



HOUSEHOLD QUESTIONNAIRE

NIGERIA

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: <input type="text"/>	HH2. Household number: <input type="text"/>	
HH3. Interviewer name and number: Name <input type="text"/>	HH4. Supervisor name and number: Name <input type="text"/>	
HH5. Day / Month / Year of interview: <input type="text"/> / <input type="text"/> / <input type="text"/>		
HH6. Area: <input type="text"/>	Sector <input type="text"/>	HH7. State Name: <input type="text"/> Code <input type="text"/>
Urban..... 1	Rural..... 2	

WE ARE FROM (NATIONAL BUREAU OF STATISTICS). 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 40 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.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: <input type="text"/>	
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 Partially completed..... 08 Other (specify) <input type="text"/> 96	HH10. Respondent to household questionnaire: Name: <input type="text"/> Line Number: <input type="text"/>
HH12. Number of women age 15-49 years: <input type="text"/>	HH11. Total number of household members: <input type="text"/>
HH14. Number of children under age 5: <input type="text"/>	HH13. Number of woman's questionnaires completed: <input type="text"/>
HH16. Field edited by (Name and number): Name <input type="text"/>	HH15. Number of under-5 questionnaires completed: <input type="text"/>
HH17. Data entry clerk (Name and number): Name <input type="text"/>	

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. <i>List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)</i> Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? <i>If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.</i> <i>Use an additional questionnaire if all rows in the household listing form have been used.</i>					
	For women age 15-49	For children age 5-17	For children under age 5	For all household members	For children age 0-17 years

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.								
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Record line number of mother/caregiver	Record line number of mother/caregiver	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"								
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father		
01		0 1	1	2	__	__	__	01	__	__	1	2	1	2	8	__	__	1	2	8	__	__
02		__	1	2	__	__	__	02	__	__	1	2	1	2	8	__	__	1	2	8	__	__
03		__	1	2	__	__	__	03	__	__	1	2	1	2	8	__	__	1	2	8	__	__
04		__	1	2	__	__	__	04	__	__	1	2	1	2	8	__	__	1	2	8	__	__
05		__	1	2	__	__	__	05	__	__	1	2	1	2	8	__	__	1	2	8	__	__
06		__	1	2	__	__	__	06	__	__	1	2	1	2	8	__	__	1	2	8	__	__
07		__	1	2	__	__	__	07	__	__	1	2	1	2	8	__	__	1	2	8	__	__
08		__	1	2	__	__	__	08	__	__	1	2	1	2	8	__	__	1	2	8	__	__
09		__	1	2	__	__	__	09	__	__	1	2	1	2	8	__	__	1	2	8	__	__
10		__	1	2	__	__	__	10	__	__	1	2	1	2	8	__	__	1	2	8	__	__

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.						
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Record line number of mother/car egiver	Record line number of mother/car egiver	1 Yes 2 No	1 Yes 2 No HL13 8 DK HL13	Record line number of mother or 00 for "No"	1 Yes 2 No Next Line 8 DK Next Line	Record line number of father or 00 for "No"						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
11		___	1	2	___	_____	___	11	___	___	1	2	1	2	8	___	1	2	8	___
12		___	1	2	___	_____	___	12	___	___	1	2	1	2	8	___	1	2	8	___
13		___	1	2	___	_____	___	13	___	___	1	2	1	2	8	___	1	2	8	___
14		___	1	2	___	_____	___	14	___	___	1	2	1	2	8	___	1	2	8	___
15		___	1	2	___	_____	___	15	___	___	1	2	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.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caregiver in the information panel of a separate Under-5 Questionnaire.
 You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

Codes for ED4, ED6 & ED8: Educational Grade...

01 Head	06 Parent	11 Niece / Nephew	Never complete Nursery 1....00	Primary 3.....13	JSS 3.....23	NCE - 31,
02 Wife / Husband	07 Parent-In-Law	12 Other relative	Nursery 101	Primary 4.....14	SS 1.....24	AL / OND- 32
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster /	Nursery 2.....02	Primary 5.....15	SS 2.....25	Technical-33
04 Son-In-Law /	09 Brother-In-Law /	Stepchild	Nursery 3.....03	Primary 6.....16	SS 3.....26	Never Complete HND1/BSc.1/PG - 40
05 Grandchild	Sister-In-Law	14 Not related	Never complete Primary 1....10	Never Complete JSS1 - 20	Never Complete	HND - 41 BSc- 42
	10 Uncle / Aunt	98 Don't know	Primary 1.....11	JSS 1.....21	NCE 1 AL/OND1/	Post Graduate..... - 43
			Primary 2.....12	JSS 2.....22	Technical 30	

EDUCATION							ED									
For household members age 5 and above							For household members age 5-24 years									
ED1. Line number	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? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Level: Grade: 0 Preschool 00-03 1 Primary 10-16 2 Secondary 20-26 3 Higher 30-33,40-43 4 Non-Formal Education 8 DK 98 <i>If Level is 4 go to ED5</i>		ED5. DURING THE (2010-2011) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS (name) ATTENDING? Level: Grade: 0 Preschool 01-03 1 Primary 11-16 2 Secondary 21-26 3 Higher 31-33,41-43 4 Non-Formal Education 8 DK DK 98 <i>If Level is 4 go to ED7</i>		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2009-2010), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: Grade: 0 Preschool 01-03 1 Primary 11-16 2 Secondary 21-26 3 Higher 31-33,41-43 4 Non-Formal Education 8 DK DK 98 <i>If Level is 4 go to Next line</i>		
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade	
01		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
02		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
03		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
04		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
05		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
06		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
07		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
08		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
09		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
10		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
11		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
12		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
13		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
14		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 8	___	
15		___	1	2	0 1 2 3 4 8	___	1	2	0 1 2 3 4 8	___	1	2	8	0 1 2 3 4 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 Sachet (Pure) water..... 92 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 COOKING AND 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>WS4A. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK ?</p> <p>(A) DURING RAINY SEASON</p> <p>(B) DURING DRY SEASON</p>	<p>(A) Number of minutes..... _ _ _ _</p> <p>DK998</p> <p>(B) Number of minutes..... _ _ _ _</p> <p>DK998</p>	
<p>WS4B. WHAT IS THE DISTANCE TO THE NEAREST WATER SOURCE IN METRES?</p>	<p>Metres..... _ _ _ _</p> <p>DK9998</p>	

<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 Add alum G Add water tablet/liquid H 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>Christianity</i>1 <i>Islam</i>2 Other religion (<i>specify</i>) _____ 6 No religion7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Language</i>__ __	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Ethnic group</i>__ __	
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 Sod.....13 Rudimentary Roofing Rustic mat.....21 Palm / Bamboo.....22 Wood planks.....23 Cardboard/Plastic Sheeting.....24 Finished roofing Metal/ Iron sheet/Zinc.....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 walls11</p> <p>Cane / Palm / Trunks12</p> <p>Dirt13</p> <p>Rudimentary walls</p> <p>Bamboo with mud21</p> <p>Stone with mud22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard25</p> <p>Reused wood26</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks33</p> <p>Cement blocks34</p> <p>Covered adobe35</p> <p>Wood planks / shingles36</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>Electricity01</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung10</p> <p>Agricultural crop residue11</p> <p>No food cooked in household95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒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 kitchen1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors4</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 VCR/VCD/DVD</p> <p>[G] SEWING MACHINE</p> <p>[H] CLOCK</p> <p>[I] GENERATOR</p> <p>[J] COMPUTER</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>VCR/VCD/DVD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Clock</td> <td>1</td> <td>2</td> </tr> <tr> <td>Generator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer.....</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	VCR/VCD/DVD.....	1	2	Sewing machine	1	2	Clock	1	2	Generator	1	2	Computer.....	1	2	
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Computer.....	1	2																																	

[K] INTERNET FACILITY [L] FAN [M] AIR CONDITIONER [N] BLENDER/MIXER/FOOD PROCESSOR [O] WATER HEATER	Internet facility 1 2 Fan 1 2 Air conditioner..... 1 2 Blender/Mixer/Food processor..... 1 2 Water heater 1 2																									
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [A] A WATCH? [B] A MOBILE TELEPHONE? [C] A BICYCLE? [D] A MOTORCYCLE OR SCOOTER? [E] AN ANIMAL-DRAWN CART? [F] A CAR OR TRUCK? [G] A BOAT WITH A MOTOR?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat with motor.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Mobile telephone	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal drawn-cart.....	1	2	Car / Truck.....	1	2	Boat with motor.....	1	2	
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Boat with motor.....	1	2																								
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS HOUSE? <i>If "No", then ask: DO YOU RENT THIS HOUSE FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own1 Rent.....2 Other (Not owned or rented).....6																									
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes1 No.....2	2⇒HC13																								
HC12. HOW MANY UNIT OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Hectares__ __																									
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes1 No.....2	2⇒HC15																								
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? [G] CAMELS?	Cattle, milk cows, or bulls __ __ Horses, donkeys, or mules __ __ Goats..... __ __ Sheep..... __ __ Chickens..... __ __ Pigs __ __ Camels __ __ __ __																									

<p>[H] DUCKS/ GEESE? [H] OXEN</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Ducks/Geese__ __</p> <p>Oxen__ __</p> <p>_____</p> <p>__ __</p> <p>__ __</p> <p>_____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACTIVE BANK ACCOUNT?</p>	<p>Yes1</p> <p>No.....2</p>	

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i></p>	<p>Months ago.....__ __ More than 24 mo. ago ...95 DK / Not sure98</p>	<p>Months ago.....__ __ More than 24 mo. ago ...95 DK / Not sure98</p>	<p>Months ago.....__ __ More than 24 mo. ago ...95 DK / Not sure98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes..... 1 No2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes..... 1 No2 ⇒ TN13 DK / Not sure 8 ⇒ TN13</p>	<p>Yes..... 1 No2 ⇒ TN13 DK / Not sure8 ⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i></p>	<p>Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __</p>	<p>Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __</p>	<p>Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __ Name _____ Line number.....__ __</p>
<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 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> <input type="checkbox"/></p>

CHILD LABOUR													CL						
To be administered for children in the household age 5-17 years. For household members below age 5 or above age 17, leave rows blank.																			
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.																			
CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.		CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No ⇒ CL9		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	
Line	Name	Age	Yes Paid	No Unpaid	3	Number of hours	Yes	No	2	Number of hours	Yes	No	2	Number of hours	Yes	No	2	Number of hours	
01		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
02		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
03		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
04		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
05		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
06		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
07		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
08		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
09		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
10		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
11		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
12		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
13		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
14		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	
15		__ __	1	2	3	__ __	1	2	2	__ __	1	2	2	__ __	1	2	2	__ __	

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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes 1</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>Yes 1</p> <p>No 2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes 1</p> <p>No 2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes 1</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>Yes 1</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>Yes 1</p> <p>No 2</p> <p>Don't know / No opinion 8</p>	

HANDWASHING		HW
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed..... 1 Not observed Not in dwelling / plot / yard 2 No permission to see..... 3 Other reason 6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. <i>Observe presence of water at the specific place for handwashing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available 1 Water is not available 2	
HW3. <i>Record if soap or detergent is present at the specific place for handwashing.</i> <i>Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Ash / Mud / Sand D None Y	} HH 19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT (or other locally used cleansing agent) IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2 ⇨ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Ash / Mud / Sand D Not able / Does not want to show Y	

HH19. <i>Record the time.</i>	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 PPM 1</p> <p>More than 0 PPM & less than 15 PPM 2</p> <p>15 PPM or more 3</p> <p>No salt in the house 6</p> <p>Salt not tested 7</p>	

<p>HH20. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check household listing, 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"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>No ⇒ Continue.</i></p>
<p>HH21. <i>Does any child under the age of 5 reside in the household?</i></p> <p><i>Check household listing, 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"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page.</i></p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations