

State Name:

Segment Number:

Household Number:

SUDAN HOUSEHOLD HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM THE SUDAN HOUSEHOLD HEALTH SURVEY WHICH IS CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. CODES OF : state cluster <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HH2. HOUSEHOLD NUMBER: <input type="text"/> <input type="text"/>	
HH3.: Interviewer number: <input type="text"/> <input type="text"/>	HH4 Supervisor number: <input type="text"/> <input type="text"/>	
Interviewer Name: _____	Supervisor Name: _____	
HH5. 3Day/Month/Year of interview	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
HH6. Area: Urban.....1 Rural.....2 South3	HH7. LOCALITY CODE: <input type="text"/> <input type="text"/>	
HH8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of HH interview: Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4 Other (specify) 6	HH10. Respondent to HH questionnaire: Household Line No. (from HL1): <input type="text"/> <input type="text"/> Name: _____	
	HH11. Total # of household members: <input type="text"/> <input type="text"/>	
HH12. # of women eligible for interview: <input type="text"/> <input type="text"/>	HH13. # of women questionnaires completed: <input type="text"/> <input type="text"/>	
HH14. # of children under age 5: <input type="text"/> <input type="text"/>	HH15. # of child questionnaires completed: <input type="text"/> <input type="text"/>	
HH16. Data entry clerk name and number: Name <input type="text"/> <input type="text"/>		
Interviewer / supervisor notes: <i>record notes about the interview, e.g. call-back times, revisit, etc.</i>		

