



HOUSEHOLD QUESTIONNAIRE

Saint Lucia

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: Urban1 Rural2	

WE ARE FROM THE CENTRAL STATISTICAL OFFICE. WE ARE WORKING ON A PROJECT IN COLLABORATION WITH UNICEF CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR PROJECT TEAM.

MAY I START NOW?

- ☐ Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- ☐ No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

After all questionnaires for the household have been completed, fill in the following information:	
HH8. Name of head of household: _____	
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	HH10. Respondent to household questionnaire: Name: _____ Line Number: _____ HH11. Total number of household members: _____
HH12. Number of women age 15-49 years: _____	HH13. Number of woman's questionnaires completed: _____
HH14. Number of children under age 5: _____	HH15. Number of under-5 questionnaires completed: _____

HH16. Field edited by (Name and number): Name _____	HH17. Data entry clerk (Name and number): Name _____
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HH18.
Record the time.

Hour.....__ __

Minutes.....__ __

HOUSEHOLD LISTING FORM

HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

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 household listing form have been used.

						For women age 15-49		For children age 5-14		For children under age 5		For children age 0-17 years					
HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	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'	HL7. Circle line no. if woman is age 15-49	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No <input type="checkbox"/> HL13 8 DK <input type="checkbox"/> HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or 00 for "No"	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No <input type="checkbox"/> Next Line 8 DK <input type="checkbox"/> Next Line	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or 00 for "No"				
Line	Name	Relation*	M	F	Month	Year	Age	Mother	Mother	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	__	__	01	__	__	1	2	8	__	1	2	8	__
02		__	1	2	__	__	02	__	__	1	2	8	__	1	2	8	__
03		__	1	2	__	__	03	__	__	1	2	8	__	1	2	8	__
04		__	1	2	__	__	04	__	__	1	2	8	__	1	2	8	__
05		__	1	2	__	__	05	__	__	1	2	8	__	1	2	8	__
06		__	1	2	__	__	06	__	__	1	2	8	__	1	2	8	__
07		__	1	2	__	__	07	__	__	1	2	8	__	1	2	8	__
08		__	1	2	__	__	08	__	__	1	2	8	__	1	2	8	__
09		__	1	2	__	__	09	__	__	1	2	8	__	1	2	8	__
10		__	1	2	__	__	10	__	__	1	2	8	__	1	2	8	__

HL1. Line No	HL2. Name	HL3. WHAT IS THE RELATION- SHIP OF (name) TO THE HEAD OF HOUSE- HOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?	HL6. HOW OLD IS (name)?	HL7.	HL8. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL11. Is (name)'S NATURAL MOTHER ALIVE?	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSE- HOLD?	HL13. Is (name)'S NATURAL FATHER ALIVE?	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSE- HOLD?
Line	Name	Relation*	M F	Month Year	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	___

Tick here if additional questionnaire used ☐

Probe for additional household members.

Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household.

Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.

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

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

* Codes for HL3: Relationship to head of household:

- | | | |
|---------------------------------------|-----------------------------------|---------------------------------|
| 01 Head | 06 Parent | 11 Niece / Nephew |
| 02 Wife / Husband/ Common Law Partner | 07 Parent-In-Law | 12 Other relative |
| 03 Son / Daughter | 08 Brother / Sister | 13 Adopted / Foster / Stepchild |
| 04 Son-In-Law / Daughter-In-Law | 09 Brother-In-Law / Sister-In-Law | 14 Not related |
| 05 Grandchild | 10 Uncle / Aunt | 98 Don't know |

EDUCATION

ED

Table1: Grade conversion table for Primary and Secondary education in Saint Lucia

- Use this table to assist you with the conversion of grades in the questions ED4B, ED6 and ED8. The conversion should be done from the old education grade system (till 1996/1997 school year) or current education grade system (from 1997/1998 school onwards) to the MICS grade (codes). The MICS grade equivalent should be recorded in the space provided.

Old Grade System (till 1996/1997)		Current Grade System (from 1997/1998)		MICS Grade	
Level	Grade	Level	Grade	Level	Grade
Infant	Stage 1	Infant	Grade K	Infant/Primary	01
	Stage 2		Grade 1		02
	Stage 3		Grade 2		03
Primary	Standard 1	Primary	Grade 3		04
	Standard 2		Grade 4		05
	Standard 3		Grade 5		06
	Standard 4		Grade 6		07
	Standard 5				08
	Standard 6				09
	Standard 7				10
Senior Primary	Year 1			Senior Primary	01
	Year 2				02
	Year 3				03
Secondary	Form 1	Secondary	Form 1	Secondary	01
	Form 2		Form 2		02
	Form 3		Form 3		03
	Form 4		Form 4		04
	Form 5		Form 5		05

