



HOUSEHOLD QUESTIONNAIRE
Guyana 2019 Survey



HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Day / Month / Year of interview: _____ / _____ / <u>201</u> _____		HH7. Region:		
HH6. Area:		BARIMA-WAINI 01 POMEROON-SUPENAAM 02 ESSEQUIBO ISLANDS-WEST DEMERARA 03 DEMERARA-MAHAICA 04 MAHAICA-BERBICE 05 EAST BERBICE-CORENTYNE 06 CUYUNI-MAZARUNI 07 POTARO-SIPARUNI 08 UPPER TAKUTU-UPPER ESSEQUIBO 09 UPPER DEMERARA-BERBICE 10		
HH6A. Location:		COASTAL 1 INTERIOR 2		
HH8. Is the household selected for Questionnaire for Men?		YES 1 NO 2		
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

<p><i>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.</i></p>	HH11. Record the time. HOURS : MINUTES ____ : ____
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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 subjects. 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	1 ⇒ LIST OF HOUSEHOLD MEMBERS
NO / NOT ASKED 2	2 ⇒ HH46

HH46. Result of Household Questionnaire interview:	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 (<i>specify</i>) 96
<i>Discuss any result not completed with Supervisor.</i>	

HH47. Name and line number of the respondent to Household Questionnaire interview:
NAME _____
HOUSEHOLD MEMBERS
WOMEN AGE 15-49
<i>If household is selected for Questionnaire for Men:</i> MEN AGE 15-49
CHILDREN UNDER AGE 5

<i>To be filled after the Household Questionnaire is completed</i>	
TOTAL NUMBER	
HH48	_____
HH49	_____
HH50	_____
HH51	_____

<i>To be filled after all the questionnaires are completed</i>	
COMPLETED NUMBER	
HH53	_____
HH54	_____
HH55	_____

CHILDREN AGE 5-17

HH52	— —
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HH56	ZERO..... 0 ONE..... 1
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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, make sure to probe 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?	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 HHS 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 ☺ 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 ☺ 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	

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* Codes for HL3: 01 HEAD
 Relationship to head of household: 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

EDUCATION 1																				
ED1. Line number	ED2. Name and age. Copy names and ages of <u>all</u> members of the household from HL2 and HL6 to below <u>and</u> to next page of the module.		ED3. Age 3 or above? 1 YES 2 NO ☺ Next Line		ED4. Has (<i>name</i>) ever attended school or Nursery school? 1 YES 2 NO ☺ Next Line		ED5. What is the highest level and grade or year of school (<i>name</i>) has ever <u>attended</u> ? LEVEL: 0 ECE ☺ ED7 1 PRIMARY 2 LOWER SECONDARY 3 UPPER SECONDARY 4 HIGHER 8 DK						ED6. Did (<i>name</i>) 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

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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 ?	ED10. During this current school year (2018/2019), which level and grade or year is (name) attending?		ED11. What type of school is (he/she) attending?	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 ?	ED13. Who provided the tuition/ fees support?	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?	ED15. At any time during the previous school year (2017/2018) did (name) attend school or Nursery school ?	ED16. During that previous school year (2017/2018), which level and grade or year did (name) attend?	
			1 YES 2 NO ☺ ED15	LEVEL: 0 NURSERY ☺ ED15 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK	GRADE/YEAR: 98 DK	<i>If "Yes", record '1'. If "No", probe to code who controls and manages the school.</i> 1 GOVT./ PUBLIC 2 RELIGIOUS/ FAITH ORG. 3 PRIVATE 6 OTHER 8 DK		<i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO ☺ 8 DK ☺ ED14	<i>Record all mentioned.</i> A GOVT./ PUBLIC B RELIGIOUS/ FAITH ORG. C PRIVATE. X OTHER Z DK	<i>If "Yes", probe to ensure that support was not received from family, other relatives, friends or neighbours.</i> 1 YES 2 NO 8 DK	1 YES 2 NO ☺ 8 DK ☺ Next Line	LEVEL: 0 ECE ☺ Next Line 1 PRIMARY 2 LOWER SEC. 3 UPPER SEC. 4 HIGHER 8 DK Next Line	
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	

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15		__ __	1 2	0 1 2 3 4 8	__ __	1 2 3 6 8	2	1 2 8	A B C X Z	1 2 8	1 2 8	0 1 2 3 4 8	__ __
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HOUSEHOLD CHARACTERISTICS	HC	
HC1A. What is the religion of (<i>name of the head of the household from HL2</i>)?	CHRISTIAN 1 HINDU 2 MUSLIM 3 RASTAFARIAN 4 BAHAI 5 OTHER RELIGION (<i>specify</i>) _____ 6 NONE 0	
HC1B. What is the native language of (<i>name of the head of the household from HL2</i>)?	ENGLISH 1 SPANISH 2 PORTUGUESE 3 INDIGENOUS LANGUAGE 4 OTHER LANGUAGE (<i>specify</i>) _____ 6	
HC2. To what ethnic group does (<i>name of the head of the household from HL2</i>) belong?	AFRICAN/BLACK 01 AMERINDIAN 02 CHINESE 03 EAST INDIAN 04 MIXED 05 PORTUGUESE 06 WHITE 07 OTHER 08 OTHER (<i>specify</i>) _____ 96	
HC3. How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS __ __	
HC4. <i>Main material of the dwelling floor.</i> <i>Record observation.</i> <i>If observation is not possible, ask the respondent to determine the material of the dwelling floor.</i>	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 (<i>specify</i>) _____ 96	

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<p>HC5. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>NO ROOF 11</p> <p>NATURAL ROOFING</p> <p>THATCH / PALM LEAF 12</p> <p>GRASS 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM / BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>METAL / ZINC 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBRE 33</p> <p>CERAMIC TILES 34</p> <p>CONCRETE 35</p> <p>ROOFING SHINGLES 36</p> <p>ROOF TILES 37</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>HC6. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>NO WALLS 11</p> <p>NATURAL WALLS</p> <p>CANE / PALM / TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLIN (COO) 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CONCRETE 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>CLAY BLOCKS 37</p> <p>OTHER (<i>specify</i>) 96</p>	

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HC7. Does your household have:	YES	NO
[A] A fixed telephone line?	FIXED TELEPHONE LINE1	2
[B] A radio?	RADIO1	2
[C] A bed?	BED1	2
[D] A stove (Gas/Kerosene)	STOVE (GAS/KEROSENE).....1	2
[E] A land dredge for mining	LAND DREDGE FOR MINING1	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	GENERATOR1	2
HC8. Does your household have electricity?	YES, INTERCONNECTED GRID1 YES, OFF-GRID (GENERATOR/SOLAR PANEL/ISOLATED SYSTEM).....2 NO3	3 ⇒ HC10
HC9. Does your household have:	YES	NO
[A] A television?	TELEVISION1	2
[B] A refrigerator?	REFRIGERATOR1	2
[C] A boiler	BOILER1	2
[D] A connection to cable tv	A CONNECTION TO CABLE TV1	2
[E] A washing machine	A WASHING MACHINE.....1	2
[F] A dryer	DRYER1	2
[G] A water heater	WATER HEATER1	2
[H] A microwave	MICROWAVE1	2
[J] Water Pump	WATER PUMP1	2
[K] Stove (Electric)	STOVE (ELECTRIC).....1	2
[L] Air Condition	AIR CONDITION1	2
[M] Fan	FAN1	2

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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?	YES1 NO2	
HC12. Does any member of your household have a mobile telephone?	YES1 NO2	2⇒HC13
HC13. Does your household have access to internet at home?	YES1 NO2	
<p>HC14. Do you or someone living in this household own this dwelling?</p> <p><i>If 'No', then ask: Do you rent this dwelling from someone not living in this household?</i></p> <p><i>If 'Rented from someone else', record '2'. For other responses, record '6' and specify.</i></p>	OWN1 RENT2 OTHER (<i>specify</i>) 6	
HC15. Does any member of this household own any land that can be used for agriculture?	YES1 NO2	2⇒HC17
<p>HC16. How many acres of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p>	ACRES..... ____ 95 OR MORE95 DK98	
HC17. Does this household own any livestock, herds, other farm animals, or poultry?	YES1 NO2	2⇒HC19

