

HH18. Record the time.
 Hour..... — —
 Minutes..... — —

LIST OF HOUSEHOLD MEMBERS **HL**

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?
 If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.
 Use an additional questionnaire if all rows in the List of Household Members have been used.

						For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14												
HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? <i>Record in completed years. If age is 95 or above, record '95'</i>	HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL7. <i>Circle line no. if woman age 15-49</i>	HL7B. <i>Circle line no. if age 0-4</i>	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No HL13 8 DK HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of mother and go to HL13. If "No", record 00.</i>	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No HL15 8 DK HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? <i>If "Yes" Record line no. of father and go to HL15. If "No", record 00.</i>	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. <i>Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:</i> WHO IS THE PRIMARY CARETAKER OF (name)?											
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother					
01		01	1	2	___	___	___	1	2	01	01	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
02		___	1	2	___	___	___	1	2	02	02	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
03		___	1	2	___	___	___	1	2	03	03	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
04		___	1	2	___	___	___	1	2	04	04	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
05		___	1	2	___	___	___	1	2	05	05	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
06		___	1	2	___	___	___	1	2	06	06	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
07		___	1	2	___	___	___	1	2	07	07	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
08		___	1	2	___	___	___	1	2	08	08	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
09		___	1	2	___	___	___	1	2	09	09	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
10		___	1	2	___	___	___	1	2	10	10	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___
11		___	1	2	___	___	___	1	2	11	11	1	2	8	___	___	1	2	8	___	___	1	2	3	8	___	___

						For women age 15-49	For children age 0-4	For children age 0-17 years							For children age 0-14																
HL1. Line No.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE? 1 Male 2 Female	HL5. WHAT IS (name)'S DATE OF BIRTH? 98 DK 9998 DK		HL6. HOW OLD IS (name)? Record in completed years. If age is 95 or above, record '95'	HL6A. DID (name) STAY HERE LAST NIGHT? 1 Yes 2 No	HL7. Circle line no. if woman age 15-49	HL7B. Circle line no. if age 0-4	HL11. Is (name)'S NATURAL MOTHER ALIVE? 1 Yes 2 No ⁸ HL13 8 DK ⁸ HL13	HL12. DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of mother and go to HLI3. If "No", record 00.	HL12A. WHERE DOES (name)'S NATURAL MOTHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL13. Is (name)'S NATURAL FATHER ALIVE? 1 Yes 2 No ⁸ HL15 8 DK ⁸ HL15	HL14. DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD? If "Yes" Record line no. of father and go to HL15. If "No", record 00.	HL14A. WHERE DOES (name)'S NATURAL FATHER LIVE? 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	HL15. Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask: WHO IS THE PRIMARY CARETAKER OF (name)?															
Line	Name	Relation*	M	F	Month	Year	Age	Y	N	15-49	0-4	Y	N	DK	Mother		Y	N	DK	Father		Mother									
12		___	1	2	___	___	___	1	2	12	12	1	2	8	___		1	2	3	8	1	2	8	___		1	2	3	8	___	
13		___	1	2	___	___	___	1	2	13	13	1	2	8	___		1	2	3	8	1	2	8	___		1	2	3	8	___	
14		___	1	2	___	___	___	1	2	14	14	1	2	8	___		1	2	3	8	1	2	8	___		1	2	3	8	___	
15		___	1	2	___	___	___	1	2	15	15	1	2	8	___		1	2	3	8	1	2	8	___		1	2	3	8	___	

Tick here if additional questionnaire used

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

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
 You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:	01 Head 02 Wife / Husband 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 Servant (live-in) 16 Other (not related)	98 DK
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EDUCATION

