

HOUSEHOLD INFORMATION PANEL		HH
HH1. <u>Region</u> <u>District</u> <u>District-Type</u> <u>Sub-District</u> <u>EA NO.</u>  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	HH2. Household number:      ___ ___  HH2A: Is household selected for the male survey Yes ..... 1 No ..... 2	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Date of interview (DD/ MM / YYYY)      ___ ___ / ___ ___ /2011		
HH6. Area Urban.....1 Rural .....2	HH7. Locality Name ----- (see codes on PHC2) -----	

WE ARE FROM THE GHANA STATISTICAL SERVICE. WE ARE CONDUCTING A SURVEY THAT IS CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO ASK YOU A FEW QUESTIONS ON THESE AREAS. THE INTERVIEW WILL TAKE ABOUT 45 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE.

MAY I START NOW?

- Yes, permission is given ⇒ Go to HH18 to record the time and then begin the interview.
- No, permission is not given ⇒ Complete HH9. Discuss this result with your supervisor.

<i>After all questionnaires for the household have been completed, fill in the following information:</i>	
HH8. Name of head of household: _____	
HH9. Result of household interview: Completed ..... 01 No household member or no competent respondent at home at time of visit ..... 02 Entire household absent for extended period of time..... 03 Refused ..... 04 Dwelling vacant / Address not a dwelling ..... 05 Dwelling destroyed ..... 06 Dwelling not found ..... 07  Other ( <i>specify</i> ) _____ 96	HH10. Respondent to household questionnaire:  Name: _____  Line Number:      ___ ___  HH11. Total number of household members:      ___ ___
HH12. Number of women age 15-49 years:      ___ ___	HH13. Number of women's questionnaires completed:      ___ ___
HH14. Number of children under age 5:      ___ ___	HH15. Number of under-5 questionnaires completed:      ___ ___
<i>IF HOUSEHOLD IS NOT SELECTED FOR THE MALE INTERVIEW (HH2A=2), LEAVE HH15A AND HH15B BLANK</i>	
HH15A. Number of men aged 15-59 years      ___ ___	HH15B. Number of men's questionnaires completed:      ___ ___
HH16. Field edited by (Name and number):  Name _____	HH17. Data entry clerk (Name and number):  Name _____

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

HOUSEHOLD LISTING FORM									
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON IN YOUR HOUSEHOLD 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)</i></p> <p><i>Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?</i>  <i>If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.</i>  <i>Use an additional questionnaire if all rows in the household listing form have been used.</i></p>									
			For women age 15-49	For men age 15-59	For children age 5-14	For children under age 5	For all household members	For children age 0-17 years	

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. Is (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7A.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.						
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Check if (HH2A=1: Circle line number if man is age 15-59	WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	DID (name) STAY HERE LAST NIGHT?  1 Yes 2 No	Is (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK HL13 HL13	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record line number of mother or 00 for "No"	Is (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK Next Line	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  Record line number of father or 00 for "No"						
Line	Name	Relation*	M	F	Month	Year	Age	15-49	15-59	Mother	Mother	Y	N	Y	N	DK	Mother	Y	N	DK	Father
01		0 1	1	2	___	___	___	01	01	___	___	1	2	1	2	8	___	1	2	8	___
02		___	1	2	___	___	___	02	02	___	___	1	2	1	2	8	___	1	2	8	___
03		___	1	2	___	___	___	03	03	___	___	1	2	1	2	8	___	1	2	8	___
04		___	1	2	___	___	___	04	04	___	___	1	2	1	2	8	___	1	2	8	___
05		___	1	2	___	___	___	05	05	___	___	1	2	1	2	8	___	1	2	8	___
06		___	1	2	___	___	___	06	06	___	___	1	2	1	2	8	___	1	2	8	___
07		___	1	2	___	___	___	07	07	___	___	1	2	1	2	8	___	1	2	8	___
08		___	1	2	___	___	___	08	08	___	___	1	2	1	2	8	___	1	2	8	___
09		___	1	2	___	___	___	09	09	___	___	1	2	1	2	8	___	1	2	8	___

