

SOMALIA  **MICS**/PAPFAM

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (**60**) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
 MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban 1 Rural Sedentary 21 Nomadic 22	HH7. Region: Zone 1: Somaliland 1 Zone 2: Puntland 2 Zone 3: Central South 3	
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 Other (<i>specify</i>) _____ 6	HH10. Respondent to HH questionnaire: Name: _____ Line No: _____	
HH11. Total number of household members: _____		
HH12. No. of women eligible for interview: _____	HH13. No. of women questionnaires completed: _____	
HH14. No. of children under age 5: _____	HH15. No. of under-5 questionnaires completed: _____	
Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Data entry clerk: _____		

HOUSEHOLD LISTING FORM

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? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.

Then, ask questions starting with HL.5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE ? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	Eligible for:			HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 00 for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 00 for 'no'
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW				
					15-49						
01		0 1	1 2		01						
02			1 2		02						
03			1 2		03						
04			1 2		04						
05			1 2		05						
06			1 2		06						
07			1 2		07						
08			1 2		08						
09			1 2		09						
10			1 2		10						

For children age 0-17 years ask HL9-HL12

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF THE HOUSE- HOLD?	HL4. Is (name) MALE OR FEMALE ? 1 MALE 2 FEM.	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/ caretaker	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 YES 2 NO → HL11 8 DK → HL11	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record Line no. of mother or 'no' for 'no'	HL11. IS (name's) NATURAL FATHER ALIVE? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record Line no. of father or 'no' for 'no'	
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER	
11			1 2		11			1 2 8		1 2 8		
12			1 2		12			1 2 8		1 2 8		
13			1 2		13			1 2 8		1 2 8		
14			1 2		14			1 2 8		1 2 8		
15			1 2		15			1 2 8		1 2 8		
ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form.												
Then, complete the totals below.												
Totals						Women 15-49	Children 5-14	Under-5s				

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the 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 caretaker in the information panel of the Questionnaire for Children Under Five. 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:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew By Blood
- 12 = Niece/Nephew By Marriage
- 13 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION MODULE		For household members age 5 and above												For household members age 5-24 years											
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?		ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?		ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?		ED6. DURING THAT SCHOOL YEAR, WHICH LEVEL AND GRADE WAS ATTENDING?		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)?		ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?													
		YES	NO	LEVEL	GRADE	YES	NO	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE											
01		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
02		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
03		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
04		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
05		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
06		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
07		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
08		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
09		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
10		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
11		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
12		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
13		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
14		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											
15		1	2⇒NEXT LINE	0	1 2 3 4 6 8	1	2	0	1 2 3 4 6 8	1	2	8	0	1 2 3 4 6 8											

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling	11 ⇒ WS5
	Piped into yard or plot	12 ⇒ WS5
	Public tap/standpipe/kiosk	⇒ WS3
	Tubewell/borehole	
	Dug well	
	Protected well	
	Unprotected well	
	Water from spring	
	Protected spring	
	Unprotected spring	
	Rainwater collection	
	Rooftop	
	Berkad	
Rain water catchment(Balli)		
Tanker-truck		
Cart with small tank/drum/vendor		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)		
Bottled water	91 ⇒ WS2	
Other (<i>specify</i>)	96 ⇒ WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling	11 ⇒ WS5A
	Piped into yard or plot	12 ⇒ WS5A
	Public tap/standpipe/kiosk	
	Tubewell/borehole	
	Dug well	
	Protected well	
	Unprotected well	
	Water from spring	
	Protected spring	
	Unprotected spring	
	Rainwater collection	
	Rooftop	
	Berkad	
Rain water catchment(Balli)		
Tanker-truck		
Cart with small tank/drum/vendor		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)		
Other (<i>specify</i>)	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	
	Water on premises	995 ⇒ WS5A
	DK	998
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman	1
	Adult man	2
	Female child (under 15)	3
	Male child (under 15)	4
	DK	8
WS5A. DO YOU TAKE ANY MEASURES TO PREVENT CONTAMINATION WHILE HANDLING THE WATER OR WATER STORAGE CONTAINERS?	Yes	1
	No	2 ⇒ WS5
	DK	8 ⇒ WS5