ED

			For household members age 5 and above		For household members age 5-24 years							
ED1. Line number	ED2. Name and age Copy from HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No⇒ Next Line	ED4B. WHAT IS THE HIGHEST GRADE (name) COMPLETED? Grade: See codes below	ED5. DURING THE CURRENT SCHOOL YEAR, THAT IS 2013-2014, DID (name) ATTEND PRESCHOOL, SCHOOL COLLEGE OR UNIVERSITY AT ANY TIME? 1 Yes 2 No⇒ ED7	ED5A. DURING THIS SCHOOL YEAR (2013-2014) WHAT TYPE OF SCHOOL/ PRESCHOOL/COLLEGE/UNIVERSITY IS (name) ATTENDING? 1. GOVERNMENT 2. PRIVATE 3. REGISTERED MADRASSA 8. DK	ED6. DURING THIS SCHOOL YEAR (2013-14), WHICH GRADE IS (name) ATTENDING? Grade: See codes below	ED7. DURING THE PREVIOUS SCHOOL YEAR, (THAT IS 2012-2013,) DID (name) ATTEND PRESCHOOL, SCHOOL, COLLEGE OR UNIVERSITY AT ANY TIME? 1 Yes 2 No⇒ Next Line 8 DK⇒ Next Line	ED8. DURING THAT PREVIOUS SCHOOL YEAR (2012-13), WHICH GRADE DID (name) ATTEND? Grade: See codes below			
Line	Name	Age	Yes No	**Grade	Yes No	Codes	**Grade	Yes No DK	**Grade			
01		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
02		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
03		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
04		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
05		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
06		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
07		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
08		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
09		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
10		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
11		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
12		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
13		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
14		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			
15		___	1 2	___	1 2	1 2 3 8	___	1 2 8	___			

**** Codes for ED4B, ED6 and ED8:**
Grade: 00 = Less than 1 year completed | 01 – 05 = Primary | 06 – 08 = Middle | 09 – 10 = Secondary | 11 – 12 = Higher Secondary | 13-19 = Higher | 94 = Pre-school | 98 = DK

SELECTION OF ONE CHILD FOR CHILD LABOUR/CHILD DISCIPLINE

SL

SL1. Check HL6 in the List of Household Members and write the total number of children age 1-17 years.

Total number _ _

SL2. Check the number of children age 1-17 years in SL1:

- Zero ⇒ Go to HOUSEHOLD CHARACTERISTICS module
- One ⇒ Go to SL9 and record the rank number as '1', enter the line number, child's name and age
- Two or more ⇒ Continue with SL2A

SL2A. List each of the children age 1-17 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-17 years. Record the line number, name, sex, and age for each child.

SL3. Rank number	SL4. Line number From HL1	SL5. Name from HL2	SL6. Sex from HL4		SL7. 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	_ _

SL8. Check the last digit of the household number (HH2) from the cover page. This is the number of the row you should go to in the table below.

Check the total number of children age 1-17 years in SL1 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 circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	Total Number of Eligible Children in the Household (from SL1)						
	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

SL9. Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child

Rank number _ _

Line number _ _

Name _____

Age..... _ _

CHILD LABOUR

CL

CL1. Check selected child's age from SL9:

1-4 years ⇒ Go to Next Module

5-17 years ⇒ Continue with CL2

CL2. NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

SINCE LAST (*day of the week*), DID (*name*) DO ANY OF THE FOLLOWING ACTIVITIES, EVEN FOR ONLY ONE HOUR?

[A] SINCE LAST (*day of the week*), DID (*name*) DO ANY WORK OR HELP ON HIS/HER OWN OR THE HOUSEHOLD'S PLOT/FARM/FOOD GARDEN OR LOOKED AFTER ANIMALS, EVEN FOR ONLY ONE HOUR? FOR EXAMPLE, GROWING FARM PRODUCE, HARVESTING, OR FEEDING, GRAZING, MILKING ANIMALS, FISHING, WOOD CUTTING?