EDUCATION														ED	
For household members age 5 and above							For household members age 5-24 years								
ED1. Line number	ED2. Name and age Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?	ED4A. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) HAS ATTENDED? Level: 0 Preschool 1 Infant/ Primary 2 Senior Primary 3 Secondary 4 Post Secondary/ Non-tertiary 5 Tertiary/ University 8 DK If level=0, skip to ED5	ED4B. WHAT IS THE HIGHEST GRADE/ STANDARD/ FORM/YEAR (name) COMPLETED AT THIS LEVEL? Grade/ Standard/ Form/year: 98 DK Use conversion table. If less than 1 grade, enter 00	ED5. DURING THE (2011-2012) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE/ FORM/YEAR IS/WAS (name) ATTENDING? Level: 0 Preschool 1 Infant/ Primary 2 Senior Primary 3 Secondary 4 Post Secondary/ Non-tertiary 5 Tertiary/ University 8 DK If level=0, skip to ED7	ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE/ FORM/YEAR DID (name) ATTEND? Level: 0 Preschool 1 Infant/ Primary 2 Senior Primary 3 Secondary 4 Post Secondary/ Non-tertiary 5 Tertiary/ University 8 DK If level=0, go to Next person	Grade/ Form/Year	Grade/ Form/Year	Grade/ Form/Year	Grade/ Form/Year		
Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level	Grade
01			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
02			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
03			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
04			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
05			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
06			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
07			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
08			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
09			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
10			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
11			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
12			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
13			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
14			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	
15			1	2	0 1 2 3 4 5 8		1	2	0 1 2 3 4 5 8		1	2	8	0 1 2 3 4 5 8	

WATER AND SANITATION		WS
WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling..... 11 Piped into compound, yard or plot..... 12 Piped to neighbour..... 13 Public tap / standpipe..... 14 Dug well Protected well..... 31 Unprotected well..... 32 Water from spring Protected spring..... 41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Bottled water..... 91 Other (<i>specify</i>)..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒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 Dug well Protected well..... 31 Unprotected well..... 32 Water from spring Protected spring..... 41 Unprotected spring..... 42 Rainwater collection..... 51 Tanker-truck..... 61 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81 Other (<i>specify</i>)..... 96	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling..... 1 In own yard / plot..... 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes..... _ _ _ DK..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years) 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, Brita, 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 necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit 23 Bucket 41 No facility, Bush, Field 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic 1 Seventh Day Adventist 2 Pentecostal 3 Other Christian (<i>specify</i>) 4 Other religion (<i>specify</i>) 6 No religion 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	African descent (Negro/Black) 1 Mixed descent 2 East Indian 3 Other ethnic group (<i>specify</i>) 6	
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 (Dirt) 11 Rudimentary floor Wood planks 21 Plywood 23 Finished floor Parquet or polished wood 31 Vinyl tiles 32 Ceramic tiles 33 Concrete 34 Carpet 35 Marley/ linoleum 36 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Coconut leaf 12 Rudimentary Roofing Wood planks 23 Finished roofing Metal (Galvanized iron/Aluzinc) 31 Clay tiles 34 Concrete 35 Roofing shingles 36 Other (<i>specify</i>) 96	

<p>HC5. <i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>Natural walls Dirt 13</p> <p>Rudimentary walls Plywood 24 Cardboard 25 Galvanized iron/Aluzinc 27</p> <p>Finished walls Concrete 31 Stone with mortar 32 Bricks 33 Concrete blocks 34 Wood (e.g. cedar) 36 Hollow clay blocks 37 Plastered concrete blocks 38</p> <p>Other (<i>specify</i>) 96</p>																																		
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Biogas 04 Kerosene 05</p> <p>Coal / Lignite 06 Charcoal 07 Wood 08 Straw / Shrubs / Grass 09 Agricultural crop residue 11</p> <p>No food cooked in household 95 Other (<i>specify</i>) 96</p>	<p>01⇒HC8 02⇒HC8 04⇒HC8 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 In a separate room used as kitchen 1 Elsewhere in the house 2 In a separate building 3 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/ FIXED LINE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A TABLE?</p> <p>[G] A BED?</p> <p>[H] A SOFA?</p> <p>[I] A STOVE?</p> <p>[J] A WASHING MACHINE?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Non-mobile/ fixed line telephone</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator</td> <td>1</td> <td>2</td> </tr> <tr> <td>Table</td> <td>1</td> <td>2</td> </tr> <tr> <td>Bed</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sofa</td> <td>1</td> <td>2</td> </tr> <tr> <td>Stove</td> <td>1</td> <td>2</td> </tr> <tr> <td>Washing machine</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Non-mobile/ fixed line telephone	1	2	Refrigerator	1	2	Table	1	2	Bed	1	2	Sofa	1	2	Stove	1	2	Washing machine	1	2	
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[K] INTERNET SERVICE? [L] AN AIR CONDITION UNIT? [M] CABLE/ SATELLITE TV?	Internet service 1 2 Air condition unit 1 2 Cable/ satellite TV 1 2																									
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: [B] A MOBILE/CELLULAR PHONE? [F] A CAR/TRUCK? [G] A BOAT FOR LIVELIHOOD? [H] A COMPUTER? [I] A STEREO OR CD PLAYER? [J] A BOAT FOR PLEASURE (YACHT)? [K] A PORTABLE AUDIO DEVICE (iPod/MP3)?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Mobile/cellular phone.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car/ truck.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat for livelihood</td> <td>1</td> <td>2</td> </tr> <tr> <td>Computer</td> <td>1</td> <td>2</td> </tr> <tr> <td>Stereo or CD player</td> <td>1</td> <td>2</td> </tr> <tr> <td>Boat for pleasure</td> <td>1</td> <td>2</td> </tr> <tr> <td>Portable Audio Device</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Mobile/cellular phone.....	1	2	Car/ truck.....	1	2	Boat for livelihood	1	2	Computer	1	2	Stereo or CD player	1	2	Boat for pleasure	1	2	Portable Audio Device	1	2	
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Computer	1	2																								
Stereo or CD player	1	2																								
Boat for pleasure	1	2																								
Portable Audio Device	1	2																								
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? <i>If "No", then ask: DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD?</i> <i>If "Rented from someone else", circle "2". For other responses, circle "6".</i>	Own 1 Rent 2 Other (Not owned or rented) 6																									
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes..... 1 No 2	2⇒HC13																								
HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i>	Acres..... ____ ____																									
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?	Yes..... 1 No 2	2⇒HC15																								
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS?	Cattle, milk cows, or bulls ____ ____ Horses, donkeys, or mules..... ____ ____ Goats ____ ____ Sheep..... ____ ____ Chickens ____ ____ Pigs..... ____ ____																									