<p>WS5B. WHAT DO YOU USUALLY DO TO PREVENT COTAMINATION WHILE HANDLING WATER AND WATER STORAGE CONTAINERS?</p> <p><i>Anything else?</i></p> <p><i>Record all items mentioned.</i></p>	<p>Wash hands before collecting waterA</p> <p>Store drinking water in a clean container with coverB</p> <p>Use a separate clean cup with a long handle for taking water out of the container.....C</p> <p>Keep animals away from the containerD</p> <p>Others (Specify) _____ X</p> <p>DKZ</p>																						
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒WS6A</p> <p>8⇒WS6A</p>																					
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil.....A</p> <p>Add bleach/chlorineB</p> <p>Strain it through a cloth.....C</p> <p>Use water filter (ceramic, sand, composite, etc.).....D</p> <p>Solar disinfectionE</p> <p>Let it stand and settle.....F</p> <p>Other (specify) _____ X</p> <p>DK.....Z</p>																						
<p>WS6A. DOES YOUR MAIN DRINKING WATER SOURCE GIVE YOU A RELIABLE SUPPLY?</p>	<p>Yes, almost never problems..... 1</p> <p>Occasional problems, but less than weekly 2</p> <p>Weekly problems 3</p> <p>Daily problems 4</p> <p>Seasonal supply5</p> <p>DK..... 8</p>																						
<p>WS7. 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 necessary, 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 tank12</p> <p>Flush to pit (latrine)13</p> <p>Flush to somewhere else14</p> <p>Flush to unknown place/not sure/DK where15</p> <p>Ventilated Improved Pit latrine (VIP)21</p> <p>Pit latrine with slab22</p> <p>Pit latrine without slab / open pit23</p> <p>No facilities or bush or field95</p> <p>Other (specify) _____ 96</p>	<p>95⇒WS9A</p>																					
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ WS9A</p>																					
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10).....</p> <p>Ten or more households10</p> <p>DK.....98</p>																						
<p>WS9A. DO YOU USUALLY WASH YOUR HANDS USING SOAP AT ANY OF THE FOLLOWING TIMES?</p> <p>Before eating?</p> <p>Before feeding babies?</p> <p>After defecation?</p> <p>After cleaning babies bottoms?</p> <p>Before cooking food?</p> <p>After eating?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Before eating.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Before feeding babies?.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>After defecation?.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>After cleaning babies bottoms?.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Before cooking food?.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>After eating?.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Before eating.....	1	2	Before feeding babies?.....	1	2	After defecation?.....	1	2	After cleaning babies bottoms?.....	1	2	Before cooking food?.....	1	2	After eating?.....	1	2	
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HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms	— —
HC3. Main material of the dwelling floor: <i>Record observation.</i>	Natural floor Earth/sand11 Rudimentary floor Wood planks21 Palm/grass22 Finished floor Vinyl or asphalt strips32 Ceramic tiles33 Cement34 Carpet35 Other (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof11 Thatch/palm leaf12 Mud & grass13 Rudimentary Roofing Rustic mat21 Palm/grass22 Wood planks23 Sacking/ plastic sheets24 Finished roofing Metal31 Wood32 cement fiber/corrugated cement33 Cement35 Roofing shingles36 Other (<i>specify</i>) 96	
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls11 palm/trunks/sticks12 Mud13 Rudimentary walls Sticks with mud21 Stone with mud22 Uncovered adobe23 Plywood24 Carton/tin/plastic/sacking25 Reused wood26 Cloth / matting27 Finished walls Cement31 Stone with lime/cement32 Bricks33 Cement blocks34 Covered adobe35 Wood planks/shingles36 Other (<i>specify</i>) 96	