HOUSEHOLD LISTING FORM & EDUCATION MODULE																						HL	
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. <i>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). For each question, use the appropriate code for answer.</i></p> <p>Then ask: <i>ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK).</i> If yes, complete listing. <i>Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 12 household members.</i></p> <p>Tick here if continuation sheet used: <input type="checkbox"/></p>																							
						Eligible for:		If age 0-17 years, ask HL9-HL12.				If over 10 years, ask HL12A.	For household members age 5 and above			For household members age 5-24 years							
						WOMAN INTERVIEW	UNDER 5 INTERVIEW																
HL1. <i>Household Line No.</i>	HL2. <i>Name</i>	HL3. WHAT IS THE RELATIONSHIP OF <i>(name)</i> TO THE HEAD OF THE HOUSEHOLD? *	HL4. IS <i>(name)</i> MALE OR FEMALE ?	HL5. HOW OLD WAS <i>(name)</i> ON HIS/HER LAST BIRTHDAY?	HL5A. <i>If over 12 years:</i> WHAT IS THE MARITAL STATUS OF <i>(name)</i> ?	HL6. <i>If woman is 15-49 years, circle line number</i>	HL7. <i>If child is under 5 years:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. IS <i>(name's)</i> NATURAL MOTHER ALIVE?	HL10. <i>If alive:</i> DOES <i>(name's)</i> NATURAL MOTHER LIVE IN THIS HOUSEHOLD ?	HL11. IS <i>(name's)</i> NATURAL FATHER ALIVE?	HL12. <i>If alive:</i> DOES <i>(name's)</i> NATURAL FATHER LIVE IN THIS HOUSEHOLD ?	HL12A. HOW HAS <i>(name)</i> SPENT <i>(his/her)</i> TIME DURING THE PAST 3 MONTHS? WAS <i>(name)</i> :	ED1. CAN THIS PERSON READ AND WRITE IN ANY LANGUAGE?	ED2. HAS <i>(name)</i> EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. What is the highest level of school <i>(name)</i> attended? What is the highest grade <i>(name)</i> completed at this level?	ED4. DURING THIS SCHOOL YEAR, THAT ENDED IN LAST FEBRUARY (YEAR 2005-2006), DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS <i>(name)</i> ATTENDING?	ED7. DURING THE PREVIOUS SCHOOL YEAR, DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID <i>(name)</i> ATTEND?				
			1 MALE 2 FEMALE	<i>Record in completed years; if age 96 years or older, record as 96.</i> 98 DK	1 NEVER MARRIED 2 MARRIED 3 WITH PARTNER 4 WIDOWED 5 DIVORCED 6 SEPARATED			1 YES 2 NO ⇒ HL11 8 DK ⇒ HL11	<i>If yes, record Line no. of mother</i> <i>If no, write "00".</i>	1 YES 2 NO ⇒ HL12A 8 DK ⇒ HL12A	<i>If yes, record Line no. of father</i> <i>If no, write "00".</i>	01..WORKING FOR PAY 02..WORKING FOR SUBSISTENCE ONLY 03..WORKING FOR PAY AND SUBSISTENCE 04..WORKING AS A VOLUNTEER 05..WORKING FOR FOOD 06..NOT WORKING 07..IN SCHOOL 08..SELF-EMPLOYED 09..RETIRED 10..HOUSEWIFE 96..OTHER (<i>specify</i>) 98..DK	1 YES 2 NO 8 DK	1 YES 2 NO ⇒ NEXT LINE 8 DK ⇒ NEXT LINE	0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSTY 6..NON-STANDARD CURRICULUM 7..NON-STANDARD CURRICULUM 8..ADULT EDUCATION 98..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>	DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS <i>(name)</i> ATTENDING? <u>LEVEL ATTENDED:</u> 0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSTY 6..NON-STANDARD CURRICULUM 7..ADULT EDUCATION 8..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>	1 YES 2 NO ⇒ ED7 8 DK ⇒ ED7	0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSTY 6..NON-STANDARD CURRICULUM 7..ADULT EDUCATION 8..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>	0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSTY 6..NON-STANDARD CURRICULUM 7..ADULT EDUCATION 8..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>				
LINE	NAME	REL.	M F	AGE	MARITAL STATUS	15-49	MOTHER/CARE TAKER	Y N DK	MOTHER	Y N DK	FATHER	EMPLOYMENT STATUS	Y N DK	Y N DK	LEVEL	GRADE	Y N DK	LEVEL	GRADE	Y N DK	LEVEL	GRADE	
01		01	1 2		1 2 3 4 5 6	01		1 2 8		1 2 8			1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8		1 2 8	1 2 3 4 5 6 7 8		1 2 8	1 2 3 4 5 6 7 8		
02			1 2		1 2 3 4 5 6	02		1 2 8		1 2 8			1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8		1 2 8	1 2 3 4 5 6 7 8		1 2 8	1 2 3 4 5 6 7 8		
03			1 2		1 2 3 4 5 6	03		1 2 8		1 2 8			1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8		1 2 8	1 2 3 4 5 6 7 8		1 2 8	1 2 3 4 5 6 7 8		
04			1 2		1 2 3 4 5 6	04		1 2 8		1 2 8			1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8		1 2 8	1 2 3 4 5 6 7 8		1 2 8	1 2 3 4 5 6 7 8		
05			1 2		1 2 3 4 5 6	05		1 2 8		1 2 8			1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8		1 2 8	1 2 3 4 5 6 7 8		1 2 8	1 2 3 4 5 6 7 8		

* Codes for HL3: Relationship to head of the household:

01 = Head of Household

02 = Wife or Husband

03 = Partner

04 = Son or Daughter

05 = Son- or Daughter-In-Law

06 = Grandchild

07 = Parent

08 = Parent-In-Law

09 = Brother or Sister

10 = Brother- or Sister-In-Law

11 = Uncle/Aunt

12 = Niece/Nephew by Blood

13 = Niece/Nephew by Marriage

14 = Other Relative

15 = Adopted/Foster/Stepchild

16 = Not Related

98 = DK

Check HL7. Enter the number of women age 15-49 here (copy to HH12)

Check HL5. Enter the number of children under age 5 here (copy to HH14)

HOUSEHOLD LISTING FORM & EDUCATION MODULE																							HL													
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. <i>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). For each question, use the appropriate code for answer.</i></p> <p>Then ask: <i>ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK).</i> If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 12 household members.</p> <p>Tick here if continuation sheet used: <input type="checkbox"/></p>																																				
						Eligible for:		If age 0-17 years, ask HL9-HL12.				If over 10 years, ask HL13.	For household members age 5 and above			For household members age 5-24 years																				
						WOMAN INTERVIEW	UNDER 5 INTERVIEW																													
HL1. <i>Household Line No.</i>	HL2. <i>Name</i>	HL3. WHAT IS THE RELATIONSHIP OF <i>(name)</i> TO THE HEAD OF THE HOUSEHOLD? *	HL4. IS <i>(name)</i> MALE OR FEMALE ?	HL5. HOW OLD WAS <i>(name)</i> ON HIS/HER LAST BIRTHDAY?	HL5A. <i>If over 12 years:</i> WHAT IS THE MARITAL STATUS OF <i>(name)</i> ?	HL6. <i>If woman is 15-49 years, circle line number</i>	HL7. <i>If child is under 5 years:</i> WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL9. IS <i>(name's)</i> NATURAL MOTHER ALIVE?	HL10. <i>If alive:</i> DOES <i>(name's)</i> NATURAL MOTHER LIVE IN THIS HOUSEHOLD ?	HL11. IS <i>(name's)</i> NATURAL FATHER ALIVE?	HL12. <i>If alive:</i> DOES <i>(name's)</i> NATURAL FATHER LIVE IN THIS HOUSEHOLD ?	HL12A. <i>If over 10 years ask hl12a:</i> HOW HAS <i>(name)</i> SPENT <i>(his/her)</i> TIME DURING THE PAST 3 MONTHS? WERE YOU: 01..WORKING FOR PAY 02..WORKING FOR SUBSISTENCE ONLY 03..WORKING FOR PAY AND SUBSISTENCE 04..WORKING AS A VOLUNTEER 05..WORKING FOR FOOD 06..NOT WORKING 07..IN SCHOOL 08..SELF-EMPLOYED 09..RETIRED 10..HOUSEWIFE 96..OTHER (<i>specify</i>) 98..DK	ED1. CAN THIS PERSON READ AND WRITE IN ANY LANGUAGE?	ED2. HAS <i>(name)</i> EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. What is the highest level of school <i>[name]</i> attended? What is the highest grade <i>[name]</i> completed at this level? <u>LEVEL ATTENDED:</u> 0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSITY 6..POST UNIVERSITY 7..NON-STANDARD CURRICULUM 8..ADULT EDUCATION 98..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>		ED4. DURING THIS SCHOOL YEAR, OR THAT ENDED IN LAST FEBRUARY (YEAR 2005-2006), DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED6. THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS <i>(name)</i> ATTENDING? <u>LEVEL ATTENDED:</u> 0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSITY 6..NON-STANDARD CURRICULUM 7..ADULT EDUCATION 8..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>		ED7. DURING THE PREVIOUS SCHOOL YEAR, DID <i>(name)</i> ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED8. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID <i>(name)</i> ATTEND? <u>LEVEL ATTENDED:</u> 0..PRESCHOOL 1..PRIMARY 2..INTERMEDIATE 3..SECONDARY 4..POST SECONDARY DIPLOME 5..UNIVERSITY 6..NON-STANDARD CURRICULUM 7..ADULT EDUCATION 8..DK <u>GRADE</u> 98..DK <i>If less than one grade, enter 00.</i>															
LINE	NAME	REL.	M	F	AGE	MARITAL STATUS	15-49	MOTHER/CARE TAKER	Y	N	DK	MOTHER	Y	N	DK	FATHER	EMPLOYMENT STATUS	Y	N	DK	Y	N	DK	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE	
06			1	2	<div></div> <div></div>	1 2 3 4 5 6	06	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>
07			1	2	<div></div> <div></div>	1 2 3 4 5 6	07	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>
08			1	2	<div></div> <div></div>	1 2 3 4 5 6	08	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>
09			1	2	<div></div> <div></div>	1 2 3 4 5 6	09	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>
10			1	2	<div></div> <div></div>	1 2 3 4 5 6	10	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>
11			1	2	<div></div> <div></div>	1 2 3 4 5 6	11	<div></div> <div></div>	1	2	8	<div></div> <div></div>	1	2	8	<div></div> <div></div>	<div></div> <div></div>	1 2 8	1	2	8	<div></div> <div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>	1	2	8	1 2 3 4 5 6 7 8	<div></div> <div></div>

State Name:Segment Number:Household Number:

12			1 2	<div></div>	1 2 3 4 5 6	12	<div></div>	1 2 8	<div></div>	1 2 8	<div></div>		<div></div>	1 2 8	1 2 8	1 2 3 4 5 6 7 8 9 8	<div></div>	1 2 8	1 2 3 4 5 6 7 8	<div></div>	1 2 8	1 2 3 4 5 6 7 8	<div></div>
	RECORD THETOTAL NO. OF ELIGIVBLE WOMEN HERE →					<div></div>	<div></div>	← RECORD THE TOTAL NO. OF ELIGIBLE CHILDREN															
<div><div>* Codes for HL3: Relationship to head of the household:</div><div><div>01 = Head of Household</div><div>02 = Wife or Husband</div><div>03 = Partner</div><div>04 = Son or Daughter</div><div>05 = Son- or Daughter-In-Law</div><div>06 = Grandchild</div><div>07 = Parent</div><div>08 = Parent-In-Law</div><div>09 = Brother or Sister</div><div>10 = Brother- or Sister-In-Law</div><div>11 = Uncle/Aunt</div><div>12 = Niece/Nephew by Blood</div><div>13 = Niece/Nephew by Marriage</div><div>14 = Other Relative</div><div>15 = Adopted/Foster/Stepchild</div><div>16 = Not Related</div><div>98 = DK</div></div></div>																							

State Name:

Segment Number:

Household Number:

HOUSEHOLD INCOME MODULE		HI
HI1. DOES ANY MEMBER OF THIS HOUSEHOLD OWN LAND FOR FARMING, GRAZING, OR FISHING?	Yes 1 No 2	
HI2. DOES ANY MEMBER OF THIS HOUSEHOLD USE LAND FOR FARMING?	Yes 1 No 2	
HI3. DOES THIS HOUSEHOLD OWN OR HAVE ANY LIVESTOCK, HERDS, OR FARM ANIMALS?	Yes 1 No 2	2 ⇒ WS MODULE
HI4. HOW MANY CATTLE DOES THIS HOUSEHOLD OWN OR HAVE?	CATTLE? 0 1 1-5 2 6-20 3 21-50 4 51-100 5 101+ 6 DK 8	
HI5. HOW MANY CHICKENS DOES THIS HOUSEHOLD OWN OR HAVE?	CHICKENS? 0 1 1-10 2 11-20 3 21-50 4 51-100 5 101+ 6 DK 8	
HI6. HOW MANY GOATS DOES THIS HOUSEHOLD OWN OR HAVE?	GOATS? 0 1 1-5 2 6-20 3 21-50 4 51-100 5 101+ 6 DK 8	
HI7. HOW MANY MILK COWS DOES THIS HOUSEHOLD OWN OR HAVE?	MILK COWS? 0 1 1-4 2 5-9 3 10-14 4 15-20 5 21+ 6 DK 8	
HI8. HOW MANY SHEEP DOES THIS HOUSEHOLD OWN OR HAVE?	SHEEP? 0 1 1-5 2 6-20 3 21-50 4 51-100 5 101+ 6 DK 8	

State Name:

Segment Number:

Household Number:

HI9. HOW MANY HORSES, DONKEYS, OR MULES DOES THIS HOUSEHOLD OWN OR HAVE?	HORSES, DONKEYS, OR MULES? 0 1 1-3 2 4+ 3 DK 8	
HI10. HOW MANY CAMELS DOES THIS HOUSEHOLD OWN OR HAVE?	CAMELS? 0 1 1-3 2 4+ 3 DK 8	
GO TO WATER AND SANITATION MODULE (WS)		

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water:	
	Piped into dwelling 11	11⇒WS5
	Piped into yard or plot 12	12⇒WS5
	Public tap/standpipe..... 13	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%;"></div> </div>
	Borehole..... 21	
	Dug well:	
	Protected well..... 31	
	Unprotected well 32	
	Water from spring:	
	Protected spring 41	⇒WS3
	Unprotected spring..... 42	
	Rainwater collection..... 51	
	Tanker-truck 61	
Cart with small tank/drum 71		
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81		
Bottled water 91		
Other(<i>specify</i>)..... 96	96 ⇒WS3	

State Name:

Segment Number:

Household Number:

WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR COOKING AND OTHER PURPOSES SUCH AS HAND WASHING?	Piped water Piped into dwelling.....11 Piped into yard or plot.....12 Public tap/standpipe13 Tube well/borehole21 Dug well Protected well31 Unprotected well32 Water from spring Protected spring.....41 Unprotected spring42 Rainwater collection51 Tanker-truck61 Cart with small tank/drum71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel)81 Other (<i>specify</i>)96	11⇒WS5 12⇒WS5
WS3. BY FOOT, HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes <input type="text"/> <input type="text"/> <input type="text"/> Water on premises995 DK.....998	995⇒WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? <i>Circle code that best describes this person.</i>	Adult woman1 Adult man.....2 Female child (under 15).....3 Male child (under 15).....4 DK.....8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes.....1 No2 DK.....8	2⇒WS7 8⇒WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? <i>Probe:</i> ANYTHING ELSE? <i>Record all items mentioned.</i>	Boil A Add bleach/chlorine B Use a filter (cloth, ceramic, or sand)..... C Solar disinfection D Let it stand and settle E Other(<i>specify</i>) X DK..... Z	
WS7. WHAT KIND OF FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE TO EASE THEMSELVES/ DISPOSE OF HUMAN WASTE? <i>If necessary, ask permission to observe the facility.</i>	Flush / pour flush Flush to piped sewer system11 Flush to septic tank.....12 Flush to pit (latrine)13 Flush to somewhere else.....14 Flush to unknown place/not sure/DK15 Ventilated Improved Pit latrine (VIP)21 Pit latrine with slab.....22 Pit latrine without slab / open pit.....23 Composting toilet.....31 Bucket.....41 Hanging toilet/hanging latrine51 No facilities or bush or field95 Other (<i>specify</i>) 96	95⇒ HC2

State Name:

Segment Number:

____ - ____

Household Number:

____ - ____

WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes.....1 No2	2⇒ HC 2
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS FACILITY?	No. of households (if less than 10)..... <input type="text"/> Ten or more households.....10 DK.....98	
GO TO HOUSEHOLD CHARACTERISTICS MODULE (HC)		

State Name:

Segment Number:

Household Number:

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS/TUKULS BELONG TO THIS HOUSEHOLD?	No. of rooms/tukuls.....	<input type="text"/> <input type="text"/>
HC3. MAIN MATERIAL OF THE HOUSE/TUKUL FLOOR: <i>Record observation.</i>	Muddy/earth11 Mixture of dung, grass & mud12 Rudimentary floor: Wood planks21 Palm/bamboo.....22 Finished floor: Parquet or polished wood31 Vinyl or asphalt strips32 Ceramic tiles33 Cement34 Carpet35 Cement tiles.....36 Red pricks.....37 Cloth carpet41 Other(<i>specify</i>)96	
HC4. MAIN MATERIAL OF THE ROOF: <i>Record observation.</i>	Natural roofing: No roof11 Thatch/palm leaf12 Sod/grass.....13 Rudimentary roofing: Rustic mat21 Palm/bamboo.....22 Wood planks23 Animal skin/fibers/wool24 Finished roofing: Metal (zinc)31 Wood32 Calamine/cement fiber.....33 Ceramic tiles34 Cement (concrete)35 Roofing shingles36 Red pricks.....37 Asbestos sheet38 Other(<i>specify</i>)96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity01 Liquid Propane Gas (LPG)02 Natural gas03 Biogas.....04 Kerosene05 Coal / Lignite.....06 Charcoal07 Wood08 Straw/shrubs/grass.....09 Animal dung.....10 Agricultural crop residue.....11 Other (<i>specify</i>)96	

State Name:

Segment Number:

Household Number:

HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE ROOM/TUKUL, OR OUTDOORS?	In the house.....1				
	In a separate room/tukul.....2				
	Outdoors.....3				
	Other(specify).....6				
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN OR HAVE THE FOLLOWING ITEMS? DO YOU USE ANY OF THE FOLLOWING ITEMS, WHETHER YOU HAVE IT IN YOUR OWN HOUSEHOLD OR NOT? <i>Read aloud, and circle either "1" for yes or "2" for no for each item. Be sure and complete BOTH columns "Own/Have" and "Use".</i>		OWN / HAVE		USE	
		YES	NO	YES	NO
	ELECTRICITY?	1	2	1	2
	A REFRIGERATOR?	1	2	1	2
	A RADIO?	1	2	1	2
	A TELEVISION?	1	2	1	2
	A MOBILE TELEPHONE?	1	2	1	2
	A NON-MOBILE TELEPHONE?	1	2	1	2
	A COMPUTER?	1	2	1	2
	INTERNET?	1	2	1	2
	A WATCH?	1	2	1	2
	A BICYCLE?	1	2	1	2
	A MOTORCYCLE OR SCOOTER?	1	2	1	2
	AN ANIMAL-DRAWN CART?	1	2	1	2
	A CAR OR TRUCK?	1	2	1	2
A BOAT WITH A MOTOR?	1	2	1	2	
GO TO INSECTICIDE-TREATED NET MODULE (TN)					

INSECTICIDE-TREATED NET MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes.....1 No.....2	2⇒SI MODULE
TN2. HOW MANY AND WHAT KIND OF MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If respondent does not know whether or not net(s) have been treated, count as "other."</i>	TN2A. Number of treated nets..... <input type="text"/> <input type="text"/> DK.....98 TN2B. Number of untreated nets..... <input type="text"/> <input type="text"/> DK.....98 TN2C. Number of other/unknown nets..... <input type="text"/> <input type="text"/> DK.....98	

State Name:

Segment Number:

Household Number:

<p>TN3. HOW MANY AND WHAT KIND OF MOSQUITO NETS ARE ACTUALLY IN USE IN YOUR HOUSEHOLD?</p>	<p>TN3A. Number of treated nets..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p> <p>TN3B. Number of untreated nets <input type="text"/> <input type="text"/></p> <p>DK.....98</p> <p>TN3C. Number of other/unknown nets. <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	
<p>TN4. HOW MANY CHILDREN UNDER 5 USUALLY SLEEP UNDER A TREATED NET?</p>	<p>Number of children <input type="text"/> <input type="text"/></p>	
<p>TN5. WHERE DID YOU ACQUIRE THE MOST RECENTLY ACQUIRED MOSQUITO NET?</p>	<p>Market.....1</p> <p>Government/NGO program2</p> <p>Other(<i>specify</i>)6</p> <p>DK.....8</p>	
<p>GO TO SALT IODIZATION MODULE (SI)</p>		

SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p><i>Once you have examined the salt, circle number that corresponds to test outcome.</i></p>	<p>Not iodized 0 PPM1</p> <p>Less than 15 PPM2</p> <p>15 PPM or more3</p> <p>Salt not tested.....4</p> <p>No salt in home.....5</p>	<p>5 ⇒ FH MODULE</p>
<p>SI2. WHERE DID YOU ACQUIRE THIS SALT?</p>	<p>Local market1</p> <p>Food Aid2</p> <p>Other or indigenous(<i>specify</i>).....6</p> <p>DK.....8</p>	
<p>GO TO FINAL HOUSEHOLD INSTRUCTIONS (FH)</p>		

State Name:

Segment Number:

____ - ____ - ____

Household Number:

____ - ____ - ____

FINAL HOUSEHOLD INSTRUCTIONS

FH

FH1. *Does any eligible woman age 15-49 reside in the household?*

Check HL12. You should have entered the total number of women in the household who are between the ages of 15 and 49 years old. Begin a separate questionnaire for each eligible woman (check HL6) by filling in the Information Panel.

☐ *Yes. ⇒ Go to WOMAN'S QUESTIONNAIRE to administer the questionnaire to the first eligible woman.*

☐ *No. ⇒ Continue.*

FH2. *Does any child under the age of 5 reside in the household?*

Check household listing, column HL7. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ *Yes. ⇒ Go to UNDER 5 QUESTIONNAIRE to administer the questionnaire to caretaker of the first eligible child.*

☐ *No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.*