

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM DEPARTMENT FOR STATISTICS AND NATIONAL CENTER OF ILLNESS CONTROL. 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 30 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..... 2	HH7. Region: Tbilisi 1 Kakheti..... 2 Mtskheta - Mtianeti 3 Shida Qartli 4 Qvemo Qartli 5 Samtskhe - Djavakheti 6 Raja - Lechkhumi and Qvemo Svaneti.... 7 Imereti..... 8 Guria..... 9 Samegrelo and Zemo Svaneti..... 10 Adjara 11	
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 Refused 2 Not at home 3 HH not found/destroyed 4 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: _____	
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 HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used

	Eligible for:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">WOMEN'S INTERVIEW</td> <td style="width: 33%; text-align: center;">CHILD LABOUR MODULE</td> <td style="width: 33%; text-align: center;">UNDER-5 INTERVIEW</td> </tr> </table>	WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	For children age 0-17 years ask HL9-HL12
WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW			

HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE ?	HL5. HOW OLD IS (name)?	HL5_1. MEMBER'S STATUS	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?	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. IS (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (name's) NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL11. IS (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD?
			1 MALE 2 FEM.	HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? <i>Record in completed years</i> 98=DK	1 Lives permanently 2 Lives temporarily 3 Temporarily away in the country 4 Temporarily away outside the country		<i>Record Line no. of mother/ caretaker</i>	<i>Record Line no. of mother/ caretaker</i>	1 YES 2 NO⇒ HL11 8 DK⇒ HL11	<i>Record Line no. of mother or 00 for 'no'</i>	1 YES 2 NO⇒ 8 DK⇒ NEXT LINE	<i>Record Line no. of father or 00 for 'no'</i>

LINE	NAME	REL.	M	F	AGE	15-49	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 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? <i>Record in completed years</i> 98=DK	HL5_1. MEMBER'S STATUS 1 Lives permanently 2 Lives temporarily 3 Temporarily away in the country 4 Temporarily away outside the country	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? <i>Record Line no. of mother/ caretaker</i>	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? <i>Record Line no. of mother/ caretaker</i>	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? <i>Record Line no. of mother or 00 for 'no'</i>	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO⇒ 8 DK⇒ NEXT LINE NEXT LINE	HL12. If alive: DOES (name's) NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>Record Line no. of father or 00 for 'no'</i>
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.

	Women 15-49	Children 5-14	Under-5s
Totals	___ ___	___ ___	___ ___

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

EDUCATION MODULE											ED		
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? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK <i>If less than 1 grade, enter 00.</i>		ED4. DURING THE (2005-2006) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? <i>Insert number of days in space below.</i>	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (name) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK		ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2004-2005)? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	
LINE		YES NO	LEVEL	GRADE	YES NO	DAYS	LEVEL	GRADE	Y N DK	LEVEL	GRADE		
01		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
02		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
03		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
04		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
05		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
06		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
07		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
08		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
09		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
10		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
11		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
12		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
13		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
14		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 6 8	___		
15		1 2⇒NEXT LINE	0 1 2 3 6 8	___	1 2	___	0 1 2 3 6 8	___	1 2 8	0 1 2 3 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	13
	Tubewell/borehole	21
	Dug well	
	Protected well	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring	42 ⇒ WS3
	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 ⇒ 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 ⇒ WS5
	Piped into yard or plot	12 ⇒ WS5
	Public tap/standpipe	13
	Tubewell/borehole	21
	Dug well	
	Protected well	31
	Unprotected well	32
	Water from spring	
	Protected spring	41
	Unprotected spring	42
	Rainwater collection	51
Tanker-truck	61	
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	81	
Other (<i>specify</i>)	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	_____
	Water on premises	995 ⇒ WS5
	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
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes	1
	No	2 ⇒ WS7
	DK	8 ⇒ WS7

<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/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) _____ X</p> <p>DK Z</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 tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>Hanging toilet/hanging latrine 51</p> <p>Other (<i>specify</i>) 96</p>	
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christian</i> 1 <i>Jew</i> 2 <i>Muslim</i> 3 Other religion (<i>specify</i>)..... 6 No religion..... 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	<i>Georgian</i> 1 <i>Abkhazian</i> 2 <i>Osetian</i> 3 <i>Russian</i> 4 <i>Azerbaijani</i> 5 <i>Armenian</i> 6 Other language (<i>specify</i>)..... 7	
HC1C. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?	<i>Georgian</i> 1 <i>Abkhazian</i> 2 <i>Osetian</i> 3 <i>Russian</i> 4 <i>Azerbaijani</i> 5 <i>Armenian</i> 6 Other ethnic group (<i>specify</i>)..... 7	
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/sand 11 Dung..... 12 Rudimentary floor Wood planks 21 Finished floor Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement..... 34 Carpet 35 Other (<i>specify</i>)..... 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch/palm leaf..... 12 Sod 13 Rudimentary Roofing Rustic mat 21 Wood planks 23 Finished roofing Metal 31 Wood..... 32 Calamine/cement fiber 33 Ceramic tiles 34 Cement..... 35 Roofing shingles..... 36 Other (<i>specify</i>)..... 96	

<p>HC5. Main material of the walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls..... 11</p> <p>Cane/palm/trunks 12</p> <p>Dirt..... 13</p> <p>Rudimentary walls</p> <p>Stone with mud 22</p> <p>Uncovered adobe..... 23</p> <p>Plywood..... 24</p> <p>Carton 25</p> <p>Reused wood 26</p> <p>Finished walls</p> <p>Cement..... 31</p> <p>Stone with lime/cement..... 32</p> <p>Bricks 33</p> <p>Cement blocks 34</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>Electricity..... 01</p> <p>Liquid Propane Gas (LPG)..... 02</p> <p>Natural gas..... 03</p> <p>Biogas 04</p> <p>Kerosene..... 05</p> <p>Coal / Lignite 06</p> <p>Charcoal..... 07</p> <p>Wood..... 08</p> <p>Straw/shrubs/grass 09</p> <p>Animal dung 10</p> <p>Agricultural crop residue 11</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>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</p> <p>Open stove..... 2</p> <p>Closed stove 3</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒HC9</p> <p>6⇒HC9</p>																					
<p>HC8. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?</p>	<p>Yes 1</p> <p>No..... 2</p>																						
<p>HC9. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p>	<p>In the house 1</p> <p>In a separate building..... 2</p> <p>Outdoors 3</p> <p>Other (<i>specify</i>) 6</p>																						
<p>HC10. DOES YOUR HOUSEHOLD HAVE:</p> <p>ELECTRICITY?</p> <p>A RADIO?</p> <p>A TELEVISION?</p> <p>A MOBILE TELEPHONE?</p> <p>A NON-MOBILE TELEPHONE?</p> <p>A REFRIGERATOR?</p>	<table border="0"> <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>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> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Mobile Telephone.....	1	2	Non-Mobile Telephone.....	1	2	Refrigerator.....	1	2	
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<p>HC11. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A WATCH?</p> <p>A BICYCLE?</p> <p>A MOTORCYCLE OR SCOOTER?</p> <p>AN ANIMAL-DRAWN CART?</p> <p>A CAR OR TRUCK?</p> <p>A BOAT WITH A MOTOR?</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>Motorcycle/Scooter.....</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>Boat with motor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Watch.....	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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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:</i> 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>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? 1 YES 2 NO ⇒ TO CL8		CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇒ NEXT LINE		CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?
LINE NO.	NAME	YES			PAID	YES			YES	NO	NO. HOURS	YES	NO	NO. HOURS		
		PAID	UNPAID	NO	PAID	PAID	UNPAID	NO	YES	NO		YES	NO			
01		1	2	3	___	1	2	3	1	2	___	1	2	___		
02		1	2	3	___	1	2	3	1	2	___	1	2	___		
03		1	2	3	___	1	2	3	1	2	___	1	2	___		
04		1	2	3	___	1	2	3	1	2	___	1	2	___		
05		1	2	3	___	1	2	3	1	2	___	1	2	___		
06		1	2	3	___	1	2	3	1	2	___	1	2	___		
07		1	2	3	___	1	2	3	1	2	___	1	2	___		
08		1	2	3	___	1	2	3	1	2	___	1	2	___		
09		1	2	3	___	1	2	3	1	2	___	1	2	___		
10		1	2	3	___	1	2	3	1	2	___	1	2	___		
11		1	2	3	___	1	2	3	1	2	___	1	2	___		
12		1	2	3	___	1	2	3	1	2	___	1	2	___		
13		1	2	3	___	1	2	3	1	2	___	1	2	___		
14		1	2	3	___	1	2	3	1	2	___	1	2	___		
15		1	2	3	___	1	2	3	1	2	___	1	2	___		

CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.	
LINE	LINE	NAME	M	F	AGE	MOTHER	
01	__ __		1	2	__ __	__ __	
02	__ __		1	2	__ __	__ __	
03	__ __		1	2	__ __	__ __	
04	__ __		1	2	__ __	__ __	
05	__ __		1	2	__ __	__ __	
06	__ __		1	2	__ __	__ __	
07	__ __		1	2	__ __	__ __	
08	__ __		1	2	__ __	__ __	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					__ __	

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD11 to administer child discipline questions for that child.

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table 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. Look for the last digit of the household number 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 CD7 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 about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8. Last digit of the questionnaire number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	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

CD9. Record the rank number of the selected child from table 2 above	Rank number of child __ __
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CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number	
CD12. ALL 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.	ANSWERS?	
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes1 No2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes1 No2	
CD12C. SHOOK HIM/HER.	Yes1 No2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes1 No2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes1 No2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes1 No2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes1 No2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes1 No2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes1 No2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes1 No2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes1 No2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes1 No2 Don't know/no opinion8	

DISABILITY

DA

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank

I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. <i>Line no.</i>	DA2. <i>Child's name</i>	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (<i>name</i>) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (<i>name</i>) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (<i>name</i>) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (<i>name</i>) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (<i>name</i>) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (<i>name</i>) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (<i>name</i>) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (<i>name</i>) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. <i>(For 3-9 year olds):</i> IS (<i>name</i>)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. <i>(For 2-year-olds):</i> CAN (<i>name</i>) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (<i>name</i>) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	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 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 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.