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<p>HC18. How many of the following animals does this household have?</p> <p>[A] Milk cows or bulls?</p> <p>[B] Other cattle?</p> <p>[C] Horses, donkeys or mules?</p> <p>[D] Goats?</p> <p>[E] Sheep?</p> <p>[F] Chickens?</p> <p>[G] Pigs?</p> <p>[H] Fish ponds</p> <p>[I] Guinea Birds</p> <p>[J] Ducks</p> <p>[K] Turkeys</p> <p>[L] Bee Hives?</p> <p><i>If none, record '00'. If 0-5 or more, record '95'. If unknown, record '98'.</i></p>	<p>MILK COWS OR BULLS __ __</p> <p>OTHER CATTLE..... __ __</p> <p>HORSES, DONKEYS OR MULES __ __</p> <p>GOATS __ __</p> <p>SHEEP..... __ __</p> <p>CHICKENS..... __ __</p> <p>PIGS __ __</p> <p>FISH PONDS __ __</p> <p>GUINEA BIRDS __ __</p> <p>DUCKS __ __</p> <p>TURKEYS __ __</p> <p>BEE HIVES __ __</p>	
<p>HC19. Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

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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 (<i>name of programme</i>)?	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 (<i>name of programme</i>)?	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 (<i>name of programme</i>)? <i>If less than one month, record '1' and record '00' in Months.</i> <i>If less than 12 months, record '1' and record in Months.</i> <i>If 1 year/12 months or more, record '2' and record in Years.</i>	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

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HOUSEHOLD ENERGY USE		EU
EU1. In your household, what type of cook stove is <u>mainly</u> used for <u>cooking</u> ?	ELECTRIC STOVE01	01 ⇨EU5
	SOLAR COOKER.....02	02 ⇨EU5
	GAS STOVE.....03	03 ⇨EU5
	PIPED NATURAL GAS STOVE.....04	04 ⇨EU5
	BIOGAS STOVE05	05 ⇨EU5
	LIQUID FUEL STOVE.....06	06 ⇨EU4
	MANUFACTURED SOLID FUEL STOVE.....07	
	TRADITIONAL SOLID FUEL STOVE08	
	THREE STONE STOVE / OPEN FIRE.....09	09 ⇨EU4
	FIRE SIDE10	10 ⇨EU4
	COAL POT11	11 ⇨EU4
OTHER (<i>specify</i>)96	96 ⇨EU4	
NO FOOD COOKED IN HOUSEHOLD97	97 ⇨EU9	
EU2. Does this stove have a chimney?	YES1	
	NO2	
	DK.....8	
EU3. Does this stove have a fan?	YES1	
	NO2	
	DK.....8	
EU4. What type of fuel or energy source is used in this stove? <i>If more than one, record the main energy source for this cook stove.</i>	ALCOHOL / ETHANOL01	
	GASOLINE / DIESEL02	
	KEROSENE / PARAFFIN03	
	COALS.....05	
	WOOD06	
	CROP RESIDUE / GRASS / STRAW / SHRUBS.....07	
	ANIMAL DUNG / WASTE.....08	
	PROCESSED BIOMASS (PELLETS) OR WOODCHIPS.....09	
	GARBAGE / PLASTIC.....10	
	SAWDUST11	
	COCONUT SHELL.....12	
	PADDY SHELL13	
	OTHER (<i>specify</i>)96	
EU5. Is the cooking usually done in the house, in a separate building, or outdoors? <i>If in main house, probe to determine if cooking is done in a separate room.</i> <i>If outdoors, probe to determine if cooking is done on veranda, covered porch, or open air.</i>	IN MAIN HOUSE NO SEPARATE ROOM1 IN A SEPARATE ROOM.....2	
	IN A SEPARATE BUILDING3	
	OUTDOORS OPEN AIR4 ON VERANDA OR COVERED PORCH.....5	
	OTHER (<i>specify</i>)6	

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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 (<i>specify</i>) _____	96	
NO LIGHTING IN HOUSEHOLD	97	

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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 ____	

	1 ST NET	2 ND NET	3 RD 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? <i>If less than one month, record '00'.</i>	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. <i>If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.</i>	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

