



HOUSEHOLD QUESTIONNAIRE

Multiple Indicator Cluster Survey, Nigeria 2016

HOUSEHOLD INFORMATION PANEL		HH																		
HOUSE HOLD GPS LOCATION:	Degrees	Decimal degrees																		
HGP1. LATITUDE:	_____ . _____	_____																		
HGP2. LONGITUDE:	_____ . _____	_____																		
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: ____ / ____ / 2016	HH6. Area: Urban 1 Rural 2																			
HH7. State name: _____ <i>Code</i> _____	HH8. Is the household selected for Questionnaire for Men? Yes 1 No 2																			
HH8A. Name of Head of Household _____ Tel.: _____	HH8B. Is the household selected for Water quality test? Yes..... 1 No 2																			
<p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to HH18 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle 04 in HH9. Discuss this result with your supervisor.</p>																				
HH9. Result of household interview: <table style="width: 100%; border-collapse: collapse;"> <tr><td>Completed.....</td><td style="text-align: right;">01</td></tr> <tr><td>No household member or no competent respondent at home at time of visit</td><td style="text-align: right;">02</td></tr> <tr><td>Entire household absent for extended period of time</td><td style="text-align: right;">03</td></tr> <tr><td>Refused</td><td style="text-align: right;">04</td></tr> <tr><td>Dwelling vacant / Address not a dwelling.....</td><td style="text-align: right;">05</td></tr> <tr><td>Dwelling destroyed</td><td style="text-align: right;">06</td></tr> <tr><td>Dwelling not found.....</td><td style="text-align: right;">07</td></tr> <tr><td>Partially Completed</td><td style="text-align: right;">08</td></tr> <tr><td>Other (<i>specify</i>).....</td><td style="text-align: right;">96</td></tr> </table>			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 (<i>specify</i>).....	96
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<i>After the household questionnaire has been completed, fill in the following information:</i>																				
HH10. Respondent to Household Questionnaire: Name _____ Line No. _____																				
HH11. Total number of household members: _____																				
HH12. Number of women age 15-49 years: _____																				
<i>If the household is selected for Questionnaire for Men:</i>																				
HH13A. Number of men age 15-49 years: _____																				
HH14. Number of children under age 5: _____																				
<i>After all questionnaires for the household have been completed, fill in the following information:</i>																				
HH13. Number of women's questionnaires completed: _____																				
<i>If the household is selected for Questionnaire for Men:</i>																				
HH13B. Number of men's questionnaires completed: _____																				
HH15. Number of under-5 questionnaires completed: _____																				

HH18. Record the start time

Hour..... ____

Minutes..... ____

LIST OF HOUSEHOLD MEMBERS

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
 Use an additional questionnaire if all rows in the List of Household Members have been used.

								For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years						For Children age 0-14												
HL1. Line no.	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)?	HL6A. DID (name) STAY HERE LAST NIGHT?	HL7. HL7. HL7B.	HL7A. HL7A. HL7B.	HL7B.	HL11. IS (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE?	HL13. IS (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE?	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CAREGIVER OF (name)?												
			1 Male 2 Female	98 DK 9998 DK		If age is 95 or above, record '95'.	1 Yes 2 No	Circle line no. if woman age 15-49.	Circle line no. if man age 15-49 and the household is selected for Questionnaire for Men.	Circle line no. if age 0-4.	1 Yes 2 No 8 DK HL13 HL13	If "Yes", record line no. of mother and go to HLI3. If "No", record 00.	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	1 Yes 2 No 8 DK HL15 HL15	If "Yes", record line no. of father and go to HL15. If "No", record 00.	1 In another household in this country 2 Institution in this country 3 Abroad 8 DK													
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-49	0-4	Y	N	DK	Mother	Y	N	DK	Father	Y	N	DK	Mother					
01		01	1	2	___	___	___	1	2	01	01	01	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
02		___	1	2	___	___	___	1	2	02	02	02	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
03		___	1	2	___	___	___	1	2	03	03	03	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
04		___	1	2	___	___	___	1	2	04	04	04	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
05		___	1	2	___	___	___	1	2	05	05	05	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
06		___	1	2	___	___	___	1	2	06	06	06	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
07		___	1	2	___	___	___	1	2	07	07	07	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
08		___	1	2	___	___	___	1	2	08	08	08	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
09		___	1	2	___	___	___	1	2	09	09	09	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
10		___	1	2	___	___	___	1	2	10	10	10	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___
11		___	1	2	___	___	___	1	2	11	11	11	1	2	8	___	1	2	3	8	1	2	8	___	1	2	3	8	___

							For women age 15-49	For men age 15-49	For children age 0-4	For children age 0-17 years						For Children age 0-14																					
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Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother														
12		___	1	2	___	___	___	1	2	12	12	12	1	2	8	___	___	1	2	8	___	___	1	2	3	8	1	2	8	___	___	1	2	3	8	___	___
13		___	1	2	___	___	___	1	2	13	13	13	1	2	8	___	___	1	2	8	___	___	1	2	3	8	1	2	8	___	___	1	2	3	8	___	___
14		___	1	2	___	___	___	1	2	14	14	14	1	2	8	___	___	1	2	8	___	___	1	2	3	8	1	2	8	___	___	1	2	3	8	___	___
15		___	1	2	___	___	___	1	2	15	15	15	1	2	8	___	___	1	2	8	___	___	1	2	3	8	1	2	8	___	___	1	2	3	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 man age 15-49 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.

For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.

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

* Codes for HL3: Relationship to head of household:	01 Head	04 Son-In-Law / Daughter-In-Law	07 Parent-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild	96 Other (Not related)
	02 Spouse / Partner	05 Grandchild	08 Brother / Sister	11 Niece / Nephew	14 Servant (Live-in)	98 DK
	03 Son / Daughter	06 Parent	09 Brother-In-Law / Sister-In-Law	12 Other relative		

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 HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL, PRE-SCHOOL, OR NON-FORMAL EDUCATION?		ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED?	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2015-2016, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME?	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING?		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2014-2015, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?		
			1 Yes	2 No	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK	Grade: See footnote for Grade codes 98 DK	1 Yes	2 No	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK	Grade: See footnote for Grade codes 98 DK	1 Yes	2 No	8 DK	Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 4 Non-formal 8 DK	Grade: See footnote for Grade codes 98 DK
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Yes	No	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	_____

Codes for Grades in ED4B, ED6 and ED8

Preschool	Primary	Secondary (or Secondary Technical)	Higher
Never completed Nursery 1 (only if ED4B)00	Never completed Primary 1 (only if ED4B) 10	Never Completed JSS 1 (only if ED4B)20	Never completed NCE, AL, OND, Higher Technical , HND, BSc. (only if ED4B) 30
Nursery 101	Primary 1 11	SS 1/ T124	Higher Technical/TTC..... 33
Nursery 2.....02	Primary 2 12	JSS 121	HND 34
Nursery 3.....03	Primary 3 13	JSS 222	NCE31
	Primary 4 14	JSS 323	AL/OND32
	Primary 5 15		Post Graduate 36
	Primary 6 16		

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE					SL		
SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.			Total number —				
SL2. Check the number of children age 1-17 years in SL1:							
<input type="checkbox"/> Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.							
<input type="checkbox"/> One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.							
<input type="checkbox"/> Two or more ⇒ Continue with SL2A.							
SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.							
SL3. Rank number	SL4. Line Number from HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	— —		
SL8. 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 children age 1-17 years in SL1 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 circle the number that appears in the box. This is the rank number (SL3) of the selected child.							
Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	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
SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child.			Rank number —				
			Line number — —				
			Name				
			Age..... — —				

CHILD LABOUR		CL
CL1. Check selected child's age from SL9: <input type="checkbox"/> 1-4 years ⇒ Go to Next Module. <input type="checkbox"/> 5-17 years ⇒ Continue with CL2.		
CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR? [A] DID (<i>name</i>) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS?	Yes No Worked on plot / farm / food garden / looked after animals 1 2	
[B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS?	Helped in family / relative's business/ran own business 1 2	
[C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS?	Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2	
[D] SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR? <i>If "No", Probe:</i> PLEASE INCLUDE ANY ACTIVITY (<i>name</i>) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.	Any other activity 1 2	
CL3. Check CL2, A to D <input type="checkbox"/> There is at least one 'Yes' ⇒ continue with CL4 <input type="checkbox"/> All answers are 'No' ⇒ Go to CL8		
CL4. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours __ __	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	

<p>CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (name)?</p> <p>[A] IS (name) EXPOSED TO DUST, FUMES OR GAS?</p> <p>[B] IS (name) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY?</p> <p>[C] IS (name) EXPOSED TO LOUD NOISE OR VIBRATION?</p> <p>[D] IS (name) REQUIRED TO WORK AT HEIGHTS?</p> <p>[E] IS (name) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES?</p> <p>[F] IS (name) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (name)'S HEALTH OR SAFETY?</p>	<p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>																									
<p>CL8. SINCE LAST (day of the week), DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?</p>	<p>Yes 1 No 2</p>	2⇒ CL10																								
<p>CL9. IN TOTAL, HOW MANY HOURS DID (name) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (day of the week)? <i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									
<p>CL10. SINCE LAST (day of the week), DID (name) DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD?</p> <p>[A] SHOPPING FOR HOUSEHOLD?</p> <p>[B] REPAIR ANY HOUSEHOLD EQUIPMENT?</p> <p>[C] COOKING OR CLEANING UTENSILS OR THE HOUSE?</p> <p>[D] WASHING CLOTHES?</p> <p>[E] CARING FOR CHILDREN?</p> <p>[F] CARING FOR THE OLD OR SICK?</p> <p>[G] OTHER HOUSEHOLD TASKS?</p>	<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>Shopping for household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooking / cleaning utensils /house ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Caring for old / sick</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Shopping for household	1	2	Repair household equipment	1	2	Cooking / cleaning utensils /house ...	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old / sick	1	2	Other household tasks	1	2	
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Other household tasks	1	2																								
<p>CL11. Check CL10, A to G</p> <p><input type="checkbox"/> <i>There is at least one 'Yes' ⇒ Continue with CL12</i></p> <p><input type="checkbox"/> <i>All answers are 'No' ⇒ Go to Next Module</i></p>																										
<p>CL12. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID (name) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i></p>	<p>Number of hours _ _</p>																									

CHILD DISCIPLINE		CD																																				
CD1. Check selected child's age from SL9: <input type="checkbox"/> 1-14 years ⇒ Continue with CD2 <input type="checkbox"/> 15-17 years ⇒ Go to Next Module																																						
CD2. Write the line number and name of the child from SL9.	Line number ____ Name																																					
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.</td> <td>Took away privileges..... 1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</td> <td>Explained wrong behaviour..... 1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>Shook him/her 1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>Shouted, yelled, screamed 1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>Gave something else to do 1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>Spanked, hit, slapped on bottom with bare hand 1</td> <td>2</td> </tr> <tr> <td>[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</td> <td>Hit with belt, hairbrush, stick, or other hard object 1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>Called dumb, lazy, or another name 1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>Hit / slapped on the face, head or ears 1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>Hit / slapped on hand, arm or leg 1</td> <td>2</td> </tr> <tr> <td>[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</td> <td>Beat up, hit over and over as hard as one could..... 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges..... 1	2	[B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG.	Explained wrong behaviour..... 1	2	[C] SHOOK HIM/HER.	Shook him/her 1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed 1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do 1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand 1	2	[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object 1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name 1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears 1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg 1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could..... 1	2	
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CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes 1 No..... 2 DK / No opinion 8																																					

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Christianity 1 Islam 2 Traditional 3 Other religion (<i>specify</i>) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Language..... _ _ _ Other language (<i>specify</i>) 996	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	Hausa 1 Igbo..... 2 Yoruba 3 Other ethnic group (<i>specify</i>) 996	
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 tiles 36 Vinyl carpet 32 Ceramic tiles 33 Cement 34 Rug (wall to wall) 35 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof..... 11 Thatch / Palm leaf..... 12 Rudimentary roofing Rustic mat..... 21 Palm / Bamboo 22 Wood planks 23 Cardboard / Plastic sheeting 24 Finished roofing Metal / Tin / Zinc / Iron sheets 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks / Thatch.....12</p> <p>Dirt / Earth.....13</p> <p>Rudimentary walls</p> <p>Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe/Mud brick23</p> <p>Plywood24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks.....33</p> <p>Cement blocks.....34</p> <p>Covered adobe35</p> <p>Wood planks / shingles.....36</p> <p>Other (<i>specify</i>) 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity01</p> <p>Liquefied Petroleum Gas (LPG) cylinder...02</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household.....95</p> <p>Other (<i>specify</i>) 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>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>Outdoors.....4</p> <p>Other (<i>specify</i>) 6</p>	

HC8. DOES YOUR HOUSEHOLD HAVE:	Yes	No
[A] ELECTRICITY?	1	2
[B] A RADIO?	1	2
[C] A TELEVISION?	1	2
[D] A NON-MOBILE TELEPHONE?	1	2
[E] A REFRIGERATOR?	1	2
[F] A VCR, VCD, DVD	1	2
[G] A SEWING MACHINE	1	2
[H] A CLOCK	1	2
[I] A GENERATOR	1	2
[J] A COMPUTER	1	2
[K] A WATER HEATER	1	2
[L] A FAN	1	2
[M] AN AIR CONDITIONER	1	2
[N] A BLENDER/MIXER/FOOD PROCESSOR	1	2
[O] A MANUFACTURED BED	1	2
[P] A CUSHIONED CHAIR	1	2
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes	No
[A] A WATCH?	1	2
[B] A MOBILE TELEPHONE?	1	2
[C] A BICYCLE?	1	2
[D] A MOTORCYCLE OR SCOOTER?	1	2
[E] AN ANIMAL-DRAWN CART?	1	2
[F] A CAR OR TRUCK?	1	2
[G] A BOAT WITH A MOTOR?	1	2
[H] A TRICYCLE (KEKE NAPEP)	1	2

<p>HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING?</p> <p><i>If “No”, then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i></p> <p><i>If “Rented from someone else”, circle “2”. For other responses, circle “6”.</i></p>	<p>Own 1</p> <p>Rent 2</p> <p>Other (<i>specify</i>) 6</p>	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC13
<p>HC12. HOW MANY PLOTS, ACRES OR HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record “00”. If 95 or more, record “95”. If unknown, record “98”.</i></p>	<p>Plots 1 ___ ___</p> <p>Acres 2 ___ ___</p> <p>Hectares 3 ___ ___</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OXEN OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKEN?</p> <p>[F] PIGS?</p> <p>[G] CAMELS</p> <p>[H] DUCKS</p> <p>[I] GEESE</p> <p>[J] QUAIL</p> <p>[K] CULTURED FISH</p> <p><i>If none, record “00”. If 95 or more, record “95”. If unknown, record “98”.</i></p>	<p>Cattle, milk cows, or bulls ___ ___</p> <p>Horses, donkeys, or mules ___ ___</p> <p>Goats ___ ___</p> <p>Sheep ___ ___</p> <p>Chicken ___ ___</p> <p>Pigs ___ ___</p> <p>Camels ___ ___</p> <p>Ducks ___ ___</p> <p>Geese ___ ___</p> <p>Quail ___ ___</p> <p>Cultured Fish ___ ___</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes 1</p> <p>No 2</p>	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____ ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN5. Observe or ask the brand/type of mosquito net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets PermaNet 10 Olyset 11 IconLife 12 Duranet 13 NetProtect 14 Basf Interceptor 15 Other (specify) 16 DK brand 18 Pre-treated nets 28 Other net (specify) 36 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? <i>If less than one month, record "00".</i>	Months ago ____ ____ More than 36 mo. ago ... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago ... 95 DK / Not sure 98	Months ago ____ ____ More than 36 mo. ago ... 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting ⇒ TN11 <input type="checkbox"/> Pre-treated ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 DK / Not sure 8 ⇒ TN11

<p>TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED?</p> <p><i>If less than one month, record "00".</i></p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago ... 95</p> <p>DK / Not sure 98</p>	<p>Months ago ____ ____</p> <p>More than 24 mo. ago ... 95</p> <p>DK / Not sure 98</p>
<p>TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>	<p>Yes 1</p> <p>No 2</p> <p style="text-align: right;">⇒ TN13</p> <p>DK / Not sure 8</p> <p style="text-align: right;">⇒ TN13</p>
<p>TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?</p> <p><i>Record the person's line number from the List of Household Members.</i></p> <p><i>If someone not in the List of Household Members slept under the mosquito net, record "00".</i></p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p>	<p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>Line number ____ ____</p> <p>Name _____</p> <p>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. <input type="checkbox"/></i></p>			

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	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	Public tap / standpipe 14	14⇒WS3
	Tube Well, Borehole..... 21	21⇒WS3
	Dug well	
	Protected well 31	31⇒WS3
	Unprotected well..... 32	32⇒WS3
	Water from spring	
	Protected spring 41	41⇒WS3
	Unprotected spring 42	42⇒WS3
	Rainwater collection 51	51⇒WS3
	Tanker-truck 61	61⇒WS3
	Cart with small tank / drum..... 71	71⇒WS3
Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81	81⇒WS3	
Bottled water 91		
Sachet (pure) water..... 92		
Other (<i>specify</i>) 96	96⇒WS3	
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water	
	Piped into dwelling 11	11⇒WS6
	Piped into compound, yard or plot 12	12⇒WS6
	Piped to neighbour 13	13⇒WS6
	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		
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1	1⇒WS5A
	In own yard / plot 2	2⇒WS5A
	Elsewhere..... 3	
WS4A. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes _____	
	DK 998	

WS4B. WHAT IS THE DISTANCE TO THE WATER SOURCE?	Less than 100 meters..... 1 From 100 m to less than 1 km..... 2 From 1 km to less than 2 km..... 3 From 2 km to less than 4 km..... 4 4 km or more 5 DK 8	
WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years) 1 Adult man (age 15+ years)..... 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	
WS5A. IN THE PAST TWO WEEKS, WAS THE WATER FROM THIS SOURCE NOT AVAILABLE FOR AT LEAST ONE FULL DAY?	Yes 1 No..... 2 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes 1 No..... 2 DK 8	2⇒WS7A 8⇒WS7A
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	BoilA Add bleach / chlorine/ Water Guard.....B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfectionE Let it stand and settleF Add alum G Add water tablet H Other (<i>specify</i>)..... X DKZ	
WS7A. DO YOU USE A DIFFERENT SOURCE OF DRINKING WATER DURING THE DRY AND RAINY SEASONS?	Yes 1 No..... 2 DK 8	2⇒WS8 8⇒WS8
WS7B. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK: [A] DURING THE RAINY SEASON? [B] DURING THE DRY SEASON?	Number of minutes: rainy season ...__ __ __ DK 998 Number of minutes: dry season__ __ __ DK 998	

<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system..... 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine)..... 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place / Not sure / DK where..... 15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>Hanging toilet, Hanging latrine 51</p> <p>No facility, Bush, Field..... 95</p> <p>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</p> <p>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</p> <p>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 __</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HANDWASHING		HW
<p>HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS.</p> <p>CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?</p>	<p>Observed1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard2</p> <p>No permission to see3</p> <p>Moving object (kettle, basin, etc)4</p> <p>Other reason (specify) 6</p>	<p>2 ⇒HW4</p> <p>3 ⇒HW4</p> <p>4 ⇒HW4</p> <p>6 ⇒HW4</p>
<p>HW2. Observe presence of water at the specific place for hand washing.</p> <p>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</p>	<p>Water is available1</p> <p>Water is not available2</p>	
<p>HW3A. Is soap, detergent or ash/mud/sand present at the specific place for hand washing?</p>	<p>Yes, present.....1</p> <p>No, not present2</p>	<p>2⇒HW4</p>
<p>HW3B. Record your observation.</p> <p>Circle all that apply.</p>	<p>Bar soap A</p> <p>Detergent (Powder) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	<p>A⇒HH19</p> <p>B⇒HH19</p> <p>C⇒HH19</p> <p>D⇒HH19</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?</p>	<p>Yes.....1</p> <p>No2</p>	<p>2⇒HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown1</p> <p>No, not shown.....2</p>	<p>2⇒HH19</p>
<p>HW5B. Record your observation.</p> <p>Circle all that apply.</p>	<p>Bar soap A</p> <p>Detergent (Powder) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	

<p>HH19. Record the end time.</p>	<p>Hour and minutes..... ____ : ____</p>	
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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 <u>TO COOK MEALS</u> 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 More than 0 PPM & less than 15 PPM..... 2 15 PPM or more 3</p> <p>No salt in the house..... 4</p> <p>Salt not tested (specify reason) _____ 5</p>	

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

A separate *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* has been issued for each woman age 15-49 years in the List of Household Members (HL7).

Check HH8. If the household is selected for *QUESTIONNAIRE FOR INDIVIDUAL MEN*:

A separate *Questionnaire for Individual Men* has been issued for each man age 15-49 years in the List of Household Members (HL7A).

A separate *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* has been issued for each child under age 5 years in the List of Household Members (HL7B).

Check HH8B. If the household is selected for *WATER QUALITY TEST*:

A separate *Water Quality Questionnaire* has been issued.

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A), and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household, and of the *Water Quality Questionnaire* if the household is selected for *Water Quality Test*.

Interviewer's Observations

Supervisor's Observations