HOUSEHOLD QUESTIONNAIRE
Guyana 2019 Survey

MICS

HOUSEHOLD INFORMATION PANEL	**HH**

HH1. *Cluster number:* ___ ___ ___	**HH2**. *Household number:* ___ ___
HH3. *Interviewer's name and number:* NAME _____ ___ ___ ___	**HH4**. *Supervisor's name and number:* NAME _____ ___ ___ ___

		HH7. *Region:*
HH5. *Day / Month / Year of interview:* ___ ___ / ___ ___ / 2 0 1 ___		BARIMA-WAINI .... 01 POMEROON-SUPENAAM............................ 02
HH6. *Area:*	URBAN........... 1 RURAL 2	ESSEQUIBO ISLANDS-WEST DEMERARA .... 03 DEMERARA-MAHAICA................................ 04 MAHAICA-BERBICE 05
HH6A. Location:	COASTAL..................1 INTERIOR..............2	EAST BERBICE-CORENTYNE................................ 06 CUYUNI-MAZARUNI 07
HH8. *Is the household selected for Questionnaire for Men?*	YES .... 1 NO 2	POTARO-SIPARUNI .... 08 UPPER TAKUTU-UPPER ESSEQUIBO........................ 09 UPPER DEMERARA-BERBICE 10
HH9. *Is the household selected for Water Quality Testing?*	YES .... 1 NO 2	**HH10**. *Is the household selected for blank testing?* YES...............................1 NO 2

	HH11. *Record the time.*
Check that the respondent is a knowledgeable member of the household and at least 18 years old before proceeding. You may only interview a child age 15-17 if there is no adult member of the household or all adult members are incapacitated. You may not interview a child under age 15.	HOURS : MINUTES ___ ___ : ___ ___

HH12. Hello, my name is (*your name*). We are from Bureau of Statistics. We are conducting a survey about the situation of children, families and households. I would like to talk to you about these topics. This interview usually takes about **…** minutes. Following this, I may ask to conduct additional interviews with you or other individual members of your household. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?

YES ....1 NO / NOT ASKED 2	1 ⇨*LIST OF HOUSEHOLD MEMBERS* 2 ⇨*HH46*

HH46. *Result of Household Questionnaire interview:* *Discuss any result not completed with Supervisor.*	COMPLETED..01 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT..02 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME.........................03 REFUSED ....04 DWELLING VACANT OR ADDRESS NOT A DWELLING................................05 DWELLING DESTROYED..06 DWELLING NOT FOUND ....07 OTHER (*specify*) _____ 96

HH47. *Name and line number of the respondent to Household Questionnaire interview:* NAME _____ ___ ___	*To be filled after the Household Questionnaire is completed* **TOTAL NUMBER**	*To be filled after all the questionnaires are completed* **COMPLETED NUMBER**
HOUSEHOLD MEMBERS	**HH48** ___ ___	
WOMEN AGE 15-49	**HH49** ___ ___	**HH53** ___ ___
If household is selected for Questionnaire for Men: MEN AGE 15-49	**HH50** ___ ___	**HH54** ___ ___
CHILDREN UNDER AGE 5	**HH51** ___ ___	**HH55** ___ ___

CHILDREN AGE 5-17	**HH52**	__ __	**HH56**	ZERO...... 0 ONE........ 1

MICS6.HH.2

LIST OF HOUSEHOLD MEMBERS HL

First complete HL2-HL4 vertically for all household members, starting with the head of the household. Once HL2-HL4 are complete for all members, <u>make sure to probe</u> for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL20 for each member one at a time. If additional questionnaires are used, indicate by ticking this box: ....☐

HL1. Line number	HL2. First, please tell me the name of each person who usually lives here, starting with the head of the household. *Probe for additional household members.*	HL3. What is the relationship of (name) to (name of 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. Did (name) stay here last night? 1 YES 2 NO	HL8. *Record line number if woman and age 15-49.*	HL9. *Record line number if man, age 15-49 and HH8 is yes.*	HL10. *Record line number if age 0-4.*	HL11. *Age 0-17?* 1 YES 2 NO ⇨ *Next Line*	HL12. Is (name)'s natural mother alive? 1 YES 2 NO ⇨ HL16 8 DK ⇨ HL16	HL13. Does (name)'s natural mother live in this household? 1 YES 2 NO ⇨ HL15	HL14. *Record the line number of mother and go to HL16.*	HL15. Where does (name)'s natural mother live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL16. Is (name)'s natural father alive? 1 YES 2 NO ⇨ HL20 8 DK ⇨ HL20	HL17. Does (name)'s natural father live in this household? 1 YES 2 NO ⇨ HL19	HL18. *Record the line number of father and go to HL20.*	HL19. Where does (name)'s natural father live? 1 ABROAD 2 IN ANOTHER HOUSEHOLD IN THE SAME REGION 3 IN ANOTHER HOUSEHOLD IN ANOTHER REGION 4 INSTITUTION IN THIS COUNTRY 8 DK	HL20. *Copy the line number of mother from HL14. If blank, ask:* Who is the primary caretaker of (name)? *If 'No one' for a child age 15-17, record '90'.*
LINE	NAME	RELATION*	M F	MONTH YEAR	AGE	Y N	W 15-49	M 15-49	0-4	Y N	Y N DK	Y N	MOTHER		Y N DK	Y N	FATHER		
01		_0_ 1	1 2	__ __ ____	__	1 2	01	01	01	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
02		__ __	1 2	__ __ ____	__	1 2	02	02	02	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
03		__ __	1 2	__ __ ____	__	1 2	03	03	03	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
04		__ __	1 2	__ __ ____	__	1 2	04	04	04	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
05		__ __	1 2	__ __ ____	__	1 2	05	05	05	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
06		__ __	1 2	__ __ ____	__	1 2	06	06	06	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
07		__ __	1 2	__ __ ____	__	1 2	07	07	07	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
08		__ __	1 2	__ __ ____	__	1 2	08	08	08	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
09		__ __	1 2	__ __ ____	__	1 2	09	09	09	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
10		__ __	1 2	__ __ ____	__	1 2	10	10	10	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
11		__ __	1 2	__ __ ____	__	1 2	11	11	11	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
12		__ __	1 2	__ __ ____	__	1 2	12	12	12	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
13		__ __	1 2	__ __ ____	__	1 2	13	13	13	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
14		__ __	1 2	__ __ ____	__	1 2	14	14	14	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __
15		__ __	1 2	__ __ ____	__	1 2	15	15	15	1 2	1 2 8	1 2	__ __	1 2 3 4 8	1 2 8	1 2	__ __	1 2 3 4 8	__ __