TN15. Who slept under this mosquito net last night? <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the mosquito net, record '00'.</i>	NAME #1 _____	NAME #1 _____	NAME #1 _____
	LINE NUMBER __ __	LINE NUMBER __ __	LINE NUMBER __ __
	NAME #2 _____	NAME #2 _____	NAME #2 _____
	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. <i>Is there another net?</i>	YES 1 <input type="checkbox"/> <i>Next Net</i>	YES 1 <input type="checkbox"/> <i>Next Net</i>	YES 1 <input type="checkbox"/> <i>Next Net</i>
	NO 2 <input type="checkbox"/> <i>End</i>	NO 2 <input type="checkbox"/> <i>End</i>	NO 2 <input type="checkbox"/> <i>End</i>
			<i>Tick here if additional questionnaire used: <input type="checkbox"/></i>

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WATER AND SANITATION	WS	
<p>WS1. What is the <u>main</u> source of drinking water used by members of your household?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect drinking water (collection point).</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT..... 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER REFILL FACILITY 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>PACKAGED WATER</p> <p>BOTTLED WATER..... 91</p> <p>WATER IN PLASTIC BAG 92</p> <p>OTHER (<i>specify</i>)..... 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13 ⇒WS3</p> <p>14 ⇒WS3</p> <p>21 ⇒WS3</p> <p>31 ⇒WS3</p> <p>32 ⇒WS3</p> <p>41 ⇒WS3</p> <p>42 ⇒WS3</p> <p>51 ⇒WS3</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>72 ⇒WS4</p> <p>81 ⇒WS3</p> <p>91</p> <p>92</p> <p>96 ⇒WS3</p>
<p>WS2. What is the <u>main</u> source of water used by members of your household for other purposes such as cooking and handwashing?</p> <p><i>If unclear, probe to identify the place from which members of this household most often collect water for other purposes.</i></p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING..... 11</p> <p>PIPED TO YARD / PLOT..... 12</p> <p>PIPED TO NEIGHBOUR 13</p> <p>PUBLIC TAP / STANDPIPE..... 14</p> <p>TUBE WELL / BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER..... 51</p> <p>TANKER-TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>WATER REFILL FACILITY 72</p> <p>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL) 81</p> <p>OTHER (<i>specify</i>)..... 96</p>	<p>11 ⇒WS7</p> <p>12 ⇒WS7</p> <p>13</p> <p>14</p> <p>21</p> <p>31</p> <p>32</p> <p>41</p> <p>42</p> <p>51</p> <p>61 ⇒WS4</p> <p>71 ⇒WS4</p> <p>72 ⇒WS4</p> <p>81</p> <p>96</p>

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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? <i>Record the name of the person and copy the line number of this person from the LIST OF HOUSEHOLD MEMBERS Module.</i>	NAME _____ LINE NUMBER ___ ___	
WS6. Since last (<i>day of the week</i>), 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

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<p>WS10. What do you usually do to make the water safer to drink?</p> <p><i>Probe:</i> Anything else?</p> <p><i>Record all methods mentioned.</i></p>	BOIL..... A ADD BLEACH / CHLORINE B STRAIN IT THROUGH A CLOTH C USE WATER FILTER (CERAMIC, SAND, COMPOSITE, ETC.) D SOLAR DISINFECTION..... E LET IT STAND AND SETTLE..... F OTHER (<i>specify</i>) X DK Z	
<p>WS11. What kind of toilet facility do members of your household usually use?</p> <p><i>If 'Flush' or 'Pour flush', probe:</i> Where does it flush to?</p> <p><i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>FLUSH / POUR FLUSH</p> 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 <p>PIT LATRINE</p> VENTILATED IMPROVED PIT LATRINE..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT..... 23 POTTIE 31 BUCKET 41 HANGING LATRINE 51 NO FACILITY / BUSH / FIELD 95 OTHER (<i>specify</i>) 96	11 ⇒WS14 14 ⇒WS14 18 ⇒WS14 41 ⇒WS14 51 ⇒WS14 95 ⇒End 96 ⇒WS14
<p>WS12. Has your (answer from WS11) ever been emptied?</p>	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
<p>WS13. The last time it was emptied, where were the contents emptied to?</p> <p><i>Probe:</i> Was it removed by a service provider?</p>	<p>REMOVED BY SERVICE PROVIDER</p> TO A TREATMENT PLANT 1 BURIED IN A COVERED PIT 2 TO DON'T KNOW WHERE 3 <p>EMPTIED BY HOUSEHOLD</p> BURIED IN A COVERED PIT 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE..... 5 OTHER (<i>specify</i>) 6 DK 8	

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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	2 ⇒ End
	NO 2	
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	2 ⇒ End
	SHARED WITH GENERAL PUBLIC..... 2	
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	

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HANDWASHING	HW	
<p>HW1. We would like to learn about where members of this household wash their hands.</p> <p>Can you please show me where members of your household <u>most often</u> wash their hands?</p> <p><i>Record result and observation.</i></p>	<p>OBSERVED</p> <p>FIXED FACILITY OBSERVED (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT OBSERVED (BUCKET / BOTTLE / KETTLE) 3</p> <p>NOT OBSERVED</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>NO PERMISSION TO SEE 5</p> <p>OTHER REASON (<i>specify</i>) 6</p>	<p>4 ⇒HW5</p> <p>5 ⇒HW4</p> <p>6 ⇒HW5</p>
<p>HW2. Observe presence of water at the place for handwashing.</p> <p><i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i></p>	<p>WATER IS AVAILABLE 1</p> <p>WATER IS NOT AVAILABLE 2</p>	
<p>HW3. Is soap or detergent or ash/mud/sand present at the place for handwashing?</p>	<p>YES, PRESENT 1</p> <p>NO, NOT PRESENT 2</p>	<p>1 ⇒HW7</p> <p>2 ⇒HW5</p>
<p>HW4. Where do you or other members of your household most often wash your hands?</p>	<p>FIXED FACILITY (SINK / TAP)</p> <p>IN DWELLING 1</p> <p>IN YARD / PLOT 2</p> <p>MOBILE OBJECT (BUCKET / BOTTLE / KETTLE) 3</p> <p>NO HANDWASHING PLACE IN DWELLING / YARD / PLOT 4</p> <p>OTHER (<i>specify</i>) 6</p>	
<p>HW5. Do you have any soap or detergent or ash/mud/sand in your house for washing hands?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒End</p>
<p>HW6. Can you please show it to me?</p>	<p>YES, SHOWN 1</p> <p>NO, NOT SHOWN 2</p>	<p>2 ⇒End</p>
<p>HW7. Record your observation.</p> <p><i>Record all that apply.</i></p>	<p>BAR OR LIQUID SOAP A</p> <p>DETERGENT (POWDER / LIQUID / PASTE) B</p> <p>ASH / MUD / SAND C</p>	

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SALT IODISATION		SA
<p>SA1. We would like to check whether the salt used in your household is iodised. May I have a sample of the salt used to <u>cook meals</u> in your household?</p> <p><i>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.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM).....3</p> <p>SALT NOT TESTED NO SALT IN THE HOUSE4 OTHER REASON (specify) _____ 6</p>	<p>2 ⇨ HH13 3 ⇨ HH13 4 ⇨ HH13 6 ⇨ HH13</p>
<p>SA2. I would like to perform one more test. May I have another sample of the same salt?</p> <p><i>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.</i></p>	<p>SALT TESTED 0 PPM (NO REACTION) 1 BELOW 15 PPM (BETWEEN 0 AND 15 PPM)...2 ABOVE 15 PPM (AT LEAST 15 PPM).....3</p> <p>SALT NOT TESTED OTHER REASON (specify) _____ 6</p>	

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

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 record the number that appears in the box. This is the rank number (HH20) of the selected child.

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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
<p>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.</p> <p>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.</p> <p>May we interview (<i>name(s) of female member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all girls age 15-17 ⇒ Continue with HH34.</p> <p><input type="checkbox"/> '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.</p> <p><input type="checkbox"/> '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.</p>		
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 15-172	2 ⇒ HH40
<p>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.</p> <p>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.</p> <p>May we interview (<i>name(s) of male member(s) age 15-17</i>) later?</p> <p><input type="checkbox"/> 'Yes' for all boys age 15-17 ⇒ Continue with HH40.</p> <p><input type="checkbox"/> '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.</p> <p><input type="checkbox"/> '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.</p>		

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? <i>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.</i>	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2	2 ⇒ Record '02' in WQ31 on the WATER QUALITY TESTING QUESTIONNAIRE
HH45. Now return to the HOUSEHOLD INFORMATION PANEL and, <ul style="list-style-type: none"> • 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. <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">SAMPLA - FOR INFORMATION ONLY</p> <i>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.</i>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS