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| MICS logo ALLHOUSEHOLD QUESTIONNAIRE Name 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 11  Region 22  Region 3 3  Region 4 4  Region 5 5 | | | |
| **HH6**. *Area:* | Urban 1  Rural 2 |
| **HH8**. *Is the household selected for Questionnaire for Men?* | Yes 1  No 2 |
| **HH9**. *Is the household selected for Water Quality Testing?* | Yes 1  No 2 | **HH10**. Is the household selected for blank testing? | | Yes 1  No 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 1  No / NOT ASKED 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 01  No household member at home or no competent  respondent at home at time of visit 02  Entire household absent for extended period of time 03  Refused 04  Dwelling vacant or address not a dwelling 05  Dwelling destroyed 06  Dwelling not found 07  Other (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 0  ONE 1 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| list of household members HL | | | | | | | | | | | | | | | | | | | | | | | | |
| First complete HL2-HL4 vertically for all household members, starting with the head of the household. 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 Male  2 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 Yes  2 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 Yes  2 No*⬂*  *Next Line* | | **HL12**.  Is (***name***)’s natural mother alive?  1 Yes  2 No*⬂*  *HL16*  8 DK*⬂*  *HL16* | **HL13**. Does (***name***)’s natural mother live in this household?  1 Yes  2 No*⬂*  *HL15* | **HL14**. *Record the line number of mother and go to HL16.* | **HL15**. Where does (***name***)’s natural mother live?  1 abroad  2 In another household in the same region  3 in another household in another region  4 Institution in this country  8 DK | **HL16**.  Is (***name***)’s natural father alive?  1 Yes  2 No*⬂*  *HL20*  8 DK*⬂*  *HL20* | | **HL17**. Does (***name***)’s natural father live in this household?  1 Yes  2 No*⬂*  *HL19* | **HL18**. *Record the line number of father and go to HL20.* | **HL19**. Where does (***name***)’s natural father live?  1 abroad  2 In another household in the same region  3 in another household in another region  4 Institution in this country  8 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 Head  02 Spouse / Partner  03 Son / Daughter  04 Son-in-law / Daughter-In-Law | | | | | | 05 Grandchild  06 Parent  07 Parent-In-Law  08 Brother / Sister | | | | | | 09 Brother-in-law / Sister-In-Law  10 Uncle/Aunt  11 Niece / Nephew  12 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 Yes  2 No*⬂*  *Next Line* | | **ED4**.  Has (***name***) ever attended school or any Early Childhood Education programme?  1 Yes  2 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 Yes  2 No  8 DK | | | **ED7**.  *Age 3-24?*  1 Yes  2 No*⬂*  *Next Line* | | **ED8**.  *Check ED4: Ever attended school or ECE?*  1 Yes  2 No*⬂*  *Next Line* | |
| Level:  0 ECE*⬂*  *ED7*  1 Primary  2 Lower Secondary  3 Upper Secondary  4 Higher  8 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 Yes  2 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./ Public  2 Religious/ Faith Org.  3 Private  6 Other  8 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 Yes  2 No*⬂*  *ED14*  8 DK*⬂*  *ED14* | **ED13**.  Who provided the tuition support?  *Record all mentioned.*  A Govt. / Public  B Religious/ Faith Org.  C Private.  X Other  Z 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 Yes  2 No  8 DK | **ED15**.  At any time during the previous school year did (***name***) attend school or any Early Childhood Education programme?  1 Yes  2 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 Primary  2 Lower Sec.  3 Upper Sec.  4 Higher  8 DK | Grade/Year:  98 DK | Level:  0 ECE*⬂*  *Next Line*  1 Primary  2 Lower Sec.  3 Upper Sec.  4 Higher  8 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 1  Religion 2 2  Religion 3 3  Other religion  (specify) 6  No religion 7 |  |
| **HC1B**. What is the mother tongue/native language of (***name of the head of the household from HL2***)? | Language 1 1  Language 2 2  Language 3 3  Other language  (specify) 6 |  |
| **HC2**. To what ethnic group does (***name of the head of the household from HL2***) belong? | Ethnic group 1 1  Ethnic group 2 2  Ethnic group 3 3  Other (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 35  Other (*specify*) 96 |  |
| **HC5**. *Main material of the roof.*  *Record observation.* | No Roof 11  **Natural roofing**  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 36  Other (*specify*) 96 |  |
| **HC6**. *Main material of the exterior walls.*  *Record observation.* | No walls 11  **Natural walls**  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 36  Other (*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 No  Fixed telephone Line 1 2  Radio 1 2  Country Specific Item 1 2 |  |
| **HC8.** Does your household have electricity? | Yes, interconnected grid 1  yes, off-grid (GENERATOR/isolated system) 2  No 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 No  Television 1 2  Refrigerator 1 2  Country Specific Item 1 2 |  |
| **HC10**. Does any member of your household own:  [A] A wristwatch?  [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 No  WristWatch 1 2  Bicycle 1 2  Motorcycle / Scooter 1 2  Animal-drawn cart 1 2  Car / Truck / Van 1 2  Boat with motor 1 2  Country Specific Item 1 2 |  |
| **HC11**. Does any member of your household have a computer or a tablet? | Yes 1  No 2 |  |
| **HC12**. Does any member of your household have a mobile telephone? | Yes 1  No 2 |  |
| **HC13**. Does your household have access to internet at home? | Yes 1  No 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 1  Rent 2  Other (*specify)* 6 |  |
| **HC15**. Does any member of this household own any land that can be used for agriculture? | Yes 1  No 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 95  DK 98 |  |
| **HC17**. Does this household own any livestock, herds, other farm animals, or poultry? | Yes 1  No 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 1  No 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]  Any Retirement Pension | [X]  ANY Other external assistance programme |
| **ST2.** Are you aware of (***name of programme***)? | Yes 1  No 2 *⬂*  *[B]* | Yes 1  No 2 *⬂*  *[C]* | | Yes 1  No 2 *⬂*  *[D]* | Yes 1  No 2 *⬂*  *[X]* | Yes  (*specify*) 1  No 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* |

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

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

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| --- | --- | --- | --- |
|  | 1st Net | 2nd Net | 3rd Net |
| **TN3**. *Ask the respondent to show you all the nets in the household.* | Observed 1  Not observed 2 | Observed 1  Not observed 2 | Observed 1  Not 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 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 36  months ago 95  DK / Not sure 98 | Months ago \_\_\_ \_\_\_  More than 36  months ago 95  DK / 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 18  Other type  *(specify)* 36  DK brand/type 98 | **Long-lasting insecticide treated nets (LLIN)**  Brand A 11  Brand B 12  Brand C 13  Other brand  (*specify)* 16  DK brand 18  Other type  *(specify)* 36  DK brand/type 98 | **Long-lasting insecticide treated nets (LLIN)**  Brand A 11  Brand B 12  Brand C 13  Other brand  (*specify)* 16  DK brand 18  Other type  *(specify)* 36  DK brand/type 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 1  Yes, ANC 2  Yes, Immunization 3  NO 4  DK 8 | Yes, name of campaign 1  Yes, ANC 2  Yes, Immunization 3  NO 4  DK 8 | Yes, name of campaign 1  Yes, ANC 2  Yes, Immunization 3  NO 4  DK 8 |
| **TN11**. *Check TN10: Is TN10=4 or 8?* | YES 1  NO 2 *⬂*  *TN13* | YES 1  NO 2 *⬂*  *TN13* | YES 1  NO 2 *⬂*  *TN13* |
| **TN12**. Where did you get the net? | Government  Health Facility 01  Private  Health Facility 02  Pharmacy 03  Shop / Market /  Street 04  Community Health  Worker 05  Religious  Institution 06  School 07  Other 96  DK 98 | Government  Health Facility 01  Private  Health Facility 02  Pharmacy 03  Shop / Market /  Street 04  Community Health  Worker 05  Religious  Institution 06  School 07  Other 96  DK 98 | Government  Health Facility 01  Private  Health Facility 02  Pharmacy 03  Shop / Market /  Street 04  Community Health  Worker 05  Religious  Institution 06  School 07  Other 96  DK 98 |
| **TN13**. Did anyone sleep under this mosquito net last night? | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 |
| **TN14**. *Check TN13: Did anyone sleep under the net (TN13=1)?* | YES 1  NO 2 *⬂*  *TN16* | YES 1  NO 2 *⬂*  *TN16* | YES 1  NO 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:* **🞎** |

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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 14  Tube Well / Borehole 21  **Dug well**  Protected well 31  Unprotected well 32  **spring**  Protected spring 41  Unprotected spring 42  Rainwater 51  Tanker-truck 61  Cart with small tank 71  water kiosk 72  Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 81  **Packaged water**  Bottled water 91  Sachet water 92  Other (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 14  Tube Well / Borehole 21  **Dug well**  Protected well 31  Unprotected well 32  **spring**  Protected spring 41  Unprotected spring 42  Rainwater 51  Tanker-truck 61  Cart with small tank 71  water kiosk 72  Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 81  Other (specify) 96 | 11*⇨WS7*  12*⇨WS7*  61*⇨WS4*  71*⇨WS4*  72*⇨WS4* |
| **WS3**. Where is that water source located? | In own dwelling 1  In own yard / plot 2  Elsewhere 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 000  Number 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 1  No, always sufficient 2  DK 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 1  WATER TOO EXPENSIVE 2  SOURCE NOT ACCESSIBLE 3  OTHER (specify) 6  DK 8 |  |
| **WS9**. Do you or any other member of this household do anything to the water to make it safer to drink? | Yes 1  No 2  DK 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 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 (specify) X  DK 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 23  Composting toilet 31  Bucket 41  Hanging toilet /  Hanging latrine 51  No facility / Bush / Field 95  Other (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 3  No, never emptied 4  DK 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 5  Other (specify) 6  DK 8 |  |
| **WS14**. Where is this toilet facility located? | In own dwelling 1  In own yard / plot 2  Elsewhere 3 |  |
| **WS15**. Do you share this facility with others who are not members of your household? | Yes 1  No 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) 1  shared 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 10  DK 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 2  Mobile object observed  (Bucket / Jug / Kettle) 3  **Not Observed**  No handwashing place in dwelling /  yard / plot 4  No permission to see 5  Other 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 1  Water is not available 2 |  |
| **HW3.** *Is soap or detergent or ash/mud/sand present at the place for handwashing?* | Yes, present 1  No, 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 2  Mobile object  (Bucket / Jug / Kettle) 3  No handwashing place in  dwelling / yard / plot 4  Other (specify) 6 |  |
| **HW5**. Do you have any soap or detergent or ash/mud/sandin your house for washing hands? | Yes 1  No 2 | 2*⇨End* |
| **HW6**. Can you please show it to me? | Yes, shown 1  No, not shown 2 | 2*⇨End* |
| HW7. Record your observation.  Record all that apply. | Bar or Liquid soap A  Detergent (Powder / Liquid / Paste) B  Ash / Mud / Sand C |  |

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| salt iodisation SA | | |
| **SA1**. We would like to check whether the salt used in your household is iodised. 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 result (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 result (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 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HH13**. *Record the time.* | | Hour and minutes \_\_ \_\_ : \_\_ \_\_ | | |  |
| **HH14**.*Language of the Questionnaire.* | | ENGLISH 1  Language 2 2  Language 3 3 | | |  |
| **HH15**.*Language of the Interview.* | | ENGLISH 1  Language 2 2  Language 3 3  Other language  (specify) 6 | | |  |
| **HH16**.*Native language of the Respondent.* | | ENGLISH 1  Language 2 2  Language 3 3  Other language  (specify) 6 | | |  |
| **HH17**. *Was a translator used for any parts of this questionnaire?* | | Yes, entire questionnaire 1  Yes, part of questionnaire 2  No, 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 0  1 child 1  2 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 1  No 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 1  No 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 1  No, 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 (also in UF17 and FS17, if applicable) 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 (also in UF17 and FS17, if applicable) 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 1  No, HH8=2 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 1  No 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 1  No 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 1  No, 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 MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40. * ‘No’ for all boys age 15-17 ⇨ Record ‘06’ in MWM17 (also in UF17 and FS17, if applicable) 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 1  No 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 1  No, 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 1  No, permission is not given 2 | | | 2*⇨Record ‘02’ in WQ31 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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