<i>If none, record '00'.</i> <i>If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i>		
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT OR CREDIT UNION ACCOUNT?	Yes..... 1 No 2	

For Information only

CHILD LABOUR**CL**

To be administered for children in the household age **5-14** 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 number	CL2. Name and Age Copy from Household Listing Form, HL2 and HL6		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: FOR PAY IN CASH OR KIND? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs.			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREFOOD FOR HOUSEHOLD USE? 1 Yes 2 No ⇒ CL7			CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREFOOD FOR HOUSEHOLD USE?			CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No ⇒ CL9			CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/ HERSELF?			CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No ⇒ Next Line			CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours						
01		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
02		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
03		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
04		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
05		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
06		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
07		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
08		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
09		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
10		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
11		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
12		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
13		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
14		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					
15		__ __	1	2	3	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __	1	2	__ __					

CHILD DISCIPLINE**CD****Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).
- If there are no children age 2-14 years in the household, skip to next module.

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. Age from HL6
Rank	Line	Name	M	F	Age
1	— —		1	2	— —
2	— —		1	2	— —
3	— —		1	2	— —
4	— —		1	2	— —
5	— —		1	2	— —
6	— —		1	2	— —
7	— —		1	2	— —
8	— —		1	2	— —
CD6.	Total children age 2-14 years				— —

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

Table 2: Selection of Random Child for Child Discipline Questions

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.
- Check the total number of eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child.....

<p>CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.</p>	<p>Name _____</p> <p>Line number _ _</p>	
<p>CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.</p> <p>CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD12. EXPLAINED WHY (name)'S BEHAVIOR WAS WRONG.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD13. SHOOK HIM/HER.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD15. GAVE HIM/HER SOMETHING ELSE TO DO.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD16. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.</p>	<p>Yes1</p> <p>No2</p>	
<p>CD22. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?</p>	<p>Yes1</p> <p>No2</p> <p>Don't know / No opinion8</p>	

HANDWASHING		HW
NOW I WOULD LIKE TO COLLECT INFORMATION ABOUT HANDWASHING FACILITIES AND THE PRESENCE OF SOAP AND WATER IN YOUR HOUSEHOLD. SOME INFORMATION REQUIRES MY OBSERVATION.		
HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed.....1 Not observed Not in dwelling / plot / yard2 No permission to see.....3 Other reason6	2 ⇨ HW4 3 ⇨ HW4 6 ⇨ HW4
HW2. Observe presence of water at the specific place for handwashing. <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available1 Water is not available.....2	
HW3. Record if soap or detergent is present at the specific place for handwashing. <i>Circle all that apply.</i> <i>Skip to HH19 if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Local cleansing agent (specify) D None..... Y	A ⇨ HH19 B ⇨ HH19 C ⇨ HH19 D ⇨ HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR OTHER CLEANSING AGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes1 No2	2 ⇨ HH19
HW5. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (Powder / Liquid / Paste)..... B Liquid soap C Local cleansing agent (specify) D Not able / Does not want to show Y	

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 TO COOK MEALS IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM1</p> <p>More than 0 PPM & less than 15 PPM2</p> <p>15 PPM or more.....3</p> <p>No salt in the house6</p> <p>Salt not tested.....7</p>	

<p>HH20. Thank the respondent for his/her cooperation and check the Household Listing Form:</p> <p><input type="checkbox"/> A separate Questionnaire for Individual Women has been issued for each woman age 15-49 years in the household list (HL7)</p> <p><input type="checkbox"/> A separate Questionnaire for Children Under Five has been issued for each child under age 5 years in the household list (HL9)</p> <p><i>Return to the cover page and make sure that all information is entered, including the number of eligible women (HH12) and under-5s (HH14)</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

Field Editor's Observations

Supervisor's Observations