 98 |
| **TN5**. *Observe or ask the brand/type of mosquito net.* *If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.* | **Long-lasting insecticide treated nets (LLIN)** Brand A 11 Brand B 12 Brand C 13 Other brand (*specify)* 16 DK brand 18Other type *(specify)* 36DK brand/type 98 | **Long-lasting insecticide treated nets (LLIN)** Brand A 11 Brand B 12 Brand C 13 Other brand (*specify)* 16 DK brand 18Other type *(specify)* 36DK brand/type 98 | **Long-lasting insecticide treated nets (LLIN)** Brand A 11 Brand B 12 Brand C 13 Other brand (*specify)* 16 DK brand 18Other type *(specify)* 36DK brand/type 98 |
| **TN6**. *Is net type LLIN (TN5=11-18)?* | YES 1 *⬂**TN10*NO 2 | YES 1 *⬂**TN10*NO 2 | YES 1 *⬂**TN10*NO 2 |
| **TN7**. Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 |
| **TN8**. *Was the net soaked or dipped (TN7=1)?* | YES 1NO 2 *⬂**TN10* | YES 1NO 2 *⬂**TN10* | YES 1NO 2 *⬂**TN10* |
| **TN9**. How many months ago was the net last soaked or dipped? *If less than one month, record ‘00’.* | Months ago \_\_\_ \_\_\_More than 24 months ago 95DK / Not sure 98 | Months ago \_\_\_ \_\_\_More than 24 months ago 95DK / Not sure 98 | Months ago \_\_\_ \_\_\_More than 24 months ago 95DK / Not sure 98 |
| **TN10**. Did you get the net through a local name of mass distribution campaign, during an antenatal care visit, or during an immunization visit? | Yes, name of campaign 1Yes, ANC 2Yes, Immunization 3NO 4DK 8 | Yes, name of campaign 1Yes, ANC 2Yes, Immunization 3NO 4DK 8 | Yes, name of campaign 1Yes, ANC 2Yes, Immunization 3NO 4DK 8 |
| **TN11**. *Check TN10: Is TN10=4?* | YES 1NO 2 *⬂**TN13* | YES 1NO 2 *⬂**TN13* | YES 1NO 2 *⬂**TN13* |
| **TN12**. Where did you get the net? | Government Health Facility 01Private Health Facility 02Pharmacy 03Shop / Market / Street 04Community Health Worker 05Religious Institution 06School 07Other 96DK 98 | Government Health Facility 01Private Health Facility 02Pharmacy 03Shop / Market / Street 04Community Health Worker 05Religious Institution 06School 07Other 96DK 98 | Government Health Facility 01Private Health Facility 02Pharmacy 03Shop / Market / Street 04Community Health Worker 05Religious Institution 06School 07Other 96DK 98 |
| **TN13**. Did anyone sleep under this mosquito net last night? | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 |
| **TN14**. *Did anyone sleep under the net (TN13=1)?* | YES 1NO 2 *⬂**TN16* | YES 1NO 2 *⬂**TN16* | YES 1NO 2 *⬂**TN16* |
| **TN15**. Who slept under this mosquito net last night? *Record the person’s line number from the List of Household Members.* *If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record ‘00’.* | NAME #1 LINE NUMBER \_\_\_ \_\_\_NAME #2 LINE NUMBER \_\_\_ \_\_\_NAME #3 LINE NUMBER \_\_\_ \_\_\_NAME #4 LINE NUMBER \_\_\_ \_\_\_ | NAME #1 LINE NUMBER \_\_\_ \_\_\_NAME #2 LINE NUMBER \_\_\_ \_\_\_NAME #3 LINE NUMBER \_\_\_ \_\_\_NAME #4 LINE NUMBER \_\_\_ \_\_\_ | NAME #1 LINE NUMBER \_\_\_ \_\_\_NAME #2 LINE NUMBER \_\_\_ \_\_\_NAME #3 LINE NUMBER \_\_\_ \_\_\_NAME #4 LINE NUMBER \_\_\_ \_\_\_ |
| **TN16**. *Is there another net?* | YES 1 *⬂**Next Net*NO 2 *⬂**End* | YES 1 *⬂**Next Net*NO 2 *⬂**End* | YES 1 *⬂**Next Net*NO 2 *⬂**End* |
|  |  |  | *Tick here if additional questionnaire used:* **🞎** |
| Indoor residual spraying IR |
| **IR1**. At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | Yes 1No 2DK 8 | 2*⇨End*8*⇨End* |
| **IR2**. Who sprayed the dwelling? *Record all that apply.* | Government worker / program APrivate company BNon-governmental organization COther (*specify*) XDK Z |  |

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| water and sanitation | WS |
| **WS1**. What is the main source of drinking water used by members of your household? If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point). | **Piped water**  Piped into dwelling 11 Piped to yard / plot 12 Piped to neighbour 13 Public tap / standpipe 14Tube Well / Borehole 21**Dug well** Protected well 31 Unprotected well 32**spring** Protected spring 41 Unprotected spring 42Rainwater 51Tanker-truck 61Cart with small tank 71water kiosk 72Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 81**Packaged water** Bottled water 91 Sachet water 92Other (specify) 96 | 11*⇨WS7*12*⇨WS7*13*⇨WS3*14*⇨WS3*21*⇨WS3*31*⇨WS3*32*⇨WS3*41*⇨WS3*42*⇨WS3*51*⇨WS3*61*⇨WS4*71*⇨WS4*72*⇨WS4*81*⇨WS3*96*⇨WS3* |
| **WS2**. What is the main source of water used by members of your household for other purposes such as cooking and handwashing? *If unclear, probe to identify the place from which members of this household most often collect water for other purposes.* | **Piped water**  Piped into dwelling 11 Piped to yard / plot 12 Piped to neighbour 13 Public tap / standpipe 14Tube Well / Borehole 21**Dug well** Protected well 31 Unprotected well 32**spring** Protected spring 41 Unprotected spring 42Rainwater 51Tanker-truck 61Cart with small tank 71water kiosk 72Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 81Other (specify) 96 | 11*⇨WS7*12*⇨WS7*61*⇨WS4*71*⇨WS4*72*⇨WS4* |
| **WS3**. Where is that water source located? | In own dwelling 1In own yard / plot 2Elsewhere 3 | 1*⇨WS7*2*⇨WS7* |
| **WS4**. How long does it take for members of your household to go there, get water, and come back? | MEMBERS DO NOT COLLECT 000Number of minutes \_\_ \_\_ \_\_DK 998 | 000 *⇨WS7* |
| **WS5**. Who usually goes to this source to collect the water for your household? Record the name of the person and copy the line number of this person from the List of Household Members Module. | Name Line Number \_\_ \_\_ |  |
| **WS6**. Since last (***day of the week***), how many times has this person collected water? | Number of times \_\_ \_\_DK 98 |  |
| **WS7.** In the last month, has there been any time when your household did not have sufficient quantities of drinking water? | Yes, at least once 1No, always sufficient 2DK 8 | 2*⇨WS9*8*⇨WS9* |
| **WS8.** What was the main reason that you were unable to access water in sufficient quantities when needed? | WATER NOT AVAILABLE FROM SOURCE 1WATER TOO EXPENSIVE 2SOURCE NOT ACCESSIBLE 3OTHER (specify) 6DK 8 |  |
| **WS9**. Do you or any other member of this household do anything to the water to make it safer to drink? | Yes 1No 2DK 8 | 2*⇨WS11*8*⇨WS11* |
| **WS10**. What do you usually do to make the water safer to drink? Probe: Anything else? Record all methods mentioned. | Boil AAdd bleach / chlorine BStrain it through a cloth CUse water filter (ceramic, sand, composite, etc.) DSolar disinfection ELet it stand and settle FOther (specify) XDK Z |  |
| **WS11**. What kind of toilet facility do members of your household usually use? If ‘Flush’ or ‘Pour flush’, probe:Where does it flush to? If not possible to determine, ask permission to observe the facility. | **Flush / Pour flush** Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit latrine 13 Flush to open drain 14 Flush to DK where 18**Pit latrine** Ventilated Improved Pit  latrine 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23Composting toilet 31Bucket 41Hanging toilet /  Hanging latrine 51No facility / Bush / Field 95Other (specify) 96 | 11*⇨WS14*14*⇨WS14*18*⇨WS14*41*⇨WS14*51*⇨WS14*95*⇨End*96*⇨WS14* |
| **WS12**. Has your (***answer from WS11***) ever been emptied? | Yes, emptied Within the last 5 years 1 More than 5 years ago 2 Don’t know when 3No, never emptied 4DK 8 | 4*⇨WS14*8*⇨WS14* |
| **WS13**. The last time it was emptied, where were the contents emptied to? Probe: Was it removed by a service provider?  | **Removed by service provider** to a treatment plant 1 buried in a covered pit 2 to don’t know where 3**Emptied by household** buried in a covered pit 4 to uncovered pit, open ground, water body or elsewhere 5Other (specify) 6DK 8 |  |
| **WS14**. Where is this toilet facility located? | In own dwelling 1In own yard / plot 2Elsewhere 3 |  |
| **WS15**. Do you share this facility with others who are not members of your household? | Yes 1No 2 | 2*⇨End* |
| **WS16**. 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? | shared with known households (not public) 1shared with general public 2 | 2*⇨End* |
| **WS17**. How many households in total use this toilet facility, including your own household? | Number of households  (if less than 10) 0 \_\_Ten or more households 10DK 98 |  |

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| HANDWASHING | HW |
| **HW1**. We would like to learn about where members of this household wash their hands.  Can you please show me where members of your household most often wash their hands? *Record result and observation.* | **OBSERVED**Fixed facility observed (Sink / Tap) In dwelling 1 In yard /plot 2Mobile object observed  (Bucket / Jug / Kettle) 3**Not Observed**No handwashing place in dwelling / yard / plot 4No permission to see 5Other reason (specify) 6 | 4*⇨HW5*5*⇨HW4*6*⇨HW5* |
| **HW2**. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.* | Water is available 1Water is not available 2 |  |
| **HW3.** *Is soap or detergent or ash/mud/sand present at the place for handwashing?* | Yes, present 1No, not present 2 | 1*⇨HW7*2*⇨HW5* |
| **HW4.** Where do you or other members of your household most often wash your hands? | Fixed facility (Sink / Tap) In dwelling 1 In yard / plot 2Mobile object  (Bucket / Jug / Kettle) 3No handwashing place in dwelling / yard / plot 4Other (specify) 6 |  |
| **HW5**. Do you have any soap or detergent or ash/mud/sandin your house for washing hands? | Yes 1No 2 | 2*⇨End* |
| **HW6**. Can you please show it to me? | Yes, shown 1No, not shown 2 | 2*⇨End* |
| HW7. Record your observation. Record all that apply. | Bar or Liquid soap ADetergent (Powder / Liquid / Paste) BAsh / Mud / Sand C |  |

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| salt iodization SA |
| **SA1**. 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? Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome. | **Salt tested** 0 PPM (No reaction) 1 below 15 ppm (Between 0 and 15 PPM) 2 above 15 PPM (at least 15 ppm) 3**Salt not tested** No salt in the house 4 Other reason (specify) 6 | 2*⇨HH13*3*⇨HH13*4*⇨HH13*6*⇨HH13* |
| **SA2**. I would like to perform one more test. May I have another sample of the same salt? *Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the response (1, 2 or 3) that corresponds to test outcome.* | **Salt tested** 0 PPM (No reaction) 1 below 15 ppm (Between 0 and 15 PPM) 2 above 15 PPM (at least 15 ppm) 3**Salt not tested** Other reason (specify) 6 |  |

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| --- | --- | --- |
| **HH13**. *Record the time.* | Hour and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **HH14**.*Language of the Questionnaire.* | ENGLISH 1Language 2 2Language 3 3 |  |
| **HH15**.*Language of the Interview.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **HH16**.*Native language of the Respondent.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **HH17**. *Was a translator used for any parts of this questionnaire?* | Yes, entire questionnaire 1Yes, part of questionnaire 2No, not used 3 |  |
| **HH18**. Check HL6 in the List of Household Members and indicate the total number of children age 5-17 years: | No Children 01 child 12 or more children (number) \_\_ | 0*⇨HH29*1*⇨HH27* |
| **HH19**. *List each of the children age 5-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HH20**.*Rank**number* | **HH21**.*Line**number**from**HL1* | **HH22**.*Name from HL2* | **HH23**.*Sex from**HL4* | **HH24**.*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 | \_\_\_ \_\_\_ |

 |
| **HH25***. Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.* *Check the total number of children age 5-17 years in HH18 above. This is the number of the column you should go to in the table below.* *Find the box where the row and the column meet and record the number that appears in the box. This is the rank number (HH20) of the selected child.*

|  |  |
| --- | --- |
|  | Total Number of Eligible Children in the Household (from HH18) |
| Last Digit of Household Number (from HH2) | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
| 0 | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1 | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2 | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3 | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4 | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5 | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6 | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7 | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8 | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9 | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

 |
| **HH26**. *Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.* **HH27***. (When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as ‘1’and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.* | Rank number \_\_Line number \_\_ \_\_Name Age \_\_ \_\_ |
| **HH28**.  *Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.* |
| **HH29**. Check HL8 in the List of Household Members: Are there any women age 15-49? | Yes, at least one woman age 15-49 1No 2 | 2*⇨HH34* |
| **HH30**. *Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.* |
| **HH31**. Check HL6 and HL8 in the List of Household Members: Are there any girls age 15-17? | Yes, at least one GIRL age 15-17 1No 2 | 2*⇨HH34* |
| **HH32**. Check HL20 in the List of Household Members: Is consent required for interviewing at least one girl age 15-17? | Yes, at least one girl age 15-17 with HL20≠90 1No, HL20=90 for all girls age 15-17 2 | 2*⇨HH34* |
| **HH33**. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous. May we interview (***name(s) of female member(s) age 15-17***) later?* ‘Yes’ for all girls age 15-17 ⇨ Continue with HH34.
* ‘No’ for at least one girl age 15-17 and ‘Yes’ to at least one girl age 15-17 ⇨ Record ‘06’ in WM17 on individual questionnaires for those adult consent was not given. Then continue with HH34.
* *‘No’ for all girls age 15-17 ⇨ Record ‘06’ in WM17 on all individual questionnaires for whom adult consent was not given. Then continue with HH34.*
 |
| **HH34**. Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men? | Yes, HH8=1 1No, HH8=0 2 | 2*⇨HH40* |
| **HH35**. Check HL9 in the List of Household Members: Are there any men age 15-49? | Yes, at least one man age 15-49 1No 2 | 2*⇨HH40* |
| **HH36**. *Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.* |
| **HH37**. Check HL6 and HL8 in the List of Household Members: Are there any boys age 15-17? | Yes, at least one boy age 15-17 1No 2 | 2*⇨HH40* |
| **HH38**. Check HL20 in the List of Household Members: Is consent required for interviewing at least one boy age 15-17? | Yes, at least one boy age 15-17 with HL20≠90 1No, HL20=90 for all boys age 15-17 2 | 2*⇨HH40* |
| **HH39**. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous. May we interview (***name(s) of male member(s) age 15-17***) later?* ‘Yes’ for all boys age 15-17 ⇨ Continue with HH40.
* ‘No’ for at least one boy age 15-17 and ‘Yes’ to at least one boy age 15-17 ⇨ Record ‘06’ in MWM7 on individual questionnaires for those adult consent was not given. Then continue with HH40.
* ‘No’ for all boys age 15-17 ⇨ Record ‘06’ in MWM7 on all individual questionnaires for whom adult consent was not given. Then continue with HH40.
 |
| **HH40**. Check HL10 in the List of Household Members: Are there any children age 0-4? | Yes, at least one 1No 2 | 2*⇨HH42* |
| **HH41**. *Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.* |
| **HH42**. Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire? | Yes, HH9=1 1No, HH9=2 2 | 2*⇨HH45* |
| **HH43**. *Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household* |
| **HH44**. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test?*If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.* | Yes, permission is given 1No, permission is not given 2 | 2*⇨Record ‘02’ in WQ29 on the WATER QUALITY TESTING QUESTION-NAIRE* |
| **HH45**. Now return to the HOUSEHOLD INFORMATION PANEL and,* Record ‘01’ in question HH46 (Result of the Household Questionnaire interview),
* Record the name and the line number (from the List of Household Members) of the Respondent to the Household Questionnaire interview in HH47,
* Fill the questions HH48 – HH52,
* Thank the respondent for his/her cooperation and then
* Proceed with the administration of the remaining individual questionnaire(s) in this household.

If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor. |

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| **Interviewer’s Observations** |
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| **Supervisor’s Observations** |
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