Y N

Worked on plot/farm/food garden/
looked after animals 1 2

[B] SINCE LAST (*day of the week*), DID (*name*) HELP IN FAMILY BUSINESS OR RELATIVE'S BUSINESS WITH OR WITHOUT PAY, OR RUN HIS/HER OWN BUSINESS, EVEN FOR ONLY ONE HOUR? FOR EXAMPLE, AUTO WORKSHOP, HOTEL AND RESTAURANT?

Helped in family/relative's
business/ran own business 1 2

[C] SINCE LAST (*day of the week*), DID (*name*) PRODUCE OR SELL ARTICLES, HANDICRAFTS, CLOTHES, FOOD OR AGRICULTURAL PRODUCTS, PEKO/ EMBROIDERY, CARPETING, TAILORING AND BRICKS MAKING, EVEN FOR ONLY ONE HOUR?

Produce/sell articles/handicrafts/
clothes/food or agricultural products ... 1 2

[D] SINCE LAST (*day of the week*), DID (*name*) ENGAGE IN ANY OTHER ACTIVITY IN RETURN FOR INCOME IN CASH OR IN KIND, EVEN FOR ONLY ONE HOUR?

If "No", Probe:

PLEASE INCLUDE ANY ACTIVITY (*name*) PERFORMED AS A REGULAR OR CASUAL EMPLOYEE, SELF-EMPLOYED OR EMPLOYER; OR AS AN UNPAID FAMILY WORKER HELPING OUT IN HOUSEHOLD BUSINESS OR FARM.

Any other activity 1 2

CL3. Check CL2 A to D

There is at least one 'Yes' ⇒ continue with CL4

All answers are 'No' ⇒ Go to CL8

CL4. SINCE LAST (*day of the week*) ABOUT HOW MANY HOURS DID (*name*) ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL?

If less than one hour, record "00"

Number of hours.....__ __

CL5. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE CARRYING HEAVY LOADS?

Yes.....1

No2

1 ⇒ CL8

CL6. DOES THE ACTIVITY/DO THESE ACTIVITIES REQUIRE WORKING WITH DANGEROUS TOOLS (KNIVES ETC.) OR OPERATING HEAVY MACHINERY?	Yes.....1 No2	1⇒ CL8																								
CL7. HOW WOULD YOU DESCRIBE THE WORK ENVIRONMENT OF <i>(name)</i> ? [A] IS <i>(name)</i> EXPOSED TO DUST, FUMES OR GAS? [B] IS <i>(name)</i> EXPOSED TO EXTREME COLD, HEAT OR HUMIDITY? [C] IS <i>(name)</i> EXPOSED TO LOUD NOISE OR VIBRATION? [D] IS <i>(name)</i> REQUIRED TO WORK AT HEIGHTS? [E] IS <i>(name)</i> REQUIRED TO WORK WITH CHEMICALS (PESTICIDES, GLUES, ETC.) OR EXPLOSIVES? [F] IS <i>(name)</i> EXPOSED TO OTHER THINGS, PROCESSES OR CONDITIONS BAD FOR <i>(name)</i> 'S HEALTH OR SAFETY?	Yes.....1 No2 Yes.....1 No2 Yes.....1 No2 Yes.....1 No2 Yes.....1 No2 Yes.....1 No2	1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8 1⇒ CL8																								
CL8. SINCE LAST <i>(day of the week)</i> , DID <i>(name)</i> FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	Yes.....1 No2	2⇒ CL10																								
CL9. IN TOTAL, HOW MANY HOURS DID <i>(name)</i> SPEND ON FETCHING WATER OR COLLECTING FIREWOOD FOR HOUSEHOLD USE, SINCE LAST <i>(day of the week)</i> ? <i>If less than one hour, record "00"</i>	Number of hours.....__ __																									
CL10. SINCE LAST <i>(day of the week)</i> , DID <i>(name)</i> DO ANY OF THE FOLLOWING FOR THIS HOUSEHOLD? [A] SHOPPING FOR HOUSEHOLD? [B] REPAIR ANY HOUSEHOLD EQUIPMENT? [C] COOKING OR CLEANING UTENSILS OR THE HOUSE? [D] WASHING CLOTHES? [E] CARING FOR CHILDREN? [F] CARING FOR THE OLD OR SICK? [G] OTHER HOUSEHOLD TASKS?	<table border="0"> <tr> <td></td> <td style="text-align: right;">Y</td> <td style="text-align: right;">N</td> </tr> <tr> <td>Shopping for household.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Repair household equipment</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Cooking/cleaning utensils/house</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Washing clothes</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for children</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Caring for old/sick</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other household tasks</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		Y	N	Shopping for household.....	1	2	Repair household equipment	1	2	Cooking/cleaning utensils/house	1	2	Washing clothes	1	2	Caring for children	1	2	Caring for old/sick	1	2	Other household tasks	1	2	
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Other household tasks	1	2																								
CL11. Check CL10, A to G <input type="checkbox"/> There is at least one 'Yes' ⇒ Continue with CL12 <input type="checkbox"/> All answers are 'No' ⇒ Go to Next Module																										
CL12. SINCE LAST <i>(day of the week)</i> , ABOUT HOW MANY HOURS DID <i>(name)</i> ENGAGE IN THIS ACTIVITY/THESE ACTIVITIES, IN TOTAL? <i>If less than one hour, record "00"</i>	Number of hours.....__ __																									

CHILD DISCIPLINE

CD

CD1. Check selected child's age from SL9:

1-14 years ⇒ Continue with CD2

15-17 years ⇒ Go to Next Module

CD2. Write the line number and name of the child from SL9.

Line number

Name

CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.

Y N

[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.

Took away privileges..... 1 2

[B] EXPLAINED WHY (name)'S BEHAVIOUR WAS WRONG.

Explained wrong behaviour 1 2

[C] SHOOK HIM/HER.

Shook him/her 1 2

[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.

Shouted, yelled, screamed 1 2

[E] GAVE HIM/HER SOMETHING ELSE TO DO.

Gave something else to do 1 2

[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.

Spanked, hit, slapped on bottom with bare hand 1 2

[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.

Hit with belt, hairbrush, stick, or other hard object 1 2

[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.

Called dumb, lazy, or another name 1 2

[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.

Hit/slapped on the face, head or ears 1 2

[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.

Hit/slapped on hand, arm or leg 1 2

[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD

Beat up, hit over and over as hard as one could 1 2

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?

Yes 1

No 2

DK / No opinion 8

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Islam 1 Christianity 2 Hindu 3 Parsi 4 Other religion (<i>specify</i>) 6 No religion 7	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Urdu 01 Sindhi 02 Pashto 03 Gujrati 04 Balochi 05 Punjabi 06 Siraiki 07 Other language (<i>specify</i>) 96	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms.....	
HC3. <i>Main material of the dwelling floor.</i> <i>Record observation.</i>	Natural floor Earth / Sand 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 Cement 34 Carpet 35 Bricks 36 Lime 37 Other (<i>specify</i>) 96	
HC4. <i>Main material of the roof.</i> <i>Record observation.</i>	Natural roofing No Roof 11 Thatch / Palm leaf 12 Sod 13 Rudimentary Roofing Rustic mat 21 Palm / Bamboo 22 Wood planks 23 Cardboard 24 Finished roofing Metal/Tin/CGI 31 Wood 32 Calamine / Cement fibre 33 Ceramic tiles 34 Cement/RCC 35 Roofing shingles 36 Bricks 37 Other (<i>specify</i>) 96	