SAMPLE - FOR INFORMATION ONLY

* Codes for HL3: Relationship to head of household:	01 HEAD 02 SPOUSE / PARTNER 03 SON / DAUGHTER 04 SON-IN-LAW / DAUGHTER-IN-LAW	05 GRANDCHILD 06 PARENT 07 PARENT-IN-LAW 08 BROTHER / SISTER	09 BROTHER-IN-LAW / SISTER-IN-LAW 10 UNCLE/AUNT 11 NIECE / NEPHEW 12 OTHER RELATIVE	13 ADOPTED / FOSTER / STEPCHILD 14 HELPERS (LIVE-IN) 96 LIVING IN BUT NOT RELATED (NOT RELATED) 98 DK

MICS6.HH.3

EDUCATION 1											

ED1. *Line number*

ED2. *Name and age.*

Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.

ED3. *Age 3 or above?*

1 YES
2 NO ↻ *Next Line*

ED4. Has (*name*) ever attended school or Nursery school?

1 YES
2 NO ↻ *Next Line*

ED5. What is the highest level and grade or year of school (*name*) has ever <u>attended</u>?

LEVEL:
0 ECE ↻ *ED7*
1 PRIMARY
2 LOWER SECONDARY
3 UPPER SECONDARY
4 HIGHER
8 DK

GRADE/YEAR:
98 DK ↻ *ED7*

ED6. Did (*name*) ever <u>complete</u> that (grade/year)?

1 YES
2 NO
8 DK

ED7. *Age 3-24?*

1 YES
2 NO ↻ *Next Line*

ED8. *Check ED4: Ever attended school or ECE?*

1 YES
2 NO ↻ *Next Line*

LINE	NAME	AGE	YES	NO	YES	NO	LEVEL						GRADE/YEAR	Y	N	DK	YES	NO	YES	NO
01		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
02		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
03		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
04		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
05		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
06		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
07		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
08		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
09		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
10		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
11		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
12		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
13		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
14		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2
15		__ __	1	2	1	2	0	1	2	3	4	8	__ __	1	2	8	1	2	1	2

MICS6.HH.4

	EDUCATION 2											

ED1. *Line number*

ED2. *Name and age.*

ED9. At any time during the current school year (2018/2019) did (*name*) attend school or Nursery school ?

1 YES
2 NO ⇧ *ED15*

ED10. During this current school year (2018/2019), which level and grade or year is (*name*) attending?

LEVEL:
0 NURSERY ⇧ *ED15*
1 PRIMARY
2 LOWER SEC.
3 UPPER SEC.
4 HIGHER
8 DK

GRADE/YEAR:
98 DK

ED11. What type of school is (he/she) attending?

If "Yes", record '1'. If "No", probe to code who controls and manages the school.

1 GOVT./ PUBLIC
2 RELIGIOUS/ FAITH ORG.
3 PRIVATE
6 OTHER
8 DK

ED11. A Is any tuition paid at the school (Name) is attending?

ED12. In the current school year (2018/2019), has (*name*) received any school tuition support?

If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.

1 YES
2 NO ⇧ *ED14*
8 DK ⇧ *ED14*

ED13. Who provided the tuition/ fees support?

Record all mentioned.

A GOVT. / PUBLIC
B RELIGIOUS/ FAITH ORG.
C PRIVATE.
X OTHER
Z DK

ED14. For the current school year (2018/2019), has (*name*) received any material support or cash to buy shoes, exercise books, notebooks, school uniforms, or other school supplies or CSEC (exam) subsidies?

If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.

1 YES
2 NO
8 DK

ED15. At any time during the previous school year (2017/2018) did (*name*) attend school or Nursery school ?

1 YES
2 NO ⇧ *Next Line*
8 DK ⇧ *Next Line*

ED16. During that previous school year (2017/2018), which level and grade or year did (*name*) attend?

LEVEL:
0 ECE ⇧ *Next Line*
1 PRIMARY
2 LOWER SEC.
3 UPPER SEC.
4 HIGHER
8 DK

GRADE/YEAR:
98 DK

SAMPLE - FOR INFORMATION ONLY

LINE	NAME	AGE	YES NO	LEVEL	GRADE/YEAR	AUTHORITY	YES NO	YES NO DK	TUITION	YES NO DK	YES NO DK	LEVEL	GRADE/YEAR
01		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
02		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
03		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
04		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
05		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
06		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
07		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
08		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
09		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
10		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
11		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
12		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
13		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
14		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __

MICS6.HH.5

15		___ ___	1 2	0 1 2 3 4 8	___ ___	1 2 3 6 8	1 2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	___ ___

HOUSEHOLD CHARACTERISTICS		HC
HC1A. What is the religion of (*name of the head of the household from HL2*)?	CHRISTIAN .... 1 HINDU.. 2 MUSLIM .... 3 RASTAFARIAN .... 4 BAHAI.. 5 OTHER RELIGION (*specify*)_____ 6 NONE 0	
HC1B. What is the native language of (*name of the head of the household from HL2*)?	ENGLISH.. 1 SPANISH .... 2 PORTUGUESE... 3 INDIGENOUS LANGUAGE .... 4 OTHER LANGUAGE (*specify*)_____ 6	
HC2. To what ethnic group does (*name of the head of the household from HL2*) belong?	AFRICAN/BLACK .... 01 AMERINDIAN.. 02 CHINESE.. 03 EAST INDIAN .... 04 MIXED... 05 PORTUGUESE.. 06 WHITE... 07 OTHER .... 08 OTHER (*specify*) _____ 96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS.................................__ __	

HC4. *Main material of the dwelling floor.*
 	
Record observation.
 	
If observation is not possible, ask the respondent to determine the material of the dwelling floor.
	NATURAL FLOOR
	   EARTH / SAND 11
	   DUNG 12
	RUDIMENTARY FLOOR
	   WOOD PLANKS.............................21
	   PALM / BAMBOO..........................22
	FINISHED FLOOR
	   PARQUET OR POLISHED WOOD 31
	   VINYL OR ASPHALT STRIPS 32
	   CERAMIC TILES 33
	   CONCRETE 34
	   CARPET 35
	
	OTHER (*specify*) _____ 96	

HC5. *Main material of the roof.*
 	
Record observation.
	NO ROOF 11
	NATURAL ROOFING
	    THATCH / PALM LEAF 12
	    GRASS 13
	RUDIMENTARY ROOFING
	    RUSTIC MAT..21
	    PALM / BAMBOO...22
	    WOOD PLANKS...23
	    CARDBOARD..24
	FINISHED ROOFING
	    METAL / ZINC 31
	    WOOD 32
	    CALAMINE / CEMENT FIBRE 33
	    CERAMIC TILES 34
	    CONCRETE..35
	    ROOFING SHINGLES 36
	    ROOF TILES...37
	
	OTHER (*specify*) _____ 96	

HC6. *Main material of the exterior walls.*
 	
Record observation.
	NO WALLS 11
	NATURAL WALLS
	    CANE / PALM / TRUNKS 12
	    DIRT...13
	RUDIMENTARY WALLS
	    BAMBOO WITH MUD 21
	    STONE WITH MUD 22
	    UNCOVERED ADOBE 23
	    PLYWOOD..24
	    CARDBOARD..25
	    REUSED WOOD..26
	FINISHED WALLS
	    CONCRETE...31
	    STONE WITH LIME / CEMENT 32
	    BRICKS 33
	    CEMENT BLOCKS 34
	    COVERED ADOBE.......................................35
	    WOOD PLANKS / SHINGLES......................36
	    CLAY BLOCKS...37
	
	OTHER (*specify*) _____ 96	

HC7. Does your household have:		YES	NO	
[A] A fixed telephone line?	FIXED TELEPHONE LINE 1		2	
[B] A radio?	RADIO 1		2	
[C] A bed?	BED...1		2	
[D] A stove (Gas/Kerosene)	STOVE (GAS/KEROSENE)..................1		2	
[E] A land dredge for mining	LAND DREDGE FOR MINING 1		2	
[F] A mattress for sleeping	MATTRESS FOR SLEEPING..............1		2	
[G] A set of table and chairs	SET OF TABLE AND CHAIRS...........1		2	
[H] A solar panel	SOLAR PANEL.....................................1		2	
[I] A generator	GENERATOR 1		2	
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID.......................1 YES, OFF-GRID (GENERATOR/SOLAR PANEL/ISOLATED SYSTEM).........................2 NO 3			3 ⇨HC10
HC9. Does your household have:		YES	NO	
[A] A television?	TELEVISION 1		2	
[B] A refrigerator?	REFRIGERATOR 1		2	
[C] A boiler	BOILER 1		2	
[D] A connection to cable tv	A CONNECTION TO CABLE TV 1		2	
[E] A washing machine	A WASHING MACHINE......................1		2	
[F] A dryer	DRYER 1		2	
[G] A water heater	WATER HEATER 1		2	
[H] A microwave	MICROWAVE 1		2	
[J] Water Pump	WATER PUMP 1		2	
[K] Stove (Electric)	STOVE (ELECTRIC).............................1		2	
[L] Air Condition	AIR CONDITION 1		2	
[M] Fan	FAN 1		2	

MICS6.HH.10

HC10. Does any member of your household own:		YES	NO	
[A] A wrist watch?	WRIST WATCH 1		2	
[B] A bicycle?	BICYCLE...1		2	
[C] A motorcycle or scooter?	MOTORCYCLE / SCOOTER 1		2	
[D] An animal-drawn cart?	ANIMAL-DRAWN CART 1		2	
[E] A car, truck or van?	CAR / TRUCK / VAN............................1		2	
[F] A boat with a motor?	BOAT WITH MOTOR...........................1		2	
[G] ATV	ATV 1		2	
[H] A tractor	TRACTOR/COMBINE 1		2	
[I] A mini-bus	MINI- BUS 1		2	
[J] A paddle boat	PADDLE BOAT 1		2	
HC11. Does any member of your household have a computer or a tablet?	YES ....1 NO 2			
HC12. Does any member of your household have a mobile telephone?	YES ....1 NO 2			2⇨HC13
HC13. Does your household have access to internet at home?	YES ....1 NO 2			
HC14. Do you or someone living in this household own this dwelling? *If 'No', then ask:* Do you rent this dwelling from someone not living in this household? *If 'Rented from someone else', record '2'. For other responses, record '6' and specify.*	OWN ....1 RENT ....2 OTHER (*specify*) _____ 6			
HC15. Does any member of this household own any land that can be used for agriculture?	YES ....1 NO 2			2⇨HC17
HC16. How many acres of agricultural land do members of this household own? *If less than 1, record '00'.*	ACRES... ___ ___ 95 OR MORE ....95 DK 98			
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES ....1 NO 2			2⇨HC19