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity01 Liquid Propane Gas (LPG).....02 Kerosene05 Charcoal07 Wood08 Straw/shrubs/grass09 Animal dung10 Agricultural crop residue11 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8</p>																																	
<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p> <p><i>Probe for type.</i></p>	<p>Open fire 1 Open stove 2 Closed stove 3 Other (<i>specify</i>) 6</p>	<p>3⇒HC8 6⇒HC8</p>																																	
<p>HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes 1 No 2</p>																																		
<p>HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house 1 In a separate building..... 2 Outdoors 3 Other (<i>specify</i>) 6</p>																																		
<p>HC9. DOES YOUR HOUSEHOLD HAVE: A BED? ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR? A VCD / DVD PLAYER? A FAN? A SATELLITE DISH?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Bed</td> <td>1</td> <td>2</td> </tr> <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>Mobile Telephone</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>VCD / DVD player.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>A fan</td> <td>1</td> <td>2</td> </tr> <tr> <td>A satellite dish.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Bed	1	2	Electricity	1	2	Radio	1	2	Television.....	1	2	Mobile Telephone	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	VCD / DVD player.....	1	2	A fan	1	2	A satellite dish.....	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A DONKEY- CART? A CAR OR TRUCK (BIG CAR)? A CLOCK? A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bicycle</td> <td>1</td> <td>2</td> </tr> <tr> <td>Animal drawn-cart.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/Truck</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLOCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sewing machine</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Animal drawn-cart.....	1	2	Car/Truck	1	2	CLOCK	1	2	Sewing machine	1	2													
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No 2</p>	<p>2⇒HC13</p>																																	
<p>HC12. HOW MANY HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p>If more than 97, record '97'. If unknown, record '98'.</p>	<p>Hectares__ __</p>																																		
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes 1 No 2</p>	<p>2⇒NEXT MODULE</p>																																	
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>CAMELS?</p> <p>MILK COWS OR BULLS?</p>	<p>Camels__ __</p> <p>Milk cows or bulls.....</p>																																		

<p>HORSES, DONKEYS, OR MULES?</p> <p>GOATS?</p> <p>SHEEP?</p> <p>CHICKENS?</p> <p>If none, record '00'. If more than 97, record '97'. If unknown, record '98'.</p>	<p>Horses, donkeys, or mules__ __</p> <p>Goats__ __</p> <p>Sheep__ __</p> <p>Chickens__ __</p>	
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CHILD LABOUR MODULE

CL

To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.

Now I would like to ask about any work children in this household may do.

CL1. Line no.	CL2. Name	CL3. During the past week, did (name) do any kind of work for someone who is not a member of this household? <i>If yes: for pay in cash or kind?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO → TO CL5	CL4. <i>If yes: 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?</i> <i>If more than one job, include all hours at all jobs.</i> <i>Record response then → CL.6</i>	CL5. At any time during the past year, did (name) do any kind of work for someone who is not a member of this household? <i>If yes: for pay in cash or kind?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO			CL6. During the past week, did (name) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children?		CL7. <i>If yes: since last (day of the week), about how many hours did he/she spend doing these chores?</i>		CL8. During the past week, did (name) do any other family work (on the farm or herding livestock or fishing or in a business or selling goods in the street?) 1 YES 2 NO → NEXT LINE		CL9. <i>If yes: since last (day of the week), about how many hours did he/she do this work?</i>	
				PAID	UNPAID	NO	YES	NO	YES	NO	NO. HOURS	NO. HOURS	YES	NO
01		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
02		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
03		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
04		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
05		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
06		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
07		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
08		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
09		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
10		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
11		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
12		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
13		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
14		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		
15		1 2 3		1 2 3	1 2 3	1 2	1 2	1 2	1 2	1 2	1 2	1 2		

INSECTICIDE TREATED NET MODULE		ITN
TN1A WHAT DO YOU IN YOUR HOUSHOLD TO PROTECT AGAINST MALARIA? CIRCLE ALL RESPONSES MENTIONED	Sleep under a mosquito netA Keep environment cleanB Drink Clean waterC Drain/treat stagnant water.....D Burn dung/leaves/etcE Use a spray.....F Shake cloth to chase out mosquitoes..... G Other (specify)_____ X Nothing..... Y Don't knowZ	
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? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING TYPES: <i>Read each type name, show picture card/ net / label and circle codes for Yes or No for each type</i> TN3L. LONG-LASTING TREATED NETS: TN3P. PRE- TREATED NETS: TN3O. OTHER NETS:	Y N DK Long-lasting treated nets: 1 2 8 Pre- Treated nets: 1 2 8 Other nets: 1 2 8	
TN4. <i>Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:</i> 1. <input type="checkbox"/> Long-lasting treated net mentioned? ⇒ Go to TN3A 2. <input type="checkbox"/> Pre-treated net mentioned? ⇒ Go to TN6 3. <input type="checkbox"/> OTHER NET MENTIONED? ⇒ CONTINUE WITH TN5 4. <input type="checkbox"/> IF TYPE OF NET IS UNKNOWN CONTINUE WITH TN5		
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK/not sure 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? <i>If less than 1 month ago, record '00'.</i> <i>If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago ____ More than 24 months ago95 Not sure98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes 1 No 2 DK..... 8	2⇒TN3A 8⇒TN3A
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'.</i> <i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago ____ More than 24 months ago95 Not sure98	

<p>TN3A. WHERE DID YOU GET THE <i>(name of net highest in the list of nets available in the household, in TN3)</i> MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Public sector</p> <p>Govt. hospital11</p> <p>Govt. health centre.....12</p> <p>Govt. health post.....13</p> <p>Village health worker.....14</p> <p>Other public (<i>specify</i>) _____ 16</p> <p>Private medical sector</p> <p>Private hospital/clinic.....21</p> <p>Private physician.....22</p> <p>Private pharmacy23</p> <p>MCH24</p> <p>Other private medical (<i>specify</i>) _____ 26</p> <p>Other source</p> <p>Relative or friend.....31</p> <p>Shop32</p> <p>Traditional practitioner33</p> <p>Other (<i>specify</i>) _____ 96</p> <p>DK.....98</p>	
<p>TN3B. HOW MUCH DID YOU PAY FOR THE <i>(name of net highest in the list of nets available in the household, in TN3)</i> MOSQUITO NET?</p> <p><i>Ask question in relation to the most effective mosquito net available in the household (Check TN3). If there is more than one net in the same category, ask question referring to the most recently obtained net.</i></p>	<p>Local currency _ _ _ _ _</p> <p>Free9996</p> <p>DK.....9998</p>	

MATERNAL MORTALITY MODULE

MM

Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank

MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇨MM4 2 NO ⇨MM5	MM4. Line no. of proxy respondent (from household listing HL1)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD? IF '0' GO TO THE NEXT LINE	MM6. HOW MANY OF THESE SISTERS HAVE EVER BEEN MARRIED? IF '0' GO TO THE NEXT LINE	MM7. HOW MANY OF THESE EVER MARRIED SISTERS ARE ALIVE NOW? IF ALL ARE ALIVE GO TO THE NEXT LINE	MM8. HOW MANY OF THESE EVER MARRIED SISTERS HAVE DIED? (CHECK THAT THIS NUMBER AND THE NUMBER GIVEN IN MM7 TOTAL MM6)	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	Y N	LINE					
01		1 2						
02		1 2						
03		1 2						
04		1 2						
05		1 2						
06		1 2						
07		1 2						
08		1 2						
09		1 2						
10		1 2						
11		1 2						
12		1 2						
13		1 2						
14		1 2						
15		1 2						

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more..... 3</p> <p>No salt in home..... 6 Salt not tested..... 7</p>	

SI2. Does any eligible woman age 15-49 reside in the household?
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. ⇒ Go to *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* to administer the questionnaire to the first eligible woman.

No. ⇒ Continue.

SI3. Does any child under the age of 5 reside in the household?
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* to administer the questionnaire to mother or caretaker of the first eligible child.

No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.