HL1. Line number	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. WHAT IS (name)'S DATE OF BIRTH?		HL6. HOW OLD IS (name)?	HL7.	HL7A.	HL8.	HL9.	HL10.	HL11.	HL12.	HL13.	HL14.
			1 Male 2 Female	98 DK	9998 DK	Record in completed years. If age is 95 or above, record '95'	Circle line number if woman is age 15-49	Check if (HH2A=1: Circle line number if man is age 15- 59	WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	WHO IS THE MOTHER/ PRIMARY CARETAKER OF THIS CHILD?  Record line number of mother/ caretaker	DID (name) STAY HERE LAST NIGHT?  1 Yes 2 No	IS (name)'S NATURAL MOTHER ALIVE?  1 Yes 2 No 8 DK HL13 HL13	DOES (name)'S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?  Record line number of mother or 00 for "No"	IS (name)'S NATURAL FATHER ALIVE?  1 Yes 2 No 8 DK Next Line	DOES (name)'S NATURAL FATHER LIVE IN THIS HOUSEHOLD?  Record line number of father or 00 for "No"
Line	Name	Relation*	M F	Month	Year	Age	15-49	15-59	Mother	Mother	Y N	Y N DK	Mother	Y N DK	Father
10		___	1 2	___	----	___	10	10	___	___	1 2	1 2 8	___	1 2 8	___
11		___	1 2	___	----	___	11	11	___	___	1 2	1 2 8	___	1 2 8	___
12		___	1 2	___	----	___	12	12	___	___	1 2	1 2 8	___	1 2 8	___
13		___	1 2	___	----	___	13	13	___	___	1 2	1 2 8	___	1 2 8	___
14		___	1 2	___	----	___	14	14	___	___	1 2	1 2 8	___	1 2 8	___
15		___	1 2	___	----	___	15	15	___	___	1 2	1 2 8	___	1 2 8	___

Check box 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, physically challenged) 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. Now for each man age 15-59 years, write his name and line number and other identifying information in the information panel of a separate Individual Men's Questionnaire if the household is selected for the Male Interview

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, man and each child under five in the household.

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

01 Head	06 Parent	11 Niece / Nephew
02 Wife / Husband	07 Parent-In-Law	12 Other relative
03 Son / Daughter	08 Brother / Sister	13 Adopted / Foster / Stepchild
04 Son-In-Law / Daughter-In-Law	09 Brother-In-Law / Sister-In-Law	14 Not related
05 Grandchild	10 Uncle / Aunt	98 Don't know

**EDUCATION**

**ED**

For household members age 3 and above						For household members age 3-24 years									
ED1 Line number	ED2. Name and age  Copy from Household Listing Form, HL2 and HL6		ED3. HAS (name) EVER ATTENDED SCHOOL OR PRE-SCHOOL?  1 Yes 2 No → Next Line		ED4. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED?  WHAT IS THE HIGHEST CLASS/YEAR (name) COMPLETED AT THIS LEVEL?  Grade: 98 DK If less than a grade completed, enter 00.		ED5. DURING THE 2011-2012 SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No → ED7		ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR IS/WAS (name) ATTENDING?  If level=0 or 5 skip to ED7  Grade: 98 DK		ED7. DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2010-2011), DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?  1 Yes 2 No → Next Line 8 DK → Next Line			ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND CLASS/YEAR DID (name) ATTEND?  If level=0 or 5 go to next person  Grade: 98	
	Line	Name	Age	Yes	No	Level	Grade	Yes	No	Level	Grade	Y	N	DK	Level
01		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
02		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
03		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
04		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
05		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
06		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
07		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
08		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
09		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
10		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
11		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
12		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
13		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
14		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__
15		__ __	1	2	__	__	1	2	__	__	1	2	8	__	__

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 Tube Well, Borehole..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Protected spring..... 41 Unprotected spring..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water River/ stream ..... 81 Dam, lake, pond, canal, irrigation channel) ..... 82 Bottled water ..... 91 Sachet water ..... 92 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS3 21⇒WS3 31⇒WS3 32⇒WS3 41⇒WS3 42⇒WS3 51⇒WS3 61⇒WS6 71⇒WS3 81⇒WS3 82⇒WS3 96⇒WS3
WS2. WHAT IS THE <u>MAIN</u> SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water Piped into dwelling ..... 11 Piped into compound, yard or plot ..... 12 Piped to neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole..... 21 Dug well Protected well..... 31 Unprotected well..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum..... 71 Surface water River/ stream ..... 81 Dam, lake, pond, canal, irrigation channel) ..... 82 Other ( <i>specify</i> ) ..... 96	11⇒WS6 12⇒WS6 13⇒WS6 14⇒WS4
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	

WATER AND SANITATION		WS
<p>WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p>PROBE: IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (age 15+ years) ..... 1</p> <p>Adult man (age 15+ years)..... 2</p> <p>Female child (under 15) ..... 3</p> <p>Male child (under 15) ..... 4</p> <p>DK ..... 8</p>	
<p>WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?</p>	<p>Yes ..... 1</p> <p>No..... 2</p> <p>DK ..... 8</p>	<p>2⇒WS8</p> <p>8⇒WS8</p>
<p>WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK?</p> <p>PROBE: ANYTHING ELSE?</p> <p>RECORD ALL ITEMS MENTIONED.</p>	<p>Boil .....A</p> <p>Add bleach / chlorine.....B</p> <p>Strain it through a cloth ..... C</p> <p>Use water filter (ceramic, sand, composite, etc.) ..... D</p> <p>Solar disinfection .....E</p> <p>Let it stand and settle ..... F</p> <p>Add camphor/naphthalene ..... G</p> <p>Add water tablet ..... H</p> <p>Other (specify)..... X</p>	
<p>WB7A. Check WS1</p> <p><input type="checkbox"/> WS1 = 11 to 14 ⇒ Continue with W7B</p> <p><input type="checkbox"/> WS1 = 21 or 31 or 41 ⇒ Go to WS7C</p> <p><input type="checkbox"/> WS1 = other answers ⇒ Go to WS8</p>		
<p>WS7B. DURING THE LAST MONTH, HOW OFTEN DID THE WATER FLOW THROUGH THE PIPE?</p>	<p>Everyday..... 1</p> <p>3 to 5 days a week ..... 2</p> <p>Once a week..... 3</p> <p>Less than once a week ..... 4</p> <p>Twice a month ..... 5</p> <p>Less than twice a month..... 6</p> <p>DK..... 8</p>	<p>⇒WS8</p> <p>⇒WS8</p> <p>⇒WS8</p> <p>⇒WS8</p> <p>⇒WS8</p> <p>⇒WS8</p> <p>⇒WS8</p>
<p>WS7C WHEN WAS THE LAST TIME THE WATER FACILITY BROKE DOWN?</p>	<p>During last week ..... 1</p> <p>One month ago..... 2</p> <p>Three months ago ..... 3</p> <p>More than 3 month ago ..... 4</p> <p>Never broke ..... 5</p> <p>DK..... 8</p>	<p>5 ⇒WS78</p> <p>8 ⇒WS78</p>
<p>WS7D LAST TIME THE FACILITY WATER BROKE DOWN, HOW LONG DID IT TAKE TO HAVE IT FIXED AND WORKING AGAIN?</p>	<p>Immediately/Few days..... 1</p> <p>One week ..... 2</p> <p>During the same month ..... 3</p> <p>More than one month..... 4</p> <p>Not fixed yet..... 5</p> <p>DK..... 8</p>	

<p>WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / Pour flush</p> <p>Flush to piped sewer system ..... 11</p> <p>Flush to septic tank ..... 12</p> <p>Flush to pit (latrine)..... 13</p> <p>Flush to somewhere else ..... 14</p> <p>Flush, don't know where ..... 15</p> <p>Pit latrine</p> <p>Ventilated Improved Pit latrine (VIP) .... 21</p> <p>Pit latrine with slab ..... 22</p> <p>Pit latrine without slab / Open pit..... 23</p> <p>Composting toilet..... 31</p> <p>Bucket..... 41</p> <p>Hanging toilet, Hanging latrine ..... 51</p> <p>No facility, Bush, Field, Beach ..... 95</p> <p>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</p> <p>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</p> <p>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) .. ____</p> <p>Ten or more households ..... 10</p> <p>DK..... 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Catholic ..... 11 Protestant.....12 Pentecostal/Charismatic..... 13 Deeper Life.....14 Jehovah Witness.....15 SDA .....16 Other Christian.....17 Moslem.....21 Traditional.....31 Spiritualist.....32 Other religion ( <i>specify</i> ) _____ 96 No Religion .....97	
HC1B. TO WHAT ETHNIC GROUP DOES THE HEAD OF THIS HOUSEHOLD BELONG?  <i>Refer to Manual to get the correct Classification</i>	Akan ..... 11 Ga/Dangme ..... 12 Ewe..... 13 Guan..... 14 Gruma ..... 15 Mole Dagbani .....21 Grusi .....22 Mande.....23 Non-Ghanaian .....24  Other ethnic group ( <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/mud/mud bricks ..... 11 Rudimentary floor Wood planks.....21 Palm / Bamboo.....22 Stone .....23 Finished floor Parquet or polished wood.....31 Vinyl/Asphalt strips .....32 Ceramic tiles/marble tiles/porcelain .....33 Cement/Concrete .....34 Carpet (woollen/synthetic) .....35 Carpet (Linoleum/Rubber Carpet) .....36 Terrazzo .....37 Burnt Bricks .....38  Other ( <i>specify</i> ) _____ 96	



<p>HC4. Main material of the roof.</p> <p><i>Record observation.</i></p>	<p>Natural Roof</p> <p>Thatch / Palm leaf/Raffia ..... 11</p> <p>Sod ..... 12</p> <p>Rudimentary Roof</p> <p>Palm/Bamboo.....21</p> <p>Wood planks.....22</p> <p>Cardboard/Polythene sheets.....23</p> <p>Mud/mud bricks/earth ..... 24</p> <p>Finished Roof</p> <p>Metal Sheet ..... 31</p> <p>Parquet/Polished Wood.....32</p> <p>Calamine / Cement fibre.....33</p> <p>Ceramic tiles..... 34</p> <p>Cement.....35</p> <p>Roofing shingles ..... 36</p> <p>Slate/asbestos.....37</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>HC5. Main material of the exterior walls.</p> <p><i>Record observation.</i></p>	<p>Natural Wall</p> <p>Cane / Palm / Trunks..... 11</p> <p>Earth/mud ..... 12</p> <p>Rudimentary Wall</p> <p>Bamboo with mud.....21</p> <p>Stone with mud.....22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Cardboard.....25</p> <p>Reused wood.....26</p> <p>Finished Wall</p> <p>Cement (plastered).....31</p> <p>Stone with lime / cement ..... 32</p> <p>Bricks.....33</p> <p>Cement blocks/concrete (not plastered).34</p> <p>Covered adobe ..... 35</p> <p>Wood planks / .....36</p> <p>shingles ..... 37</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD <u>MAINLY</u> USE FOR COOKING?</p>	<p>Electricity ..... 01</p> <p>Liquefied Petroleum Gas (LPG) ..... 02</p> <p>Biogas.....04</p> <p>Kerosene .....05</p> <p>Charcoal .....07</p> <p>Wood/Firewood .....08</p> <p>Straw / Shrubs / Grass ..... 09</p> <p>Animal waste ..... 10</p> <p>Agricultural crop residue/sawdust ..... 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>04⇒HC8</p> <p>05⇒HC8</p> <p>95⇒HC8</p>

<p>HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE?</p>	<p>Open fire..... 1  Open stove/coal pot ..... 2  Closed stove..... 3    Other (<i>specify</i>) ..... 6</p>																																								
<p>HC7A. 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  In a separate room used as kitchen ..... 1  Elsewhere in the house ..... 2  In a separate building ..... 3  Outdoors..... 4    Other (<i>specify</i>) ..... 6</p>																																								
<p>HC8. DOES YOUR HOUSEHOLD HAVE:</p> <p>[A] ELECTRICITY?  [B] A RADIO?  [C] A BLACK AND WHITE TELEVISION?  [C1] A COLOUR TELEVISION?  [D] LAND/FIXED TELEPHONE?  [E] A REFRIGERATOR/FREEZER?  [F] WASHING MACHINE?  [G] A LAPTOP COMPUTER?  [H] A DESKTOP COMPUTER?  [I] A VIDEO DECK?  [J] A DVD/VCD PLAYER?  [K] A SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>A. Electricity.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Radio.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Black and white television.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C1. Colour Television.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. Land/Fixed Telephone.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Refrigerator/freezer.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>F. Washing Machine.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>G. Laptop Computer.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>H. Desktop Computer.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>I. Video Deck.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>J. DVD/VCD Player.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>K. Sewing Machine.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	A. Electricity.....	1	2	B. Radio.....	1	2	C. Black and white television.....	1	2	C1. Colour Television.....	1	2	D. Land/Fixed Telephone.....	1	2	E. Refrigerator/freezer.....	1	2	F. Washing Machine.....	1	2	G. Laptop Computer.....	1	2	H. Desktop Computer.....	1	2	I. Video Deck.....	1	2	J. DVD/VCD Player.....	1	2	K. Sewing Machine.....	1	2	
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<p>HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>[A] A WATCH?  [B] A MOBILE TELEPHONE?  [C] A BICYCLE?  [D] A MOTORCYCLE OR SCOOTER?  [E] AN ANIMAL-DRAWN CART?  [F] A CAR OR TRUCK?  [G] A CANOE/BOAT WITH A MOTOR?  [H] A CANOE/BOAT WITHOUT A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>A. A watch.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>B. Mobile Telephone.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>C. Bicycle.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>D. Motorcycle or Scooter.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>E. Animal drawn-cart.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>F. Car / Truck.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>G. Canoe/Boat with motor.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>H. Canoe/Boat without a motor.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		Yes	No	A. A watch.....	1	2	B. Mobile Telephone.....	1	2	C. Bicycle.....	1	2	D. Motorcycle or Scooter.....	1	2	E. Animal drawn-cart.....	1	2	F. Car / Truck.....	1	2	G. Canoe/Boat with motor.....	1	2	H. Canoe/Boat without a motor.....	1	2													
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<p>HC10. WHAT IS THE OCCUPANCY STATUS OF YOUR HOUSEHOLD IN THIS DWELLING?</p>	<p>Own ..... 1  Rent ..... 2  Squatting ..... 3  Caretaker..... 4  Perching..... 5  Other (<i>specify</i>) ..... 6</p>																																								
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes ..... 1  No..... 2</p>	<p>2⇒HC12A</p>																																							

<p>HC12. HOW MANY (<i>HECTARES POLES/ACRES/PLOT</i>) OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If 95 or more, record '95'. If unknown, circle '8' for unit</i></p>	<p style="text-align: right;">Unit Number</p> <p>Hectares .....1 ___</p> <p>Poles.....2 ___</p> <p>Acres .....3 ___</p> <p>Plot.....4 ___</p> <p>___</p> <p>DK .....998</p>	
<p>HC12A. APART FROM THE PLOT DESCRIBED IN HC11 ABOVE, DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY PIECE OF LAND THAT CAN BE USED FOR RESIDENTIAL AND/OR COMMERCIAL PURPOSES?</p>	<p>Yes .....1</p> <p>No.....2</p>	2⇒HC13
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OTHER FARM ANIMALS, OR POULTRY?</p>	<p>Yes .....1</p> <p>No.....2</p>	2⇒HC15
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>[A] CATTLE, MILK COWS, OR BULLS?</p> <p>[B] HORSES, DONKEYS, OR MULES?</p> <p>[C] GOATS?</p> <p>[D] SHEEP?</p> <p>[E] CHICKENS?</p> <p>[F] PIGS?</p> <p>[G] RABBITS?</p> <p>[H] DUCKS?</p> <p><i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i></p>	<p style="text-align: right;">Number</p> <p>Cattle, milk cows, or bulls..... ___</p> <p>Horses, donkeys, or mules..... ___</p> <p>Goats ..... ___</p> <p>Sheep ..... ___</p> <p>Chickens/Roosters ..... ___</p> <p>Pigs..... ___</p> <p>Rabbits ..... ___</p> <p>Ducks..... ___</p>	
<p>HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK.....8</p>	
<p>HC16. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY FORM OF SUPPORT (KIND OR CASH) FROM NON- HOUSEHOLD MEMBER?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK.....8</p>	
<p>HC17. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD RECEIVED ANY FORM OF SUPPORT (KIND OR CASH) FROM GOVERNMENT OR OTHER ORGANIZATION?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK.....8</p>	2⇒HC19 8⇒HC19
<p>HC18. FROM WHICH SOURCE DID THE HOUSEHOLD MEMBER(S) RECEIVE THIS FORM OF SUPPORT?</p> <p style="text-align: center;"><i>CIRCLE ALL THAT APPLY</i></p>	<p>LEAP.....A</p> <p>District Assembly.....B</p> <p>NGO.....C</p> <p>Religious/Social group.....D</p> <p>Other (specify) .....X</p> <p>DK.....Z</p>	
<p>HC19. OVER THE PAST 12 MONTHS, HAS ANY MEMBER OF THIS HOUSEHOLD SENT OUT ANY FORM OF SUPPORT (KIND OR CASH) TO NON-HOUSEHOLD MEMBERS?</p>	<p>Yes .....1</p> <p>No.....2</p> <p>DK.....8</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 <sup>st</sup> Net	2 <sup>nd</sup> Net	3 <sup>rd</sup> Net
TN4. Mosquito net observed?	Observed hanging.....1 Observed not hanging.....2 Not observed ..... 3	Observed hanging.....1 Observed not hanging.....2 Not observed..... 3	Observed hanging.....1 Observed not hanging.....2 Not observed .....3
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 Olyset ..... 11 Permanet ..... 12 Interceptor ..... 13 Netprotect ..... 14 Duranet ..... 15 Icon Life ..... 17 Other (specify).....16 DK brand ..... 18  Pre-treated nets Dawa ..... 21 Dawa Plus ..... 22 MOH/NGO treated net 23 Other (specify) .....26 DK brand ..... 28  Other nets ..... 31 DK brand / type ..... 98	Long-lasting treated nets Olyset..... 11 Permanet ..... 12 Interceptor..... 13 Netprotect..... 14 Duranet ..... 15 Icon Life ..... 17 Other (specify).....16 DK brand..... 18  Pre-treated nets Dawa ..... 21 Dawa Plus..... 22 MOH/NGO treated net 23 Other (specify) .....26 DK brand..... 28  Other nets ..... 31 DK brand / type ..... 98	Long-lasting treated nets Olyset..... 11 Permanet..... 12 Interceptor ..... 13 Netprotect ..... 14 Duranet..... 15 Icon Life ..... 17 Other (specify).....16 DK brand ..... 18  Pre-treated nets Dawa ..... 21 Dawa Plus ..... 22 MOH/NGO treated net.23 Other (specify) .....26 DK brand ..... 28  Other nets.....31 DK brand / type .....98
TN5A. WHERE DID YOU GET THIS NET?	<b>Public Sector</b> Govt. Hospital/Clinic..... 11 Govt. Health Centre.....12 Govt. Health Post/CHPS.13 Fieldworker/Outreach .....14 Campaign.....15 Other public.....16  <b>Private Medical Sector</b> Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26  <b>Other Source</b> NGO/CBAs.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36  Don't know.....98	<b>Public Sector</b> Govt. Hospital/Clinic.....11 Govt. Health Centre.....12 Govt. Health Post/CHPS.13 Fieldworker/Outreach .....14 /Peer Education..... 14 Campaign.....15 Other public.....16  <b>Private Medical Sector</b> Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26  <b>Other Source</b> NGO.....31 Shop/Market.....32 Street Vendor.....33 Other Institution.....34 Other.....36  Don't know.....98	<b>Public Sector</b> Govt. Hospital/Clinic..... 11 Govt. Health Centre.....12 Govt. Health Post/CHPS.13 Fieldworker/Outreach .....14 /Peer Education..... 14 Campaign.....15 Other public.....16  <b>Private Medical Sector</b> Private Hosp/Clinic.....21 Pharmacy/Chemical/ Drug store/shop.....22 Other private medical.....26  <b>Other Source</b> NGO.....31 Shop/Market .....32 Street Vendor.....33 Other Institution.....34 Other.....36  Don't know.....98
TN6. HOW LONG HAVE YOU BEEN USING THIS NET? RECORD IN MONTHS <i>If less than one month, record "00"</i>	Months ago ..... ____ ____ DK / Not sure ..... 98	Months ago ..... ____ ____ DK / Not sure..... 98	Months ago..... ____ ____ DK / Not sure.....98

INSECTICIDE TREATED NETS			TN
TN6. HOW MUCH DID IT COST YOU TO ACQUIRE THIS NET (GH¢) <i>If received free of charge, record "0000"</i>	Cedis _____ DK .....98	Cedis _____ DK .....98	Cedis _____ DK .....98
TN7. Check TN5 for type of net	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ TN9 <input type="checkbox"/> Else ⇒ Continue	<input type="checkbox"/> Long-lasting (11-18) ⇒ TN11 <input type="checkbox"/> Pre-treated (21-28) ⇒ 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, HAS IT EVER BEEN 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
TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? IF LESS THAN ONE MONTH, RECORD "00"	Months ago ..... More than 24 mo. ago... 95 DK / Not sure ..... 98	Months ago ..... More than 24 mo. ago... 95 DK / Not sure..... 98	Months ago..... More than 24 mo. ago ...95 DK / Not sure..... 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes..... 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13	Yes..... 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13	Yes..... 1 No..... 2 ⇒ TN13 DK / Not sure..... 8 ⇒ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT?  RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD LISTING FORM  IF SOMEONE NOT IN THE HOUSEHOLD LIST SLEPT UNDER THE MOSQUITO NET, RECORD "00"	Name ..... Line number ..... Name ..... Line number ..... Name ..... Line number ..... Name ..... Line number .....	Name ..... Line number ..... Name ..... Line number ..... Name ..... Line number ..... Name ..... Line number .....	Name..... Line number ..... Name..... Line number ..... Name..... Line number ..... Name..... Line number .....
TN13.	<i>Go back to TN4 for next net. If no more nets, go to TN14e</i>	<i>Go back to TN4 for next net. If no more nets, go to TN14</i>	<i>Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to TN14e</i>
			Tick here if additional questionnaire used <input type="checkbox"/>

INSECTICIDE TREATED NETS		TN
TN14. DURING THE LAST 12 MONTHS, HAS ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OFF ANY TREATED MOSQUITO NET ?	Yes ..... 1 No ..... 2 DK..... 8	2⇒Next Module 2⇒Next Module
TN15. NOW I WANT TO TALK ABOUT THE LAST TREATED NET THAT YOU DISPOSE OFF  HOW DID YOU DISPOSE OFF YOUR LAST TREATED MOSQUITO NET?	Burned ..... 1 Buried ..... 2 Garbage/refuse dump ..... 3 Reused for other purposes..... 4 Other (specify) ..... 6	
TN16. HOW LONG DID YOU USE IT BEFORE DISPOSING IT OFF?	Less than 2 years ..... 1 2 to 4 years ..... 2 More than 4 years ..... 3	
TN17 WHAT WAS THE MAIN REASON FOR DISPOSING OFF THIS NET?	Torn ..... 1 Could not repel mosquitos anymore ..... 2 Got a new one ..... 3 Other (specify) ..... 6	

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 INTERIOR WALLS OF YOUR DWELLING?  <i>Circle all that apply.</i>	Government worker / program .....A Private company/Individual.....B Non-governmental organization.....C  Other ( <i>specify</i> ) _____X DK .....Z	

MEDIA COMMUNICATIONS ON MALARIA		MCM		
MCM1. IN THE PAST SIX MONTHS HAVE YOU SEEN/HEARD ANY OF THE FOLLOWING ON TELEVISION OR RADIO FEATURING THE MALARIA RE-MIX OF THE POPULAR SONG "AHA YE DE" AND THE SLOGAN "LET'S COME TOGETHER TO DRIVE MALARIA AWAY":	YES	NO	DK	
A. NANA BORO'S "AHA YE DE-NTOMTOM BE WU" MUSIC VIDEO/SONG?	1	2	8	
B. ADVERT WHERE A WOMAN WOULD NOT STAY THE NIGHT WITH A MAN UNLESS HE HAS A TREATED NET?	1	2	8	
C. ADVERT WHERE PEOPLE FROM ALL WORKS OF LIFE ARE SLEEPING UNDER TREATED NETS?	1	2	8	
D. SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAN FAMILIES WITH CHILDREN SUFFERING FROM EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?	1	2	8	
MCM2. HAVE YOU PARTICIPATED IN A COMMUNITY EVENT EDUCATING COMMUNITY MEMBERS ON PREVENTION AND CONTROL OF MALARIA?	1	2	8	

**CHILD LABOUR**

**CL**

*To be administered for children in the household age 5-14 years. For household members below age 5 or above age 14, leave rows blank.*

Now I would like to ask about any work children in this household may do.

CL1. Line number	CL2. Name and Age		CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If yes: FOR PAY IN CASH OR KIND?</i>			CL4. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD?  <i>If more than one job, include all hours at all jobs.</i>			CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL6. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?		CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS IN THE STREET?  <i>Include work for a business run by the child, alone or with one or more partners.</i>		CL8. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?		CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE?		CL10. SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?		
			1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No ⇒ CL5						1 Yes 2 No ⇒ CL7				1 Yes 2 No ⇒ CL9				1 Yes 2 No ⇒ Next Line				
Line	Name	Age	Yes Paid	No Unpaid	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	Yes	No	Number of hours	
01		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
02		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
03		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
04		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
05		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
06		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
07		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
08		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
09		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
10		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
11		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
12		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
13		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
14		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__
15		__ __	1	2	3	__	__	__	1	2	__	__	__	__	1	2	__	__	__	__	__



**Table 1: Children Aged 2-14 Years Eligible for Child Discipline Questions**

- List each of the children aged 2-14 years below in the order they appear in the Household Listing Form. Do not include other household members outside of the age range 2-14 years.
- Record the line number, name, sex, and age for each child.
- Then record the total number of children aged 2-14 in the box provided (CD6).

CD1. Rank number	CD2. Line number from HL1	CD3. Name from HL2	CD4. Sex from HL4		CD5. 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	__ __
CD6.	Total children age 2-14 years				__ __

- If there is only one child age 2-14 years in the household, then skip table 2 and go to CD8; write down '1' and continue with CD9

**Table 2: Selection of Random Child for Child Discipline Questions**

- Use Table 2 to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household.
- 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 eligible children (2-14) in CD6 above. This is the number of the column you should go to.
- Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child (CD1) about whom the questions will be asked.

CD7. Last digit of household number (HH2)	Total Number of Eligible Children in the Household (CD6)							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8. Record the rank number of the selected child .....

CHILD DISCIPLINE		CD
CD9. Write the name and line number of the child selected for the module from CD3 and CD2, based on the rank number in CD8.	Name _____ Line number .....	
CD10. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF <u>YOU OR ANYONE ELSE IN YOUR HOUSEHOLD</u> HAS USED THIS METHOD WITH <i>(name)</i> <u>IN THE PAST MONTH</u> .		
CD11. TOOK AWAY PRIVILEGES, FORBADE SOMETHING <i>(name)</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE.	Yes ..... 1 No ..... 2	
CD11A. IGNORED/REFUSED TO COMMUNICATE TO <i>(name)</i> .	Yes ..... 1 No ..... 2	
CD12. EXPLAINED WHY <i>(name)</i> 'S BEHAVIOR WAS WRONG.	Yes ..... 1 No ..... 2	
CD13. SHOOK HIM/HER.	Yes ..... 1 No ..... 2	
CD14. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes ..... 1 No ..... 2	
CD15. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes ..... 1 No ..... 2	
CD16. SPANKED, HIT, PUSHED OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes ..... 1 No ..... 2	
CD17. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, COMB, HAIRBRUSH, CAIN, STICK OR OTHER HARD OBJECT.	Yes ..... 1 No ..... 2	
CD18. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes ..... 1 No ..... 2	
CD19. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes ..... 1 No ..... 2	
CD20. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes ..... 1 No ..... 2	
CD21. BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Yes ..... 1 No ..... 2	
CD22. 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 Don't know / No opinion ..... 8	

HANDWASHING		HW
<p>HW1. PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.</p>	<p>Observed ..... 1</p> <p>Not observed</p> <p>Not in dwelling / plot / yard ..... 2</p> <p>No permission to see ..... 3</p> <p>Other reason ..... 6</p>	<p>2 ⇒ HW4</p> <p>3 ⇒ HW4</p> <p>6 ⇒ HW4</p>
<p>HW2. <i>Observe presence of water at the specific place for handwashing.</i></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. <i>Record if soap or detergent is present at the specific place for handwashing.</i></p> <p><i>Circle all that apply.</i></p> <p><i>Skip to Next Module if any soap or detergent code (A, B, C or D) is circled. If "None" (Y) is circled, continue with HW4.</i></p>	<p>Washing Soap (e.g. Key soap) ..... A</p> <p>Toilet Soap (e.g. Lux) ..... B</p> <p>Detergent (Powder / Liquid / Paste) ..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>None ..... Y</p>	<p>A ⇒ Next Module</p> <p>B ⇒ Next Module</p> <p>C ⇒ Next Module</p> <p>D ⇒ Next Module</p>
<p>HW4. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	<p>2 ⇒ Next Module</p>
<p>HW5. CAN YOU PLEASE SHOW IT TO ME?</p> <p><i>Record observation. Circle all that apply.</i></p>	<p>Washing Soap (eg. Key soap) ..... A</p> <p>Toilet Soap (eg. Lux) ..... B</p> <p>Detergent (Powder / Liquid / Paste) ..... C</p> <p>Ash / Mud / Sand ..... D</p> <p>Not able / Does not want to show ..... Y</p>	

**SALT IODIZATION****SI**

SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD?

*Once you have tested the salt, circle number that corresponds to test outcome.*

- Not iodized 0 PPM ..... 1
- More than 0 PPM & less than 15 PPM..... 2
- 15 PPM or more ..... 3
  
- No salt in the house..... 6
  
- Salt not tested ..... 7

HH19. <i>Record the time.</i>	Hour and minutes ..... ____ : ____	
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HH20. *Does any eligible woman age 15-49 reside in the household?*

*Check Household Listing Form, column HL7 for any eligible woman.  
You should have a questionnaire with the Information Panel filled in for each eligible woman.*

*Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.*

*No ⇒ Continue.*

HH21. *Does any child under the age of 5 reside in the household?*

*Check Household Listing Form, column HL9 for any eligible child under age 5.  
You should have a questionnaire with the Information Panel filled in for each eligible child.*

*Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.*

*No ⇒ Continue.*

HH22. [IF THIS HOUSEHOLD WAS SELECTED FOR THE MALE QUESTIONNAIRE] *Does any eligible man age 15-59 reside in the household?*

*Check Household Listing Form, column HL7A for any eligible man.  
You should have a questionnaire with the Information Panel filled in for each eligible man.*

*Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL MEN to administer the questionnaire to the first eligible man.*

*No ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 TO HH15B on the cover page.*

**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**