SAMPLE - FOR INFORMATION ONLY

HC18. How many of the following animals does this household have?		MICS6.HH.12
[A] Milk cows or bulls?	MILK COWS OR BULLS .... ___ ___	
[B] Other cattle?	OTHER CATTLE .... ___ ___	
[C] Horses, donkeys or mules?	HORSES, DONKEYS OR MULES .... ___ ___	
[D] Goats?	GOATS .... ___ ___	
[E] Sheep?	SHEEP .... ___ ___	
[F] Chickens?	CHICKENS .... ___ ___	
[G] Pigs?	PIGS .... ___ ___	
[H] Fish ponds	FISH PONDS .... ___ ___	
[I] Guinea Birds	GUINEA BIRDS .... ___ ___	
[J] Ducks	DUCKS .... ___ ___	
[K] Turkeys	TURKEYS .... ___ ___	
[L] Bee Hives?	BEE HIVES .... ___ ___	
If none, record '00'. If 95 or more, record '95'. *If unknown, record '98'.*		
HC19. Does any member of this household have a bank account?	YES .... 1 NO 2	

SOCIAL TRANSFERS					ST

ST1. I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.

	[A] OLD AGE PENSION	[B] PUBLIC ASSISTANCE	[C] FOOD FOR THE POOR	[D] RETIREMENT PENSION	[X] ANY OTHER EXTERNAL ASSISTANCE PROGRAMME
ST2. Are you aware of (*name of programme*)?	YES ....1 NO ....2 ↻ [B]	YES.............................. 1 NO.................................. 2 ↻ [C]	YES ....1 NO ....2 ↻ [D]	YES..............................1 NO ....2 ↻ [X]	YES (*specify*) _____ 1 NO ....2 ↻ End
ST3. Has your household or anyone in your household received assistance through (*name of programme*)?	YES ....1 ↻ ST4 NO................................2 ↻ [B] DK ....8 ↻ [B]	YES.............................. 1 ↻ ST4 NO.................................. 2 ↻ [C] DK ....8 ↻ [C]	YES ....1 ↻ ST4 NO ....2 ↻ [D] DK ....8 ↻ [D]	YES..............................1 ↻ ST4 NO ....2 ↻ [X] DK ....8 ↻ [X]	YES ....1 ↻ ST4 NO ....2 ↻ End DK ....8 ↻ End
ST4. When was the <u>last time</u> your household or anyone in your household received assistance through (*name of programme*)? *If less than one month, record '1' and record '00' in Months.* *If less than 12 months, record '1' and record in Months.* *If 1 year/12 months or more, record '2' and record in Years.*	MONTHS AGO... **1** __ __ ↻ [B] YEARS AGO....... **2** __ __ ↻ [B] DK ....998 ↻ [B]	MONTHS AGO... **1** __ __ ↻ [C] YEARS AGO ...... **2** __ __ ↻ [C] DK.............................998 ↻ [C]	MONTHS AGO ...**1** __ __ ↻ [D] YEARS AGO.......**2** __ __ ↻ [D] DK .... 998 ↻ [D]	MONTHS AGO ... **1** __ __ ↻ [X] YEARS AGO ....**2** __ __ ↻ [X] DK ....998 ↻ [X]	MONTHS AGO ...**1** __ __ ↻ End YEARS AGO ....**2** __ __ ↻ End DK ....998 ↻ End

HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u>?	ELECTRIC STOVE ....01 SOLAR COOKER ....02 GAS STOVE ....03 PIPED NATURAL GAS STOVE ....04 BIOGAS STOVE ....05 LIQUID FUEL STOVE...06 MANUFACTURED SOLID FUEL STOVE...........07 TRADITIONAL SOLID FUEL STOVE ....08 THREE STONE STOVE / OPEN FIRE ....09 FIRE SIDE ....10 COAL POT ....11 OTHER (*specify*) _____ 96 NO FOOD COOKED IN HOUSEHOLD 97	01⇨*EU5* 02⇨*EU5* 03⇨*EU5* 04⇨*EU5* 05⇨*EU5* 06⇨*EU4* 09⇨*EU4* 10⇨*EU4* 11⇨*EU4* 96⇨*EU4* 97⇨*EU9*
EU2. Does this stove have a chimney?	YES ....1 NO..2 DK 8	
EU3. Does this stove have a fan?	YES ....1 NO..2 DK 8	

EU4. What type of fuel or energy source is used in this stove?
 	
If more than one, record the main energy source for this cook stove.
	ALCOHOL / ETHANOL 01
	GASOLINE / DIESEL 02
	KEROSENE / PARAFFIN......................................03
	COALS...05
	WOOD 06
	CROP RESIDUE / GRASS /
	   STRAW / SHRUBS...07
	ANIMAL DUNG / WASTE....................................08
	PROCESSED BIOMASS (PELLETS) OR
	   WOODCHIPS...09
	GARBAGE / PLASTIC...10
	SAWDUST 11
	COCONUT SHELL..12
	PADDY SHELL 13
	
	OTHER (*specify*) _____ 96	

EU5. Is the cooking usually done in the house, in a separate building, or outdoors?
 	
If in main house, probe to determine if cooking is done in a separate room.
 	
If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.
	IN MAIN HOUSE
	   NO SEPARATE ROOM 1
	   IN A SEPARATE ROOM 2
	
	IN A SEPARATE BUILDING 3
	
	OUTDOORS
	   OPEN AIR 4
	   ON VERANDA OR COVERED PORCH.............5
	
	OTHER (*specify*) _____ 6	

MICS6.HH.14

EU9. At night, what does your household <u>mainly</u> use to <u>light</u> the household?	ELECTRICITY...01 SOLAR LANTERN..02 RECHARGEABLE FLASHLIGHT, TORCH OR LANTERN...03 BATTERY POWERED FLASHLIGHT, TORCH OR LANTERN...04 BIOGAS LAMP ....05 GASOLINE LAMP ....06 KEROSENE OR PARAFFIN LAMP ....07 CHARCOAL..08 WOOD ....09 CROP RESIDUE / GRASS / STRAW / SHRUBS..10 ANIMAL DUNG / WASTE....................................11 OIL LAMP..12 CANDLE ....13 FLAMBEAU …...………………………………...14 OTHER (*specify*) _____ 96 NO LIGHTING IN HOUSEHOLD 97	

INSECTICIDE TREATED NETS			TN
TN1. Does your household have any mosquito nets?	YES ....1 NO 2		2 ⇨*End*
TN2. How many mosquito nets does your household have?	NUMBER OF NETS .... ___ ___		

	1ST NET	2ND NET	3RD NET
TN3. *Ask the respondent to show you all the nets in the household.*	OBSERVED ....1 NOT OBSERVED 2	OBSERVED ....1 NOT OBSERVED 2	OBSERVED ....1 NOT OBSERVED 2

TN4. How many months ago did your household get the mosquito net?
 	
If less than one month, record '00'.
	MONTHS AGO....... ___ ___
	
	MORE THAN 36
	  MONTHS AGO..............95
	
	DK / NOT SURE..............98
		MONTHS AGO....... ___ ___
		
		MORE THAN 36
		  MONTHS AGO............. 95
		
		DK / NOT SURE.............. 98
			MONTHS AGO....... ___ ___
			
			MORE THAN 36
			  MONTHS AGO..............95
			
			DK / NOT SURE 98

TN5. *Observe or ask the brand/type of mosquito net.*
 	
If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.
	LONG-LASTING INSECTICIDE TREATED NETS (LLIN) DISTRIBUTED BY MOPH 14
	
	OTHER BRAND
	  (specify)_____16
	  DK BRAND....................18
	
	OTHER TYPE
	  (specify)_____36
	
	DK BRAND/TYPE 98
		LONG-LASTING INSECTICIDE TREATED NETS (LLIN) DISTRIBUTED BY MOPH 14
		
		OTHER BRAND
		  (specify) _____ 16
		  DK BRAND....................18
		
		OTHER TYPE
		  (specify) _____ 36
		
		DK BRAND/TYPE 98
			LONG-LASTING INSECTICIDE TREATED NETS (LLIN) DISTRIBUTED BY MOPH 14
			
			OTHER BRAND
			  (specify) _____ 16
			  DK BRAND.................... 18
			
			OTHER TYPE
			  (specify) _____ 36
			
			DK BRAND/TYPE 98

TN13. Did anyone sleep under this mosquito net last night?	YES ....1 NO ....2 DK / NOT SURE 8	YES ....1 NO ....2 DK / NOT SURE 8	YES ....1 NO ....2 DK / NOT SURE 8
TN14. *Check TN13: Did anyone sleep under the net (TN13=1)?*	YES ....1 NO ....2 ⇘ *TN16*	YES ....1 NO ....2 ⇘ *TN16*	YES ....1 NO ....2 ⇘ *TN16*

SAMPLE - FOR INFORMATION ONLY

TN15. Who slept under this mosquito net last night?	NAME #1 _____	NAME #1 _____	NAME #1 _____
Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___
	NAME #2 _____	NAME #2 _____	NAME #2 _____
If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___
	NAME #3 _____	NAME #3 _____	NAME #3 _____
	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___
	NAME #4 _____	NAME #4 _____	NAME #4 _____
	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___	LINE NUMBER ...... ___ ___
TN16. *Is there another net?*	YES ....1 ↻ *Next Net* NO ....2 ↻ *End*	YES ....1 ↻ *Next Net* NO ....2 ↻ *End*	YES ....1 ↻ *Next Net* NO ....2 ↻ *End*

Tick here if additional questionnaire used:.........☐

SAMPLE - FOR INFORMATION ONLY

WS1. What is the <u>main</u> source of drinking water used by members of your household?
 	
If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).
	PIPED WATER
	   PIPED INTO DWELLING...............................11
	   PIPED TO YARD / PLOT................................12
	   PIPED TO NEIGHBOUR 13
	   PUBLIC TAP / STANDPIPE............................14
	
	   TUBE WELL / BOREHOLE 21
	
	DUG WELL
	   PROTECTED WELL 31
	   UNPROTECTED WELL 32
	SPRING
	   PROTECTED SPRING 41
	   UNPROTECTED SPRING 42
	
	   RAINWATER...51
	   TANKER-TRUCK 61
	   CART WITH SMALL TANK 71
	   WATER REFILL FACILITY 72
	   SURFACE WATER (RIVER, DAM, LAKE,
	     POND, STREAM, CANAL, IRRIGATION
	     CHANNEL) 81
	
	PACKAGED WATER
	   BOTTLED WATER 91
	   WATER IN PLASTIC BAG 92
	
	   OTHER (*specify*)_____ 96
		11⇨*WS7*
		12⇨*WS7*
		13⇨*WS3*
		14⇨*WS3*
		
		21⇨*WS3*
		
		31⇨*WS3*
		32⇨*WS3*
		
		41⇨*WS3*
		42⇨*WS3*
		
		51⇨*WS3*
		61⇨*WS4*
		71⇨*WS4*
		72⇨*WS4*
		
		81⇨*WS3*
		
		96⇨*WS3*

WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?
 	
If unclear, probe to identify the place from which members of this household most often collect water for other purposes.
	PIPED WATER
	   PIPED INTO DWELLING...............................11
	   PIPED TO YARD / PLOT................................12
	   PIPED TO NEIGHBOUR 13
	   PUBLIC TAP / STANDPIPE............................14
	
	   TUBE WELL / BOREHOLE 21
	
	DUG WELL
	   PROTECTED WELL 31
	   UNPROTECTED WELL 32
	SPRING
	   PROTECTED SPRING 41
	   UNPROTECTED SPRING 42
	
	   RAINWATER...51
	   TANKER-TRUCK 61
	   CART WITH SMALL TANK 71
	   WATER REFILL FACILITY 72
	   SURFACE WATER (RIVER, DAM, LAKE,
	     POND, STREAM, CANAL, IRRIGATION
	     CHANNEL) 81
	
	   OTHER (*specify*)_____ 96
		11⇨*WS7*
		12⇨*WS7*
		
		61⇨*WS4*
		71⇨*WS4*
		72⇨*WS4*

MICS6.HH.18

WS3. Where is that water source located?	IN OWN DWELLING...1 IN OWN YARD / PLOT ....2 ELSEWHERE 3	1 ⇨*WS7* 2 ⇨*WS7*
WS4. How long does it take for members of your household to go there, get water, and come back?	MEMBERS DO NOT COLLECT......................000 NUMBER OF MINUTES ....__ __ __ DK 998	000 ⇨*WS7*
WS5. Who usually goes to this source to collect the water for your household? *Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.*	NAME_____ LINE NUMBER ....__ __	
WS6. Since last (***day of the week***), how many times has this person collected water?	NUMBER OF TIMES .... __ __ DK 98	
WS7. In the last month, has there been any time when your household did not have sufficient quantities of drinking water?	YES, AT LEAST ONCE ....1 NO, ALWAYS SUFFICIENT................................2 DK 8	2 ⇨*WS9* 8 ⇨*WS9*
WS8. What was the main reason that you were unable to access water in sufficient quantities when needed?	WATER NOT AVAILABLE FROM SOURCE ...1 WATER TOO EXPENSIVE ....2 SOURCE NOT ACCESSIBLE ....3 OTHER (*specify*)_____6 DK 8	
WS9. Do you or any other member of this household do anything to the water to make it safer to drink?	YES ....1 NO ....2 DK 8	2 ⇨*WS11* 8 ⇨*WS11*

MICS6.HH.19

WS10. What do you usually do to make the water safer to drink? *Probe:* Anything else? *Record all methods mentioned.*	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 (*specify*) _____ X DK .... Z	

WS11. What kind of toilet facility do members of your household usually use?
 	
If 'Flush' or 'Pour flush', probe:
Where does it flush to?
 	
If not possible to determine, ask permission to observe the facility.
	FLUSH / POUR FLUSH
	   FLUSH TO PIPED SEWER SYSTEM.............11
	   FLUSH TO SEPTIC TANK 12
	   FLUSH TO PIT LATRINE 13
	   FLUSH TO OPEN DRAIN 14
	   FLUSH TO DK WHERE..................................18
	PIT LATRINE
	   VENTILATED IMPROVED PIT
	     LATRINE..21
	   PIT LATRINE WITH SLAB............................22
	   PIT LATRINE WITHOUT SLAB /
	     OPEN PIT...23
	
	   <mark style="background:lime">POTTIE ....31</mark>
	
	   BUCKET 41
	   HANGING TOILET /
	   HANGING LATRINE...................................51
	
	   NO FACILITY / BUSH / FIELD 95
	
	OTHER (*specify*) _____ 96
		11⇨*WS14*
		
		14⇨*WS14*
		18⇨*WS14*
		
		41⇨*WS14*
		
		51⇨*WS14*
		
		95⇨*End*
		
		96⇨*WS14*

WS12. Has your <mark style="background:lime">(*answer from WS11*)</mark> ever been emptied?	YES, EMPTIED
	   WITHIN THE LAST 5 YEARS.........................1
	   MORE THAN 5 YEARS AGO.........................2
	   DON'T KNOW WHEN.......................................3
	
	NO, NEVER EMPTIED 4
	
	DK 8
		
		4⇨*WS14*
		
		8⇨*WS14*

WS13. The last time it was emptied, where were the contents emptied to?
 	
Probe:
Was it removed by a service provider?
	REMOVED BY SERVICE PROVIDER
	   TO A TREATMENT PLANT 1
	   BURIED IN A COVERED PIT 2
	   TO DON'T KNOW WHERE..............................3
	
	EMPTIED BY HOUSEHOLD
	   BURIED IN A COVERED PIT 4
	   TO UNCOVERED PIT, OPEN GROUND,
	     WATER BODY OR ELSEWHERE.................5
	
	OTHER (*specify*) _____ 6
	
	DK 8	

WS14. Where is this toilet facility located?	IN OWN DWELLING..1 IN OWN YARD / PLOT ....2 ELSEWHERE 3	
WS15. Do you share this facility with others who are not members of your household?	YES ....1 NO 2	2 ⇨*End*
WS16. 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?	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)...1 SHARED WITH GENERAL PUBLIC.................2	2 ⇨*End*
WS17. How many households in total use this toilet facility, including your own household?	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)....................................<u>0</u> __ TEN OR MORE HOUSEHOLDS........................10 DK 98	

SAMPLE - FOR INFORMATION ONLY

HANDWASHING		HW

HW1. We would like to learn about where members of this household wash their hands.
 	
Can you please show me where members of your household <u>most often</u> wash their hands?
 	
Record result and observation.
	OBSERVED
	FIXED FACILITY OBSERVED (SINK / TAP)
	    IN DWELLING 1
	    IN YARD /PLOT 2
	MOBILE OBJECT OBSERVED
	    (BUCKET / BOTTLE / KETTLE) 3
	
	NOT OBSERVED
	NO HANDWASHING PLACE IN DWELLING /
	    YARD / PLOT 4
	NO PERMISSION TO SEE 5
	
	OTHER REASON (*specify*) _____ 6
		
		4⇨*HW5*
		5⇨*HW4*
		
		6⇨*HW5*

HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	WATER IS AVAILABLE .... 1 WATER IS NOT AVAILABLE 2	
HW3. *Is soap or detergent or ash/mud/sand present at the place for handwashing?*	YES, PRESENT .... 1 NO, NOT PRESENT 2	1⇨*HW7* 2⇨*HW5*

HW4. Where do you or other members of your household most often wash your hands?	FIXED FACILITY (SINK / TAP)
	    IN DWELLING 1
	    IN YARD / PLOT 2
	
	MOBILE OBJECT
	    (BUCKET / BOTTLE / KETTLE) 3
	
	NO HANDWASHING PLACE IN
	    DWELLING / YARD / PLOT 4
	
	OTHER (*specify*) _____ 6	

HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?	YES .... 1 NO 2	 2⇨*End*
HW6. Can you please show it to me?	YES, SHOWN .... 1 NO, NOT SHOWN 2	 2⇨*End*
HW7. *Record your observation.* *Record all that apply.*	BAR OR LIQUID SOAP .... A DETERGENT (POWDER / LIQUID / PASTE) ...... B ASH / MUD / SAND C	

SAMPLE - FOR INFORMATION ONLY

MICS6.HH.22

SALT IODISATION		SA
SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used <u>to cook meals</u> in your household? *Apply 2 drops of test solution, observe the darkest reaction within 30 seconds, compare to the colour chart and then record the result (1, 2 or 3) that corresponds to test outcome.*	**SALT TESTED** 0 PPM (NO REACTION) ....1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)................3 **SALT NOT TESTED** NO SALT IN THE HOUSE ....4 OTHER REASON (*specify*) _____ 6	 2⇨*HH13* 3⇨*HH13* 4⇨*HH13* 6⇨*HH13*
SA2. I would like to perform one more test. May I have another sample of the same salt? *Apply 5 drops of recheck solution. Then apply 2 drops of test solution on the same spot. Observe the darkest reaction within 30 seconds, compare to the colour chart and then record the results (1, 2 or 3) that corresponds to test outcome.*	**SALT TESTED** 0 PPM (NO REACTION) ....1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM)................3 **SALT NOT TESTED** OTHER REASON (*specify*) _____ 6	

HH13. *Record the time.*	HOUR AND MINUTES .... __ __ : __ __	
HH14. *Language of the Questionnaire.*	ENGLISH 1	
HH15. *Language of the Interview.*	ENGLISH .... 1 OTHER LANGUAGE (*specify*) 6	
HH16. *Native language of the Respondent.*	ENGLISH .... 1 SPANISH.. 2 PORTUGUESE .... 3 INDIGENOUS LANGUAGE.................................. 4 OTHER LANGUAGE (*specify*)_____ 6	
HH17. *Was a translator used for any parts of this questionnaire?*	YES, ENTIRE QUESTIONNAIRE........................... 1 YES, PART OF QUESTIONNAIRE .... 2 NO, NOT USED.. 3	
HH18. *Check HL6 in the LIST OF HOUSEHOLD MEMBERS and indicate the total number of children age 5-17 years:*	NO CHILDREN ....0 1 CHILD ....1 2 OR MORE CHILDREN (NUMBER)................... __	0⇨*HH29* 1⇨*HH27*

SAMPLE - FOR INFORMATION ONLY

HH19. *List each of the children age 5-17 years below in the order they appear in the LIST OF HOUSEHOLD MEMBERS. Do not include other household members outside of the age range 5-17 years. Record the line number, name, sex, and age for each child.*

HH20. *Rank number*	**HH21.** *Line number from HL1*	**HH22.** *Name from HL2*	**HH23.** *Sex from HL4*		**HH24.** *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	__ __

HH25. *Check the last digit of the household number (HH2) from the HOUSEHOLD INFORMATION PANEL. This is the number of the row you should go to in the table below.*

Check the total number of children age 5-17 years in HH18 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 <u>record</u> the number that appears in the box. This is the rank number (HH20) of the selected child.

LAST DIGIT OF HOUSEHOLD NUMBER (FROM HH2)	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD (FROM HH18)						
	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

HH26. *Record the rank number (HH20), line number (HH21), name (HH22) and age (HH24) of the selected child.* **HH27**. *(When HH18=1 or when there is a single child age 5-17 in the household): Record the rank number as '1'and record the line number (HL1), the name (HL2) and age (HL6) of this child from the LIST OF HOUSEHOLD MEMBERS.*	RANK NUMBER .... __ LINE NUMBER .... __ __ NAME _____ AGE................................. __ __

HH28. *Issue a QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the mother/caretaker of this child.*

HH29. *Check HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any women age 15-49?*	YES, AT LEAST ONE WOMAN AGE 15-49 ....1 NO...2	2 ⇨*HH34*
HH30. *Issue a separate QUESTIONNAIRE FOR INDIVIDUAL WOMEN for each woman age 15-49 years.*		
HH31. *Check HL6 and HL8 in the LIST OF HOUSEHOLD MEMBERS: Are there any girls age 15-17?*	YES, AT LEAST ONE GIRL AGE 15-17 ....1 NO...2	2 ⇨*HH34*
HH32. *Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one girl age 15-17?*	YES, AT LEAST ONE GIRL AGE 15-17 WITH HL20≠90 ....1 NO, HL20=90 FOR ALL GIRLS AGE 15-17............2	2 ⇨*HH34*

HH33. As part of the survey we are also interviewing women age 15-49. We ask each person we interview for permission. A female interviewer conducts these interviews.

For girls age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (***name(s) of female member(s) age 15-17***) later?

□ *'Yes' for all girls age 15-17* ⇨ *Continue with HH34.*

□ *'No' for at least one girl age 15-17 and 'Yes' to at least one girl age 15-17* ⇨ *Record '06' in WM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH34.*

□ *'No' for all girls age 15-17* ⇨ *Record '06' in WM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH34.*

HH34. *Check HH8 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Questionnaire for Men?*	YES, HH8=1 ....1 NO, HH8=2 2	2 ⇨*HH40*
HH35. *Check HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any men age 15-49?*	YES, AT LEAST ONE MAN AGE 15-49 ....1 NO...2	2 ⇨*HH40*
HH36. *Issue a separate QUESTIONNAIRE FOR INDIVIDUAL MEN for each man age 15-49 years.*		
HH37. *Check HL6 and HL9 in the LIST OF HOUSEHOLD MEMBERS: Are there any boys age 15-17?*	YES, AT LEAST ONE BOY AGE 15-17 ....1 NO...2	2 ⇨*HH40*
HH38. *Check HL20 in the LIST OF HOUSEHOLD MEMBERS: Is consent required for interviewing at least one boy age 15-17?*	YES, AT LEAST ONE BOY AGE 15-17 WITH HL20≠90 ....1 NO, HL20=90 FOR ALL BOYS AGE 15-17 2	2 ⇨*HH40*

HH39. As part of the survey we are also interviewing men age 15-49. We ask each person we interview for permission. A male interviewer conducts these interviews.

For boys age 15-17 we must also get permission from an adult to interview them. As mentioned before, all the information we obtain will remain strictly confidential and anonymous.

May we interview (***name(s) of male member(s) age 15-17***) later?

□ *'Yes' for all boys age 15-17* ⇨ *Continue with HH40.*

□ *'No' for at least one boy age 15-17 and 'Yes' to at least one boy age 15-17* ⇨ *Record '06' in MWM17 (also in UF17 and FS17, if applicable) on individual questionnaires for those adult consent was not given. Then continue with HH40.*

□ *'No' for all boys age 15-17* ⇨ *Record '06' in MWM17 (also in UF17 and FS17, if applicable) on all individual questionnaires for whom adult consent was not given. Then continue with HH40.*

HH40. *Check HL10 in the LIST OF HOUSEHOLD MEMBERS: Are there any children age 0-4?*	YES, AT LEAST ONE...1 NO 2	2 ⇨*HH42*
HH41. *Issue a separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child age 0-4 years.*		
HH42. *Check HH9 in the HOUSEHOLD INFORMATION PANEL: Is the household selected for Water Quality Testing Questionnaire?*	YES, HH9=1 ....1 NO, HH9=2..2	2 ⇨*HH45*
HH43. *Issue a separate WATER QUALITY TESTING QUESTIONNAIRE for this household*		
HH44. As part of the survey we are also looking at the quality of drinking water. We would like to do a simple test of your drinking water. A colleague will come and collect the water samples. May we do such a test? *If the respondent requests to learn the results, explain that results will not be shared with individual households but will be made available to local authorities.*	YES, PERMISSION IS GIVEN.............................1 NO, PERMISSION IS NOT GIVEN 2	2 ⇨*Record '02' in WQ31 on the WATER QUALITY TESTING QUESTION-NAIRE*
HH45. *Now return to the HOUSEHOLD INFORMATION PANEL and,* • *Record '01' in question HH46 (Result of the Household Questionnaire interview),* • *Record the name and the line number (from the LIST OF HOUSEHOLD MEMBERS) of the Respondent to the Household Questionnaire interview in HH47,* • *Fill the questions HH48 – HH52,* • *Thank the respondent for his/her cooperation and then* • *Proceed with the administration of the remaining individual questionnaire(s) in this household.* *If there is no individual questionnaire and no WATER QUALITY TESTING QUESTIONNAIRE to be completed in this household thank the respondent for his/her cooperation and move to the next household you have been assigned by your supervisor.*		

INTERVIEWER'S OBSERVATIONS

SAMPLE - FOR INFORMATION ONLY

SUPERVISOR'S OBSERVATIONS