<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural walls</p> <p>No walls11</p> <p>Cane / Palm / Trunks12</p> <p>Dirt13</p> <p>Rudimentary walls</p> <p>Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe23</p> <p>Plywood24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Cloth/Curtain/Tent27</p> <p>Finished walls</p> <p>Cement31</p> <p>Stone with lime / cement32</p> <p>Bricks33</p> <p>Cement blocks.....34</p> <p>Covered adobe35</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>Electricity01</p> <p>Liquefied Petroleum Gas (LPG)02</p> <p>Natural gas03</p> <p>Biogas.....04</p> <p>Kerosene05</p> <p>Coal / Lignite.....06</p> <p>Charcoal07</p> <p>Wood08</p> <p>Straw / Shrubs / Grass09</p> <p>Animal dung.....10</p> <p>Agricultural crop residue.....11</p> <p>No food cooked in household.....95</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>05⇒HC8</p> <p>95⇒HC8</p>
<p>HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?</p> <p><i>If 'In the house', probe: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?</i></p>	<p>In the house</p> <p>In a separate room used as kitchen 1</p> <p>Elsewhere in the house2</p> <p>In a separate building3</p> <p>Outdoors4</p> <p>Other (<i>specify</i>) 6</p>	

<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?</p> <p>[B] A RADIO?</p> <p>[C] A TELEVISION?</p> <p>[D] A NON-MOBILE TELEPHONE?</p> <p>[E] A REFRIGERATOR?</p> <p>[F] A FREEZER?</p> <p>[G] AIR CONDITIONER?</p> <p>[H] AN AIR COOLER?</p> <p>[I] A WASHING MACHINE?</p> <p>[J] A SEWING MACHINE OR KNITTING MACHINE?</p> <p>[K] PERSONAL COMPUTER /LAPTOP?</p> <p>[L] A WATER LIFTING PUMP?</p> <p>[M] AN IRON?</p> <p>[N] INTERNET?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Non-mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Freezer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Air Conditioner</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>An Air Cooler</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A Washing Machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A Sewing Machine Or Knitting.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Machine?</td> <td></td> <td></td> </tr> <tr> <td>Personal Computer /Laptop.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A Water Lifting Pump.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>An Iron.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Internet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Television	1	2	Non-mobile telephone	1	2	Refrigerator.....	1	2	Freezer	1	2	Air Conditioner	1	2	An Air Cooler	1	2	A Washing Machine.....	1	2	A Sewing Machine Or Knitting.....	1	2	Machine?			Personal Computer /Laptop.....	1	2	A Water Lifting Pump.....	1	2	An Iron.....	1	2	Internet.....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?</p> <p>[B] A MOBILE TELEPHONE?</p> <p>[C] A BICYCLE?</p> <p>[D] A MOTORCYCLE OR SCOOTER OR RICKSHAW?</p> <p>[E] AN ANIMAL-DRAWN CART?</p> <p>[F] A CAR / TRUCK / JEEP /VAN?</p> <p>[G] A BOAT?</p> <p>[H] A TRACTOR/THRASHER/AGRICULTURE MACHINERY?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Watch</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle / Scooter</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Animal-drawn cart.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car / Truck / Jeep / Van</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tractor/Agriculture Machinery.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Watch	1	2	Mobile telephone	1	2	Bicycle	1	2	Motorcycle / Scooter	1	2	Animal-drawn cart.....	1	2	Car / Truck / Jeep / Van	1	2	Boat	1	2	Tractor/Agriculture Machinery.....	1	2																						
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<p>HC10. 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”, circle “2”. For other responses, circle “6”.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Own</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>Rent</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Other (<i>specify</i>)</td> <td style="text-align: center;">6</td> <td></td> </tr> </tbody> </table>	Own	1		Rent	2		Other (<i>specify</i>)	6																																									
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<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>	Yes	1		No	2		2⇒HC13																																										
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<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? <i>If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Acres ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes1 No2</p>	<p>2⇒HC15</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, BUFFALOES OR BULLS? [B] HORSES, DONKEYS, OR MULES, CAMELS? [C] GOATS? [D] SHEEP? [E] CHICKENS?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p>Cattle, milk cows, buffaloes or bulls . ____ ____ Horses, donkeys, or mules, camels . ____ ____ Goats ____ ____ Sheep ____ ____ Chickens ____ ____</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes1 No2</p>	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets..... ____	
TN3. Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).		

	1 st Net	2 nd Net	3 rd Net
TN4. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
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 treated nets Dawa 11 PremaNET 12 Yarcool 13 Other (specify) ____ 16 DK brand 18 Pre-treated net Brand (specify) ____ 26 DK brand 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets Dawa 11 PremaNET 12 Yarcool 13 Other (specify) ____ 16 DK brand 18 Pre-treated net Brand (specify) ____ 26 DK brand 28 Other net (specify) 36 DK brand / type 98	Long-lasting treated nets Dawa 11 PremaNET 12 Yarcool 13 Other (specify) ____ 16 DK brand 18 Pre-treated net Brand (specify) ____ 26 DK brand 28 Other net (specify) 36 DK brand / type 98
TN6. 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 mo. ago... 95 DK / Not sure 98	Months ago ____ More than 36 mo. ago... 95 DK / Not sure 98	Months ago ____ More than 36 mo. ago... 95 DK / Not sure 98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (26-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8	Yes 1 No 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11	Yes 1 No 2 ⇒ TN11 DK / Not sure 8 ⇒ TN11

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes 1 No 2 DK 8	2⇒Next Module 8⇒Next Module
IR2. WHO SPRAYED THE DWELLING? <i>Circle all that apply.</i>	Government / Malaria Control ProgramA Private companyB Non-governmental organizationC Other (<i>specify</i>)X DKZ	

WATER AND SANITATION
WS

WS1. WHAT IS THE <u>MAIN</u> SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Filtration Plant/unit..... 15 Underground Water Tube Well, Borehole 21 Hand Pump..... 22 Dug well Protected well 31 Unprotected well..... 32 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 Other (<i>specify</i>) _____ 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 15⇒WS3 21⇒WS3 22⇒WS3 31⇒WS3 32⇒WS3 51⇒WS3 61⇒WS3 71⇒WS3 81⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HAND WASHING?	Piped water Piped into dwelling 11 Piped into compound, yard or plot 12 Piped to neighbour 13 Public tap / standpipe 14 Filtration Plant/unit..... 15 Underground Water Tube Well, Borehole 21 Hand Pump..... 22 Dug well Protected well 31 Unprotected well..... 32 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	11⇒WS6 12⇒WS6 13⇒WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling 1 In own yard / plot 2 Elsewhere..... 3	1⇒WS6 2⇒WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes __ __ __ DK..... 998	

<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) 1 Adult man (age 15+ years)..... 2 Female child (under 15) 3 Male child (under 15) 4 DK 8</p>	
<p>WS5A IS THE TASTE OF THE DRINKING WATER USED IN THE HOUSEHOLD SWEET OR BRACKISH?</p>	<p>Sweet 1 Brackish..... 2</p>	
<p>WS5B WAS THE WATER FOR DRINKING CLEAR OR MUDDY AT THE TIME OF COLLECTION?</p>	<p>Clear 1 Muddy/coloured 2 DK 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2⇒WS8 8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i></p>	<p>Boil A Add bleach / chlorine Tablet..... B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F Alum (Phitkari)..... G Other (<i>specify</i>) X DK Z</p>	
<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? <i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO? <i>If not possible to determine, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush Flush to piped sewer system..... 11 Flush to septic tank 12 Flush to soakage pit 13 Flush to somewhere else 14 Flush to unknown place / Not sure / DK where 15 Pit latrine Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab / Open pit..... 23 Composting toilet 31 Bucket 41 No facility, Bush, Field..... 95 Other (<i>specify</i>) 96</p>	<p>95⇒Next Module</p>
<p>WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?</p>	<p>Yes 1 No 2</p>	<p>2⇒Next Module</p>
<p>WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2⇒Next Module</p>
<p>WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?</p>	<p>Number of households (if less than 10) 0 ____ Ten or more households 10 DK 98</p>	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD <u>MOST OFTEN</u> WASH THEIR HANDS?	Observed 1 Not observed Not in dwelling / plot / yard..... 2 No permission to see 3 Other reason, <i>specify</i> 6	 2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
HW2. <i>Observe presence of water at the place for hand washing.</i> <i>Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.</i>	Water is available..... 1 Water is not available 2	
HW3A. <i>Is soap, detergent or ash/mud/sand present at the place for hand washing?</i>	Yes, present..... 1 No, not present 2	 2⇨HW4
HW3B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes..... 1 No 2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown 1 No, not shown 2	 2⇨HH19
HW5B. <i>Record your observation.</i> <i>Circle all that apply.</i>	Bar soap..... A Detergent (Powder / Liquid / Paste)..... B Liquid soap..... C Ash / Mud / Sand D	

HH19. <i>Record the time.</i>	Hour and minutes ___ : ___	
--------------------------------------	-------------------------------	--

SALT IODIZATION		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD?</p> <p><i>Once you have tested the salt, circle number that corresponds to test outcome.</i></p>	Not iodized - 0 PPM 1 More than 0 PPM & less than 15 PPM 2 15 PPM or more..... 3 No salt in the house 4 Salt not tested (<i>Specify the reason</i>)..... 5	4 ⇒ HH20
<p>SI2. Check HH8C has the household been selected for additional salt testing:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ⇒ Go to HH20</p>		
<p>SI3. WHEN YOU BUY SALT <u>TO COOK MEALS</u> IN YOUR HOUSEHOLD, DO YOU NORMALLY LOOK FOR OR ASK FOR IODISED SALT WITH A HANDI LOGO OR LABELLED AS IODISED?</p> <p><i>Probe by showing picture of handi logo.</i></p>	Yes 1 No..... 2 DK..... 8	
<p>SI4. WAS THE SALT THAT YOU PROVIDED FOR THE TEST BOUGHT IN SEALED PACKAGE?</p>	Yes, sealed package 1 No, unsealed package or as loose salt 2 No ,rock salt/sea salt..... 3 DK 8	2 ⇒ SI6 3 ⇒ SI6 8 ⇒ SI6
<p>SI5. WHAT IS THE BRAND OF THE SALT THAT YOU PROVIDED FOR THE TEST?</p>	National salt 01 Shan salt 02 Hub salt 03 Al Amin salt 04 Sana salt 05 No label/ brand 06 Other Brand(<i>specify</i>) 96 DK / Don't Remember 98	
<p>SI6. CAN I PLEASE TAKE A SMALL SAMPLE OF YOUR SALT FOR FURTHER TESTING OF IODINE CONTENT IN THE LABORATORY?</p>	Yes..... 1 No 2	2 ⇒ HH20
<p>SI7. <i>Collect one cup approximately 50gms of salt from the household into the plastic bag provided and label the sample with the cluster number and household number with the marker provided (CCC-HH).</i></p> <p><i>Record the results of sample collection.</i></p>	Sample collected and labelled 1 Salt not available 2 Sample bag not available 3 Other (<i>Specify</i>) 6	2 ⇒ HH20 3 ⇒ HH20 6 ⇒ HH20
<p>SI8. <i>Salt sample ID</i></p> <p><i>Enter the cluster number followed by the household number</i></p>	<p>_____ - _____</p>	

HH20. Thank the respondent for his/her cooperation and check the List of Household Members:

- A separate *QUESTIONNAIRE FOR INDIVIDUAL WOMEN* has been issued for each woman age 15-49 years in the List of Household Members (HL7)
- A separate *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* has been issued for each child under age 5 years in the List of Household Members (HL7B)

Check HH8A: If the household has been selected for water sample collection?

- A separate *QUESTIONNAIRE FOR WATER QUALITY TESTING* has been issued

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12) and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations