



MULTIPLE INDICATORS CLUSTERS SURVEY - MICS 5
HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster Sequential number: ___ ___ ___	HH2. Household number: ___ ___	
HH3. Interviewer's name and code: Name _____	HH4. Controller's name and code: Name _____	
HH4A. Team leader's name and code : Name _____	HH5. Day / Month / Year of interview: ___ ___ / ___ ___ / 2014	
HH6. Area: Urban 1 Rural 2	HH7. Dia/Yde/Region: _____ Adamawa=01, Centre=02, Douala=03, East=04, Far-North=05, Littoral=06, North=07, North-West=08, West=09, South=10, South-West=11, Yaoundé=12	
HH8. Is the household selected for questionnaire for men ? Yes..... 1 No..... 2		

WE ARE FROM THE NATIONAL INSTITUTE 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 20 TO 30 MINUTES.

ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS IN CONFORMITY WITH THE LAW N°91/023 OF DECEMBER 16TH 1991 ON CENSUSES AND STATISTICAL SURVEYS. 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 ⇒ Circle 04 in HH9. Discuss this result with your team leader.

HH9. Result of household interview: Completed 01 No household member or no competent respondent at home at time of visit 02 Entire household absent for extended period of time 03 Refused 04 Dwelling vacant / Address not a dwelling 05 Dwelling destroyed 06 Dwelling not found 07 Other (specify) _____ 96

After the household questionnaire has been completed, fill in the following information:

HH10. Respondent to Household Questionnaire: Name _____ Line Number ___ ___
HH11. Total number of household members: ___ ___
HH12. Number of women age 15-49 years: ___ ___
If the household is selected for Men's Questionnaire : HH13A. Number of men age 15-59 years: ___ ___
HH14. Number of children under age 5: ___ ___
HH16. Data entry controller's name and code: Name _____

After all questionnaires for the household have been completed, fill in the following information:

HH13. Number of women's Quest. completed: ___ ___
If the household is selected for Men's Questionnaire: HH13B. Number of men's Quest. completed: ___ ___
HH15. Number of under-5 quest.complected: ___ ___
HH17. Main data entry clerk's name and code: Name _____

HH18. Record the 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 15-59	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? See Codes	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'.	HL6A. DID (name) SLEEP HERE LAST NIGHT? 1 Yes 2 No	HL7. Circle line no. if woman age 15-49.	HL7A. Circle line no. if man age 15-59 and the household is selected for Questionnaire for Men.	HL7B. Circle line no. if age 0-4.	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HL13. Record 00 for "No".	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15. Record 00 for "No".	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank or '00' ask: WHO IS THE PRIMARY CARETAKER OF (name)?							
Line	Name	Relation	M	F	Month	Year	Age	Y	N	15-49	15-59	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	8	___	1	2	8	___
02		___	1	2	___	_____	___	1	2	02	02	02	1	2	8	___	1	2	8	___	1	2	8	___
03		___	1	2	___	_____	___	1	2	03	03	03	1	2	8	___	1	2	8	___	1	2	8	___
04		___	1	2	___	_____	___	1	2	04	04	04	1	2	8	___	1	2	8	___	1	2	8	___
05		___	1	2	___	_____	___	1	2	05	05	05	1	2	8	___	1	2	8	___	1	2	8	___
06		___	1	2	___	_____	___	1	2	06	06	06	1	2	8	___	1	2	8	___	1	2	8	___
07		___	1	2	___	_____	___	1	2	07	07	07	1	2	8	___	1	2	8	___	1	2	8	___
08		___	1	2	___	_____	___	1	2	08	08	08	1	2	8	___	1	2	8	___	1	2	8	___
09		___	1	2	___	_____	___	1	2	09	09	09	1	2	8	___	1	2	8	___	1	2	8	___
10		___	1	2	___	_____	___	1	2	10	10	10	1	2	8	___	1	2	8	___	1	2	8	___

						For women age 15-49	For men age 15-59	For children age 0-4	For children age 0-17 years							For Children age 0-14										
HL1. Line no.	HL2. Name <i>Only list persons who usually live in the household, whether present or not at the moment of interview</i>	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD? <i>See Codes</i>	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'.</i>	HL6A. DID (name) SLEEP HERE LAST NIGHT? 1 Yes 2 No	HL7. <i>Circle line no. if woman age 15-49.</i>	HL7A. <i>Circle line no. if man age 15-59 and the household is selected for Questionnaire for Men.</i>	HL7B. <i>Circle line no. if age 0-4.</i>	HL11. IS (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of mother and go to HL13. Record 00 for "No".</i>	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. IS (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No <input type="checkbox"/> 8 DK <input type="checkbox"/> HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of father and go to HL15. Record 00 for "No".</i>	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. <i>Record line no. of mother from HL12 if indicated.</i> <i>If HL12 is blank or '00' ask:</i> WHO IS THE PRIMARY CARETAKER OF (name)?									
Line	Name	Relation	M	F	Month	Year	Age	Y	N	15-49	15-59	0-4	Y	N	DK	Mother	Y	N	DK	Father	Mother					
11		___	1	2	___	___	___	1	2	11	11	11	1	2	8	___	1	2	8	___	1	2	3	8	___	___
12		___	1	2	___	___	___	1	2	12	12	12	1	2	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	___	___
14		___	1	2	___	___	___	1	2	14	14	14	1	2	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	___	___

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 15-59 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 Father-In-Law/Mother-In-Law	10 Uncle / Aunt	13 Adopted / Foster/ Stepchild (Live-in)	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 (Father or Mother)	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								CODES OF CLASSES for ED4B, ED6 & ED8 Primary (Level=1) SIL/Class1 = 11 CP/Class2 = 12 CE1/Class3 = 13 CE2/Class4 = 14 CM1/Class5 = 15 CM2/Class6/ Class7 = 16 Secondary Education (Level=2) 6 ^{ème} /1 ^{ère} A/Form1 = 21 5 ^{ème} /2 ^{ème} A/Form2 = 22 4 ^{ème} /3 ^{ème} A/Form3 = 23 3 ^{ème} /4 ^{ème} A/Form4 = 24 2 ^{nde} G ou T/Form5 = 25 1 ^{ère} G ou T/Lower6th = 26 Tie G ou T/Upper6th = 27 Higher Education (Level=3) 1 ^{ère} A/1 st year = 31 2 ^{ème} A/2 nd year = 32 3 ^{ème} A/3 rd year = 33 4 ^{ème} A/4 th year = 34 5 ^{ème} A ou+/5 th year or more = 35	
ED1. Line number	ED2. Name and age Copy from HL2 and HL6.		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED5.	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL? Grade/Class: 98 DK See Codes of classes If 1 st grade/class is not completed at level x, enter "x0".	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, skip to ED7.		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012-2013, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK If level=0, go to next line.			
						Yes	No	Yes	No	Level	Grade	Yes	No	DK		Level
Line	Name	Age	Yes	No	Level	Grade/Class	Yes	No	Level	Grade	Yes	No	DK	Level	Grade	
01		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
02		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
03		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
04		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
05		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
06		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
07		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
08		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
09		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
10		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
11		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
12		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
13		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
14		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	
15		_____	1	2	0 1 2 3 8	_____	1	2	0 1 2 3 8	_____	1	2	8	0 1 2 3 8	_____	

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:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module.
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age.
- 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? 1=Yes 2=No	[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? [B] DID (<i>name</i>) HELP IN FAMILY BUSINESS OR RELATIVE'S OR FRIEND'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS? [C] DID (<i>name</i>) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS? [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? If "No", Probe: 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.	Worked on plot/farm/ food garden/looked after animals..... 1 2 Helped in family/relative's/friend's business/ran own business 1 2 Produce/sell articles/ handicrafts/clothes/food or agricultural products 1 2 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? If less than one hour, record "00"	Number of hours..... __ __	

CL4A DOES (<i>name</i>) CARRY OUT THIS (THESE) ACTIVITIES IN DAY ONLY, IN NIGHT ONLY, OR DAY AND NIGHT ?	Day only 1 Night only 2 Day and night 3	
CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?	Yes 1 No 2	1⇒ CL8
CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes 1 No 2	1⇒ CL8
CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF (<i>name</i>)? [A] IS (<i>name</i>) EXPOSED TO DUST, FUMES OR GAS? [B] IS (<i>name</i>) EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS (<i>name</i>) EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS (<i>name</i>) REQUIRED TO WORK AT HEIGHTS? [E] IS (<i>name</i>) REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS (<i>name</i>) EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR (<i>name</i>)’S HEALTH OR SAFETY?	Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2 Yes 1 No 2	1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8
CL8. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes 1 No 2	2⇒ CL10
CL9. IN TOTAL, HOW MANY HOURS DID (<i>name</i>) SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST (<i>day of the week</i>)? <i>If less than one hour, record “00”</i>	Number of hours ____	

<p>CL10. SINCE LAST (<i>day of the week</i>), DID (<i>name</i>) 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 (Specify)</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 (Specify)	1	2	
	Yes	No																								
Shopping for household	1	2																								
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Washing clothes	1	2																								
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Other household tasks (Specify)	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 (<i>day of the week</i>), ABOUT HOW MANY HOURS DID (<i>name</i>) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?</p> <p><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 YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH <i>(name)</i> IN THE PAST MONTH.	<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>1</td> <td>2</td> </tr> <tr> <td>[B] EXPLAINED WHY <i>(name)</i>'S BEHAVIOUR WAS WRONG.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] SHOOK HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[E] GAVE HIM/HER SOMETHING ELSE TO DO.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</td> <td>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>1</td> <td>2</td> </tr> <tr> <td>[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</td> <td>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>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.	1	2	[B] EXPLAINED WHY <i>(name)</i> 'S BEHAVIOUR WAS WRONG.	1	2	[C] SHOOK HIM/HER.	1	2	[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	1	2	[E] GAVE HIM/HER SOMETHING ELSE TO DO.	1	2	[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE 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.	1	2	[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	1	2	[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	1	2	[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	1	2	[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER 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?	Catholic1 Protestant2 Other christian (<i>specify</i>) 3 Muslim4 Animist5 Other religion (not Christian) (<i>specify</i>) ____ 6 _____ No religion7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG? <i>Specify the ethnicity as declared before circling corresponding code</i> _____	Choa-Arab/Peulh/Haoussa/Kanuri.....01 Biu-Mandara02 Adamaoua-Oubangui03 Bantoïde South-West.....04 Grassfields/North-West05 Bamiléké/Bamoun.....06 Coastal/Ngoe/Okoro.....07 Beti/Bassa/Mbam.....08 Kako/Maka/Pygmy09 Foreigner10 Other ethnic group of Cameroon ____ 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms for sleeping __ __	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand11 Dung12 Rudimentary floor Wood planks21 Palm / Bamboo.....22 Finished floor Parquet or polished wood31 Vinyl or asphalt strips32 Ceramic tiles33 Cement34 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 leaf12 Sod13 Rudimentary roofing Rustic mat.....21 Palm / Bamboo.....22 Wood planks23 Cardboard.....24 Finished roofing Metal/Tin31 Wood32 Calamine / Cement fibre33 Ceramic tiles34 Cement35 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/ Bamboo / Trunks.....12</p> <p>Dirt.....13</p> <p>Rudimentary walls</p> <p>Bamboo with mud.....21</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>Bricks.....33</p> <p>Cement blocks34</p> <p>Covered adobe.....35</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).....02</p> <p>Natural gas03</p> <p>Biogas04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood.....08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>Saw dust / wood shavings.....12</p> <p>No food cooked in household95</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>01⇒HC8</p> <p>02⇒HC8</p> <p>03⇒HC8</p> <p>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe:</i></p> <p>IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</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 building.....3</p> <p>Outdoors.....4</p> <p>Other (<i>specify</i>) _____ 6</p>	

<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR/FREEZER?</p> <p>[F] A COMPUTER?</p> <p>[G] AN AIR-CONDITIONER?</p> <p>[H] A COOKER/STOVE?</p> <p>[I] AN INTERNET CONNECTION ?</p> <p>[J] A CONNECTION TO A TELEVISION CABLE / SATELLITE NETWORK?</p> <p>[K] A FAN ?</p> <p>[L] A MIXER/A VEGETABLE MILL (SHREDDER)?</p> <p>[M] A FLAT IRON ?</p> <p>[N] A GENERATING SET/GENERATOR ?</p> <p>[O] A WATER-PUMP?</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>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Computer.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air-conditionner.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cooker/Stove</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internet Connection.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tele cable/satellite Connection.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fan</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mixer/Vegetable mill.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Flat iron</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Generating set /Generator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Water-pump.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Computer.....	1	2	Air-conditionner.....	1	2	Cooker/Stove	1	2	Internet Connection.....	1	2	Tele cable/satellite Connection.....	1	2	Fan	1	2	Mixer/Vegetable mill.....	1	2	Flat iron	1	2	Generating set /Generator.....	1	2	Water-pump.....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR OR TRUCK?</p> <p>[G] A BOAT WITH A MOTOR?</p>	<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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<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>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Own</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>Rent.....</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td style="text-align: center;">6</td> <td></td> </tr> </tbody> </table>	Own	1		Rent.....	2		Other (<i>specify</i>)	6																																									
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes1 No.....2</p>	<p>2⇒HC13</p>
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>Note : 1ha=10 000 m²=100 mx100m or 200 mx50m</p> <p><i>If less than 0.5 ha, record “00”. If 95 ha or more, record “95”. If unknown, record “98”.</i></p>	<p>Hectares ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1 No.....2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, 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] OTHER BIRD (DUCK, GUINEA-FOWL, PIGEON, ETC.)</p> <p>[X] OTHER ANIMALS OF BREEDING (RABBITS, GUINEA PIG, ETC.) _____ ? SPECIFY</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>Other bird (duck, guinea-fowl, pigeon, etc.) ____ ____</p> <p>Other animals of breeding ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1 No.....2</p>	
<p>HC16. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE AN ACCOUNT IN A MICROFINANCE INSTITUTION?</p>	<p>Yes1 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 OLYSET..... 11 PERMANET..... 12 Other (specify)..... 16 DK brand..... 18 Pre-treated nets DURANET..... 21 INTERCEPTOR..... 22 NET PROTECT..... 23 Other (specify)..... 26 DK brand..... 28 Other net (specify)..... 36 DK brand / type 98	Long-lasting treated nets OLYSET..... 11 PERMANET..... 12 Other (specify)..... 16 DK brand..... 18 Pre-treated nets DURANET..... 21 INTERCEPTOR..... 22 NET PROTECT..... 23 Other (specify)..... 26 DK brand..... 28 Other net (specify)..... 36 DK brand / type..... 98	Long-lasting treated nets OLYSET..... 11 PERMANET..... 12 Other (specify)..... 16 DK brand..... 18 Pre-treated nets DURANET..... 21 INTERCEPTOR..... 22 NET PROTECT..... 23 Other (specify)..... 26 DK brand..... 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 (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ 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 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11	Yes..... 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No..... 2 ⇒ TN11 DK / Not sure..... 8 ⇒ TN11
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00".</i>	Months ago More than 24 mo. ago... 95 DK / Not sure..... 98	Months ago..... More than 24 mo. ago ...95 DK / Not sure98	Months ago More than 24 mo. ago... 95 DK / Not sure..... 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13	Yes..... 1 No 2 ⇒ TN13 DK / Not sure 8 ⇒ TN13	Yes 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the List of Household Members.</i> <i>If someone not in the List of Household Members slept under the mosquito net, record "00".</i>	Name _____ Line number Name _____ Line number Name _____ Line number Name _____ Line number Name _____ Line number	Name _____ Line number..... Name _____ Line number..... Name _____ Line number..... Name _____ Line number.....	Name _____ Line number Name _____ Line number Name _____ Line number Name _____ Line number
TN13.	<i>Go back to TN4 for next net. If no more nets, go to next module.</i>	<i>Go back to TN4 for next net. If no more nets, go to next module.</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module.</i>

Tick here if additional questionnaire used.

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 Water in sachets 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 14 21 31 32 41 42 51 61 71 81 96
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere 3	1⇒WS6 2⇒WS6 3
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ___ ___ ___ DK 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (15 years ore more).....1 Adult man (15 years or more).....2 Female child (under 15)3 Male child (under 15)4 DK8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes1 No.....2 DK8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine..... B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.)..... D Solar disinfection..... E Let it stand and settle F Other (<i>specify</i>) _____ X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system11 Flush to septic tank12 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 slab22 Pit latrine without slab / Open pit.....23 Composting toilet31 Bucket/Sanitary tube41 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>Yes1 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 facility2</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 DK98</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>Observed 1</p> <p>Not observed/Doesn't exist</p> <p>Not in dwelling / plot / yard 2</p> <p>No permission to see 3</p> <p>Other reason (specify) _____ 6</p>	<p>2 ⇒HW4</p> <p>3 ⇒HW4</p> <p>6 ⇒HW4</p>
<p>HW2. <i>Observe presence of water at the place for handwashing.</i></p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>Water is available 1</p> <p>Water is not available 2</p>	
<p>HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for handwashing?</i></p>	<p>Yes, present 1</p> <p>No, not present 2</p>	<p>2⇒HW4</p>
<p>HW3B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Piece/Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	<p><i>After having recorded all answers of this question, go to HH19</i></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>No 2</p>	<p>2⇒HH19</p>
<p>HW5A. CAN YOU PLEASE SHOW IT TO ME?</p>	<p>Yes, shown 1</p> <p>No, not shown 2</p>	<p>2⇒HH19</p>
<p>HW5B. <i>Record your observation.</i></p> <p><i>Circle all that apply.</i></p>	<p>Piece/Bar soap A</p> <p>Detergent (Powder / Liquid / Paste) B</p> <p>Liquid soap C</p> <p>Ash / Mud / Sand D</p>	

HH19. Record the time.	Hour and minutes ____ : ____	
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SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <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>	

<p>HH20. Thank the respondent for his/her cooperation and check the List of Household Members:</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</i> has been issued for each woman age 15-49 years in the List of Household Members (HL7).</p> <p>Check HH8. If the household is selected for <i>QUESTIONNAIRE FOR INDIVIDUAL MEN</i>:</p> <p><input type="checkbox"/> A separate <i>Questionnaire for Individual Men</i> has been issued for each man age 15-59 years in the List of Household Members (HL7A).</p> <p><input type="checkbox"/> A separate <i>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</i> has been issued for each child under age 5 years in the List of Household Members (HL7B).</p> <p><i>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.</i></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>
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Interviewer's Observations

Observations of the field controller

Team leader's Observations

Supervisor's Observations